



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of
Guyana

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **28/05/2014**

Deadline for submission: 02/06/2014

Please submit the APR **2013** 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: **2013**

Requesting for support year: **2015**

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, 2 -dose schedule	2015

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 2013	Request for Approval of	Eligible For 2013 ISS reward
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
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranche of HSFP Grant N/A	N/A
VIG	No	Not applicable	N/A
COS	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** 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, Permanent Secretary	Name	Mr Neermal Rekha, Finance Secretary
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	592-227-3509	jwoolford@health.gov.gy
Ms Karen Yaw	Director of Planning Unit	592-225-1643	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 Persaud, Chief Medical Officer	Ministry of Health		
Dr Janice Woolford, MCH/EPI Officer	Ministry of Health		

Mr Geron Parker	Ministry of Finance		
Ms Karen Yaw, Director of Planning Unit	Ministry of Health		
Dr William Adu- Krow , PWR, Guyana	PAH0/WHO		
Ms Marianne Flach, 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 fulfill it's goal.

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 2013

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

Guyana is not reporting on CSO (Type A & B) fund utilisation in 2014

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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)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	14,074	15,240	14,074	15,433	14,074	15,433
Total infants' deaths	221	200	221	208	221	208
Total surviving infants	13853	15,040	13,853	15,225	13,853	15,225
Total pregnant women	13,437	14,995	13,437	15,309	13,437	15,309
Number of infants vaccinated (to be vaccinated) with BCG	13,437	14,664	13,437	14,913	13,437	14,913
BCG coverage	95 %	96 %	95 %	97 %	95 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	13,160	14,680	13,160	14,882	13,160	14,882
OPV3 coverage	95 %	98 %	95 %	98 %	95 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1	14,100	14,747	14,100	15,126	14,100	15,126
Number of infants vaccinated (to be vaccinated) with DTP3	13,160	14,674	13,160	14,833	13,160	14,833
DTP3 coverage	95 %	98 %	95 %	97 %	95 %	97 %
Wastage ^[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5
Wastage ^[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	13,437	14,743	13,437	14,295	13,437	14,295
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	13,437	14,444	13,437	13,776	13,298	13,776
Pneumococcal (PCV13) coverage	97 %	96 %	97 %	90 %	96 %	90 %
Wastage ^[1] rate in base-year and planned thereafter (%)	5	0	5	0	5	5
Wastage ^[1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	13,437	14,539	13,437	13,729	13,437	13,729
Number of infants vaccinated (to be vaccinated) with the last	13,437	14,444	13,437	13,790	13,298	13,790

dose of Rotavirus						
Rotavirus coverage	97 %	96 %	97 %	91 %	96 %	91 %
Wastage ^[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage ^[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	14,443	0	14,612	0	14,612
Measles coverage	0 %	96 %	0 %	96 %	0 %	96 %
Pregnant women vaccinated with TT+	0	14,811	0	14,906	0	14,906
TT+ coverage	0 %	99 %	0 %	97 %	0 %	97 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	7 %	0 %	7 %	2 %	7 %	2 %

** 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 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**

The baseline target was changed due to an increase in the actual numbers which was higher than the estimated targets over the last three years. The revision of the targets were done based on the 2012 reported numbers. The calculation was based on a two percentage of 2012 targets for 2013 : there-after a five percent was used for the calculations of the targets for 2014 and 2015. This was also changed through a request of GAVI to revise the targets.

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

The surviving infants targets was changed due to an increase in the actual numbers which was higher than the estimated targets over the last two years. The revision of targets were done on the 2012 reported numbers. The calculation was based on a two percentage of 2012 targets for 2013, there after a five percent was used for the calculations of the targets for 2014 and 2015. This was also changed through a request of GAVI to revise the targets.

- 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.**

The changes in the targets by vaccines were based on the calculation and request as stated above

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

There is no changes in the wastage

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

The National cold room continues to function effectively and is managed by a cold chain maintenance officer. Some new vaccine carriers and thermometers were acquired for the programme in 2013 . Vaccination Week of the Americas 2013 had various successful activities in remote areas. In the latter part of the year, Mop up campaigns were done in the hinterland communities. Some new vaccine introduced surpassed the targets set. EPI training was conducted in all areas

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

National targets were met for all vaccines including the new vaccines but regional disparities still exist in hinterland and 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

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

Guyana is using the WHO charts . in 2013, the Ministry of Health has started to report by gender on Immunization. It is expected that all regions will do so by the end of 2014 .

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 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 represent only a fraction of the population under study while the immunization programme data refers to actual numbers

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

not applicable

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

On receipt of regional data this is checked and verified by the Nursing Officer before this is tabulated . The date and time this is noted is also stamped by the nurse. Three EPI meetings are held each year where this is discussed and corrections made. 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 have been prepared and is currently being used as an evaluation tool in the regions. This tool provides guidelines on the process of data input, flow and feedback and the need to provide 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\$ = 209	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 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0

Traditional Vaccines*	629,790	629,790	0	0	0	0	0	0
New and underused Vaccines**	553,558	91,637	461,921	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	22,554	22,554	0	0	0	0	0	0
Cold Chain equipment	3,207	3,207	0	0	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	1,216,485	1,173,533	42,952	0	0	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	2,425,594							
Total Government Health		1,920,721	504,873	0	0	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 2014 and 2015

Funding is allocated for traditional vaccines

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 2013? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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](#)

The ICC will endorse the GAVI 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 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

- To improve the immunization coverage to over 95% in each region.
- Promote equal access to vaccination in remote areas by organisation of immunization campaign and mop up activities
- To conduct the vaccine effective management assessment at the national level
- To maintain the potency and quality of the vaccines through procuring adequate cold chain supplies and equipment for all regions
- Sensitization for any new vaccines.
- Introduction of varicella vaccines on a phased approach based on the availability of the vaccines
- Expansion of HPV vaccines to all Regions based on the availability of the supply.
- Data aggregated by gender will be done.

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	BCG syringe 26 gauge by 3/8	government
Measles	Reconstituted 25 gauge by 5/8	government
TT	Reconstituted and AD syringe	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 syringes and needles need to be strengthened in Guyana

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Sharp wastes are collected by GPHC from from all health facilities and taken to the Georgetown Hospital Medical Waste Disposal Unit. For areas outside this catchment the waste is taken to approved De Mont Fort waste disposal site(medical waste incinerators) in the regions. The system for final disposal needs further expansion and strengthening.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	5,500	1,113,750
Total funds available in 2013 (C=A+B)	5,500	1,113,750
Total Expenditures in 2013 (D)	5,500	1,113,750
Balance carried over to 2014 (E=C-D)	0	0

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 was used for social mobilization campaign activities in remote regions.

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 financial management systems, as per regulation of PAHO/WHO and the International Public Sector Accounting Standards(IPSAS), in addition to being subject to internal and external audits. Expenditure of 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 2013

These funds were used to support social mobilization activities in Region 1 , a remote hinterland area.

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

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 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 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
Pneumococcal (PCV13)	43,200	43,200	0	No
Rotavirus	38,250	23,050	29,700	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? ...)

Total of 23, 050 doses were acquired in 2013, the remaining doses were requested in the last quarter but were not received till the first part of the year. However, because of the postponed of 15,000 doses the previous year(2012) the programme did not experience any problems and managed to surpass the target (98%). This is a good achievement of the programme.

- 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 stock-outs were reported.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	0

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	0

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2015**

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))

Guyana did not introduce any new vaccine in 2013

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:

The Surveillance system for Rotavirus is ongoing and data was collected and entered into the system. From a total of 75 samples sent to the Regional Laboratory, 15 samples were positive for Rotavirus

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

No funding was received in 2013

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

No funding was received in 2013

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Not applicable

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	42,840	12,600
Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	48,797	8,550
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	91,637	
Donor	461,921	
Other	0	
	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		
Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL		
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	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	
	Cost analysis is needed to assess the financial sustainability of the delivery of vaccines per hinterland versus coastal regions.	

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/>

The country is not in default

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

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:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- 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

HPV vaccines is being implemented in four regions and plans are currently in place to expand to three other regions based on the availability of the vaccines

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Guyana does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2013, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **Rotavirus, 1 dose(s) per vial, ORAL**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° 27) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Guyana is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

non applicable

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	13,853	13,853	15,225	42,931
Number of children to be vaccinated with the first dose	Table 4	#	13,437	13,437	14,295	41,169
Number of children to be vaccinated with the third dose	Table 4	#	13,437	13,437	13,776	40,650
Immunisation coverage with	Table 4	%	97.00 %	97.00 %	90.48 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	13,435		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	13,435		
	Number of doses per vial	Parameter	#		1	1
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		1.78	2.63
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %
fd	Freight cost as % of devices value	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

non applicable

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

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

	2013	2014	2015
Minimum co-financing	0.94	1.57	2.16
Recommended co-financing as per APR 2012			
Your co-financing	0.97	1.78	2.63

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

		2014	2015
Number of vaccine doses	#	15,700	11,900
Number of AD syringes	#	15,100	12,300
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	175	150
Total value to be co-financed by GAVI	\$	57,000	43,000

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

		2014	2015
Number of vaccine doses	#	15,000	31,400
Number of AD syringes	#	14,500	32,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	175	375
Total value to be co-financed by the Country	\$	54,500	114,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	48.93 %		
B	Number of children to be vaccinated with the first dose	Table 4	13,437	13,437	6,575	6,862
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	40,311	40,311	19,724	20,587
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		42,327	20,710	21,617
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		0	0	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Reported stock on January 1st	Table 7.11.1	0			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		30,600	14,972	15,628
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		29,564	14,465	15,099
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		326	160	166
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		103,765	50,770	52,995
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		1,331	652	679
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		2	1	1
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		6,226	3,047	3,179
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	$(N+O+P+Q+R+S)$		111,324	54,468	56,856
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		54,468		
V	Country co-financing % of GAVI supported proportion	U / T		48.93 %		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	72.67 %		
B	Number of children to be vaccinated with the first dose	Table 4	14,295	10,389	3,906
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	42,885	31,166	11,719
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	45,030	32,725	12,305
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	676	492	184
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	2,853	2,074	779
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	43,200	31,395	11,805
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	44,778	32,542	12,236
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	493	359	134
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	145,584	105,801	39,783
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,016	1,466	550
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	3	3	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	8,736	6,349	2,387
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	$(N+O+P+Q+R+S)$	156,339	113,616	42,723
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	113,616		
V	Country co-financing % of GAVI supported proportion	U / T	72.67 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	13,853	13,853	15,225	42,931
	Number of children to be vaccinated with the first dose	Table 4	#	13,437	13,437	13,729	40,603
	Number of children to be vaccinated with the second dose	Table 4	#	13,437	13,437	13,790	40,664
	Number of children to be vaccinated with the third dose	Table 4	#	13,437	13,437	13,790	40,664
	Immunisation coverage with the third dose	Table 4	%	97.00 %	97.00 %	90.57 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	3,203			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	3,203			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		2.17	2.55	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

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

Co-financing group		Graduating			
			2013	2014	2015
	Minimum co-financing		1.16	1.53	1.88
	Recommended co-financing as per APR 2012				
	Your co-financing		1.18	2.17	2.55

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

		2014	2015
Number of vaccine doses	#	5,000	1,500
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0

Total value to be co-financed by GAVI	\$	13,500	4,000
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Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015
Number of vaccine doses	#	20,600	28,600
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country	\$	55,500	76,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	80.70 %		
B	Number of children to be vaccinated with the first dose	Table 4	13,437	13,437	10,844	2,593
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	$B \times C$	26,874	26,874	21,687	5,187
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		28,218	22,771	5,447
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		0	0	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Reported stock on January 1st	Table 7.11.1	0			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		25,500	20,578	4,922
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		65,306	52,700	12,606
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		3,266	2,636	630
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	$(N+O+P+Q+R+S)$		68,572	55,335	13,237
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		55,335		
V	Country co-financing % of GAVI supported proportion	U / T		80.70 %		

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

	Formula	2015		
		Total	Government	GAVI
A Country co-finance	V	95.13 %		
B Number of children to be vaccinated with the first dose	Table 4	13,729	13,060	669
C Number of doses per child	Vaccine parameter (schedule)	2		
D Number of doses needed	$B \times C$	27,458	26,120	1,338
E Estimated vaccine wastage factor	Table 4	1.05		
F Number of doses needed including wastage	$D \times E$	28,831	27,426	1,405
G Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	154	147	7
H Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2 Reported stock on January 1st	Table 7.11.1			
I Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	30,000	28,538	1,462
J Number of doses per vial	Vaccine Parameter	1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0
L Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	76,590	72,857	3,733
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	3,830	3,644	186
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	$(N+O+P+Q+R+S)$	80,420	76,500	3,920
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	76,500		
V Country co-financing % of GAVI supported proportion	U / T	95.13 %		

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 2014

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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 2013

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 2013

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 reviewed and endorsed the report

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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	✓	PS signature GAVI document pdf.pdf File desc: Date/time : 28/05/2014 11:03:52 Size: 62 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	IMOF signature (1).JPG File desc: Date/time : 30/05/2014 03:16:29 Size: 412 KB
3	Signatures of members of ICC	2.2	✓	ICC signatures .JPG File desc: Date/time : 30/05/2014 03:16:38 Size: 684 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	ICC Minutes May08-2014 (2) (3).pdf File desc: Date/time : 20/05/2014 06:33:32 Size: 1 MB
5	Signatures of members of HSCC	2.3	✗	No file loaded
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	attachment GAVI report 2 .docx File desc: Date/time : 08/05/2014 07:22:45 Size: 12 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	Financial Summary for ISS funds 2013_GAVI Grant 387010.docx File desc: Date/time : 16/05/2014 02:05:03 Size: 25 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Grant 387010 final financial report (1) (1).pdf File desc: Date/time : 16/05/2014 02:07:56 Size: 487 KB
9	Post Introduction Evaluation Report	7.2.2	✓	attachment GAVI report 2 .docx File desc: Date/time : 08/05/2014 07:21:21

				Size: 12 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	attachment GAVI report 2 .docx File desc: Date/time : 08/05/2014 07:21:46 Size: 12 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1	✓	attachment GAVI report 2 .docx File desc: Date/time : 08/05/2014 07:19:24 Size: 12 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	Document# 12 ; Vaccine Management Assessment - GUY summary evalauation September 2008 [1].doc File desc: Date/time : 14/05/2014 11:44:25 Size: 76 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Document 13 Improvement plan updated April 2013 docx.docx File desc: Date/time : 14/05/2014 11:46:01 Size: 24 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Document 14 Progress report Guyana April 2014 docx.docx File desc: Date/time : 20/05/2014 06:41:01 Size: 29 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	No file loaded
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	No file loaded
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	X	No file loaded
22	HSS Health Sector review report	9.9.3	X	No file loaded
23	Report for Mapping Exercise CSO Type A	10.1.1	X	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	X	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	X	No file loaded
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 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	financial management of GAVI funds.docx File desc: Date/time : 08/05/2014 07:17:27 Size: 13 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	ICC Minutes March13-2014.pdf File desc: Date/time : 20/05/2014 06:37:25 Size: 3 MB

	Other		X	No file loaded
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