Guyana
Internal Appraisal 2014

1. Brief Description of Process

This Appraisal was developed by Technical Expert, Assad Hafeez in collaboration with Gavi's Senior Country Manager (SCM) for Guyana. It is based on the 2013 APR submitted by the country, and related documentation.

2. Achievements and Constraints

Guyana has made considerable progress in achieving the overall goals and objectives of its programme in the last years. There is strong political commitment at highest echelons and health leadership level towards immunization services, depicted by keen involvement of all the government officials in the respective processes and fulfilment of financial commitments by the state. The country has been putting in efforts in implementing strategies to improve and maintain the immunization coverage in all the ten administrative regions. The hard to reach populations of hinterlands have also been addressed by enhancing resources for community awareness programs in the regions. The national cold room functions effectively and some new equipment has been added. Vaccination week of the Americas 2013 had various successful activities in remote areas along with mop up campaigns in remote hinterland areas. EPI trainings were conducted in all regions successfully.

2013 coverage targets show satisfactory achievements and the country has gone beyond the set targets in certain areas. BCG coverage is 96% against target of 95%, DTP3 coverage is 98% against 95%, Rota virus is 96% against 97% and PCV13 is 96% against the target of 97%. Measles coverage is given as 96% whereas TT coverage is 99%. Wastage rates in general have been contained and drop outs were well below the expected rates of 7%. Reported coverage is based on JRF data and APR or accompanying documents do not give any conflicting results from any other data source.

The review of documents suggests that there is cognisance of the challenges being faced in areas of human resource, trainings and service delivery in hinterland regions. Gender disaggregated data are not routinely available however there are plans to collect such information in future. The report does not give much information on equity issues. This is of concern particularly in hard to reach and sparsely populated hinterland regions.

3. Governance

The various governing tiers are in place for overseeing GAVI related projects. The level and seniority of participation is as per prescribed criteria and appropriate, including senior officials from the ministry and representatives from international organisations. However, representation from other line ministries, civil society and related sectors is not prominent. ICC and technical committees meet frequently and discuss issues related to APR. The ICC met 3 times in 2013 and twice in 2014. The critical issues like annual targets, financial reports, gender equity, reaching out to underserved communities, new vaccines and surveillance systems have been discussed here thoroughly.

The participation of CSOs is not prominent and only one organisation (Rotary Internaitonal) is on board which also has not participated in the proceedings of ICC meetings this year. This is an area where further progress could help improve the quality and transparency of the systems.

Additional comments from UNICEF proposed that great involvement of CSOs would create buy-in, especially in the area of "A Promise Renewed".

4. Programme Management

The MoH has a five year strategic health plan and annual work plans with defined goals and objectives at national and regional levels. The baseline and future targets are realistic as reported in APR and evidence of evaluation/reviews is available in the attached documents. The current management arrangement has been successfully implementing earlier grants including ISS and NVS within expected timelines. The EPI is integrated into the routine child health program. The ten regions have varying capacity and 4 hinterland regions are particularly challenging in terms of their sparse and widespread population. In the evaluation carried out over the last year the variance in capacity has been specifically highlighted and remedial measures have been suggested.

The cMYP was revised up to 2015 from its original end year of 2012. No indication of plans to update next year. This will need to be provided as part of the application requirements for receiving support from Gavi for IPV introduction support.

5. Programme Delivery

In Guyana various modalities are adopted to provide services including fixed post vaccination, community outreach, school vaccination and home visits. New vaccines have been introduced through this multiple tiered program and Guyana has shown fairly good results. The last immunization program assessment was carried out in 2013. Most scores were above 90 % with Human and Physical resource scoring the minimum (47%) due to insufficient HR at all levels in public sector. Other areas as vaccine safety, training & supervision and cold chain scored satisfactorily with some identified areas for further improvements. The progress report shows that all of the weak areas have been addressed or in the process of improvement.

The country has an injection safety plan however incinerators are not available in every facility and the medical waste is transported to a central locations for disposal. The waste disposal system does need further improvement and strengthening. There is an AEFI system as reported in the APR. The reports are discussed in the technical committee meetings and shared with other countries. A sentinel surveillance system for rotavirus diarrhoea exists and the country conducts special studies on this issue, however no such mechanism is in place for pneumococcal disease.

6. Data Quality

The JRF DTP3 coverage estimates are 98%in 2013 as compared to the target of 95%. No coverage survey has been done in the last years and administrative data is the only available source for all the current figures. The quality of coverage data is ensured by various measures as reported in APR. On receipt of the regional data this is checked and verified by the nursing officer before this is tabulated. The date and time on which it 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. In order to further improve the data quality, new EPI monitoring tools have been prepared and are currently being used in the regions. The tool provides guidelines on the process of data input, flow and feedback. Data quality and information management system is one of the areas which will require further strengthening.

7. Financial Management

The GAVI PFA has not been signed yet, although there have been increasing communications with the government preparing a response with comments to negotiate signatures in September. The GAVI funds were managed by PAHO/WHO which has its own financial systems, as per regulations of PAHO and the international Public Sector Accounting Standards (IPAS), in addition to internal and external audits. Expenditures of GAVI funds are carried out in accordance to the ICC approved work plan. ISS funds carried forward from 2012 were used in social mobilization activities in remote hinterland areas after approval from competent authority. The accompanying documents do not show any external audits of the EPI program and they are not receiving any HSS funds.

8. NVS Targets

The country is estimating to vaccinate 13,776 and 13,790 children with PCV13 and rota virus vaccine respectively. Wastage and dropout rates of 5% and 2% are acceptable with a good track record in both the areas by the country program. The possible issues in NVS area will be approaching the remote regions, disparity among services in various regions and better data quality. The lack of human resources for health at peripheral levels is a major obstacle to further improve coverage and the ability to sustain existing levels of coverage.

The request for NVS for PCV13 and Rota virus is planned for 2015. The Rota virus dosage has been modified to 2 doses instead of 3 doses as per the recommendations of technical advisory committee. The committee recommended this in light of issues with vaccine presentation availability from manufacturers through the regional procurement mechanism (PAHO Revolving Fund). The adjustments in the birth cohort estimations and revision of targets have been made on the advice of GAVI in the proposed request. Guyana has introduced HPV in 4 regions and plans to expand to 3 more depending on the availability of the vaccine, but they have not received Gavi support for the introduction.

9. EPI Financing and Sustainability

The government has fulfilled its budgetary commitments as per GAVI's requirements. There is an incremental increase in the co-financing in the new vaccine category, traditional vaccines are funded by the government itself and there is adequate budgetary allocation for immunization in the health budget. While indication point to continued success and good performance of the EPI programme, as a graduating country, Guyana's future success will be highly dependent on the govenrments's ability to continue to prioritize its programme. To support the government sustain its achievements, a joint graduation assessment visit is planned to take place in late October where a transition plan will be developed.

10. Renewal Recommendations

Topic	Recommendation
NVS	• PCV13: renewal of support • Rotavirus: renewal of support

11. Other Recommended Actions

Topic	Action Point
	• The country to take action to finalize and implement the 2013 EVM improvement plan recommendations. • The country to ensure robust reporting systems and data quality. • The country to consider how to strengthen its AEFI and surveillance systems. • The country to develop mechanism for gathering gender desegregated data. • The country to ensure more robust involvement of CSOs at all levels including possible expansion at ICC level. • Should strengthen partnerships with EPI and scale up C4D for future introductions of new vaccines. • EPI should provide comments on reasons why PCV and Rotavirus vaccine coverage estimates for 2015 are lower than in the past and lower than Penta.