



Annual Progress Report 2008

Submitted by

The Government of

[GUYANA]

Reporting on year: __2008__

Requesting for support year: 2009/2010

Date of submission: 13th, May, 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

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CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Government Signatures Page for all GAVI Support (ISS, INS, NVS,)

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*Name of Country*].....Guyana

Minister of Health:

Title:

Signature:

Date:

Minister of Finance:

Title:

Signature:

Date:

This report has been compiled by:

Full name: Dr Janice Woolford

Position: Maternal and Child Health /Expanded Programme on Immunization Officer

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr Kathleen Israel	PAHO/WHO, Guyana		
Dr Shamdeo Persaud	Chief Medical Officer, MOH		
Dr Janice Woolford	MCH/EPI Officer, MOH		
Mr Johannes Wedenig	UNICEF Representative, Guyana		
Mr Hydar Ally	Permanent Secretary, MOH		
Ms Karen Yaw	Planning Department, MOH		
Mr Vladim Persaud	Economist and Financial Analyst, MOF		

Comments from partners:

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

All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n

.....

Signatures Page for GAVI Alliance CSO Support (Type A & B) (NOT APPLICABLE)

This report on the GAVI Alliance CSO Support has been completed by:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	15,268 E	14,074	14,074	14,074	14,074	14,074	14,074	14,074
Infants' deaths	180 E	221	221	221	221	221	221	221
Surviving infants	*15088E	13,853	13,853	13,853	13,853	13,853	13,853	13,853
Pregnant women	15469	13,437	13,437	13,437	13,437	13,437	13,437	13,437
Target population vaccinated with BCG	14,507	13,437	13,437	13,437	13,437	13,437	13,437	13,437
BCG coverage*	96.1%	97%	97%	97%	97%	97%	97%	97%
Target population vaccinated with OPV3	14026	13,160	13,298	13,298	13,298	13,298	13,298	13,298
OPV3 coverage**	93%	95%	96%	96%	96%	96%	96%	96%
Target population vaccinated with DTP (DTP3)***Pentavalent Vaccine	14008	13,160	13,298	13,298	13,298	13,298	13,298	13,298
DTP3 coverage** Pentavalent Vaccine	93%	95%	96%	96%	96%	96%	96%	96%
Target population vaccinated with DTP (DTP1)***	14240	14,074	14,074	14,074	14,074	14,074	14,074	14,074
Wastage ¹ rate in base-year and planned thereafter	5%	5%	5%	5%	5%	5%	5%	5%
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of ...PCV 7.....		6,927	13,160	13,298	13,299	13,298	13,298	13,298
Coverage** 3 rd dose PCV		50%	95%	96%	96%	96%	96%	96%
Target population vaccinated with 1 st dose ..PCV 7		13,298	13,437	13,437	13,437	13,437	13,437	13,437
Coverage 1 st dose PCV 7		96%	97%	97%	97%	97%	97%	97%
Target population vaccinated with 3 rd dose of Rotateq.....		6,927	13,160	13,298	13,299	13,298	13,298	13,298
Coverage 3 rd dose Rotateq		50%	95%	96%	96%	96%	96%	96%
Number of persons vaccinated with the 1 st dose Rotateq		13,298	13,437	13,437	13,437	13,437	13,437	13,437
Coverage 1 st Dose Rotateq		96%	97%	97%	97%	97%	97%	97%

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. For new vaccines check table α after Table 7.1.

		96%	96%	96%	96%	96%	96%	96%
Wastage ¹ rate in base-year and planned thereafter		1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%
Infants vaccinated with MMR 1 st dose to be vaccinated	13,851	12,883	13,021	13,160	13,299	13,299	13,299	13,299
Pregnant women vaccinated with TT+	14,555	13,500	13,500	13,500	13,500	13,500	13,500	13,500
Vit A supplement	Mothers (<6 weeks from delivery)	NA						
	Infants (>6 months)	NA						
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6
Annual Measles Drop out rate (for countries applying for YF)	NA	NA	NA	NA	NA	NA	NA	NA

***Revised estimated target of 15088 was used for 2008 than the projected target of 13,853 as per APR 2007.**

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	15,268E	14,074	14,074	14,074	14,074	14,074	14,074	14,074
Infants' deaths	180E	221	221	221	221	221	221	221
Surviving infants	15088E	13,853	13,853	13,853	13,853	13,853	13,853	13,853
Pregnant women	15469	13,437	13,437	13,437	13,437	13,437	13,437	13,437
Target population vaccinated with BCG	14,507	13,437	13,437	13,437	13,437	13,437	13,437	13,437
BCG coverage*	96.1%	97%	97%	97%	97%	97%	97%	97%
Target population vaccinated with OPV3	14026	13,160	13,298	13,298	13,298	13,298	13,298	13,298
OPV3 coverage**	93%	95%	96%	96%	96%	96%	96%	96%
Target population vaccinated with DTP (DTP3)*** (Pentavalent	14008	13,160	13,298	13,298	13,298	13,298	13,298	13,298
(Pentavalent vaccine)DTP3 coverage**	93%	95%	96%	96%	96%	96%	96%	96%
Target population vaccinated with DTP (DTP1)***	14240	13,437	13,437	13,437	13,437	13,437	13,437	13,437
Wastage ² rate in base-year and planned thereafter	5%	5%	5%	5%	5%	5%	5%	5%
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of ...PCV 7.....		6,927	13,160	13,298	13,299	13,298	13,298	13,298
Coverage** 3 rd dose PCV		50%	95%	96%	96%	96%	96%	96%
Target population vaccinated with 1 st dose ..PCV 7		13,298	13,437	13,437	13,437	13,437	13,437	13,437
Coverage 1 st dose PCV 7		96%	97%	97%	97%	97%	97%	97%
Target population vaccinated with 3 rd dose of Rotateq.....		6,927	13,160	13,298	13,299	13,298	13,298	13,298
Coverage 3 rd dose Rotateq		50%	95%	96%	96%	96%	96%	96%
Number of persons vaccinated with the 1 st dose Rotateq		13,298	13,437	13,437	13,437	13,437	13,437	13,437
Coverage 1 st Dose Rotateq		96%	97%	97%	97%	97%	97%	97%
Wastage ¹ rate in base-year and planned thereafter		1.05%	1.05%	1.05%	1.05%	1.05%	1.05%	1.05%

² 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. For new vaccines check table α after Table 7.1.

Target population of MMR 1 st dose with MMR for 2009 and beyond	14,518	14,507	14,507	14,507	14,507	14,507	14,507	14,507
Target population to be vaccinated with 1 st dose of MMR	13,851	13,980	13,980	13,980	13,980	13,980	13,980	13,980
Measles coverage** (MMR) 1 st dose	95 %	96%	96%	96%	96%	96%	96%	96%
Target population vaccinated with 2 nd dose of MMR	12,855	13,200	13,200	13,200	13,200	13,200	13,200	13,200
Pregnant women vaccinated with TT+	14,555	13,500	13,500	13,500	13,500	13,500	13,500	13,500
Vit A supplement	Mothers (<6 weeks from delivery)	NA						
	Infants (>6 months)	NA						
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6
Annual Measles Drop out rate (for countries applying for YF)	NA	NA	NA	NA	NA	NA	NA	NA

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of 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. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Funds were received for ISS through PAHO/WHO, Guyana office. These funds were kept at PAHO and managed by PAHO for the Ministry of Health.

This money was not sent to the Ministry of Health but kept by PAHO in their accounts.

It was agreed that these ISS funds will be managed by PAHO and not sent to the Ministry of Health.

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.

The EPI Officer, MOH makes a request to the Permanent Secretary, Ministry of Health who then send the request to the PAHO/WHO representative who then obligates the fund and completes the activity as requested by the Ministry of Health.

A detailed plan was prepared for the ISS funds which were then discussed at the ICC meeting before the activities were initiated.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 ____ \$30,000 ____ on the 11th April, 2008

Remaining funds (carry over) from 2007 ____ 0 ____

Balance to be carried over to 2009 ____ \$22,867 ____

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0	0	0		
Injection supplies	0	0	0		
Personnel	0	0	0		
Transportation	0	0	0		
Maintenance and overheads	0	0	0		
Training (New Vaccine)	6,811.94	0	\$6,811.94		
IEC / social mobilization	0	0	0		
Outreach	0	0	0		
Supervision	0	0	0		
Monitoring and evaluation	0	0	0		
Epidemiological surveillance	0	0	0		
Vehicles	0	0	0		
Cold chain equipment	320.65	320.94	0		
Other (specify)	0	0	0		
Total:	\$7,133	\$320.94	\$6,811.94		
Remaining funds for next year:	\$22,867	\$320.94	\$6,811.94		
Supported document from PAHO Washington: Number 3 and 4					

1.1.3 ICC meetings

How many times did the ICC meet in 2008? _____ two times _____

Please attach the minutes (DOCUMENT N° 1 and 2) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: **[Yes/No]**

if yes, which ones? NO

List CSO member organisations (not applicable)

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

- *The National Cold Room has been completed at the Main Storage at the Ministry of Health's Bond in Kingston with generator and a full back up system for all vaccines in the country. This facility has the ability to store vaccines for longer periods than the previous facility.*
- *National EPI evaluation was conducted which assessed all areas of the programme in September 2008. As a result the Multiyear plan was reviewed to determine what activities have been completed and what is planned for the upcoming 5 year period.*
- *From this evaluation, health facilities which needed local cold storage is slated for replacement.*
- *Two vehicles have been acquired for the programme to assist with the low coverage area in Region 1 and to strengthen surveillance at the National Programme*

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N° 1 and 2) of the ICC meeting that endorses this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°3) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N° 4 , 5 and 6) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations

In spite of not having a GAVI data quality audit in 2008, one was completed through the National EPI evaluation with PAHO/WHO in September, 2008.

The main findings and recommendations for this EPI evaluation, data quality audit were as follows:

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared? Not applicable

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

Please note that a Demographic Health Study is now underway in the country which will assess all areas including the immunization programme.

List challenges in collecting and reporting administrative data:

Logistic and transportation issues sometimes hinder the timeliness of data reporting. However, by the end of the year all the reports are received.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

In spite of not receiving any new vaccines from GAVI in 2008, 13,000 thousand doses of PCV 7 were procured for children with special needs through UNICEF.

[List any change in doses per vial and change in presentation in 2008]

Dates shipments were received in 2008. Only the 13,000 doses of PCV were received through UNICEF in April 2008

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
PCV 7	Single dose	13,000	June 2008	April 2009

Please report on any problems encountered.

[List problems encountered in the procurement of the Vaccines through PAHO Revolving Fund]

- Some difficulties arose between GAVI allotment and PAHO Revolving Fund.
- GAVI budgeted (after global negotiations) \$5 US dollars per dose of Pneumococcal Vaccine while PAHO revolving fund quoted \$ 21 USD per dose at a difference of \$16 USD from the suppliers.
- Negotiations with PAHO are ongoing for Guyana (separately from other PAHO countries). PAHO wishes for solidarity on procurement with its other members states.
- The MOH will continue the negotiations in 2009 to ensure adequate vaccines are available.
- Guyana will continue to procure all other vaccines from PAHO Revolving Fund.

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.

[List activities]

- All the preparation for the new vaccines began in anticipation that they would arrive in the latter part of 2008.
- New Vaccine Training has commenced in most of the regions and this is still ongoing.
- IEC materials are being prepared
- The cold chain system, nationally and regionally is being enhanced.

1.2.3. A) Use of GAVI funding entity support for the introduction of the new vaccine (\$200,000) Dec 2012

These funds were received on: [29th May, 2008]

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Programme area	Activities	Actual expenditure	Balance remaining in US\$	List of problems
January to December , 2008	Cold Chain Equipment & Maintenance \$17,000.00	-Work done at the Vaccine) Cold Storage	9,529.05	7,470.95	Some of the equipment had to be acquired overseas
	Program Monitoring and Evaluation \$20,000.00	-Monitoring and evaluation of the regions	0	20,000	
	Human Resources \$25,000.00	-Hiring of short term EPI Personnel	0	25,000	This person is being hired currently
	Training \$65,000.00	Training-	2,151.66	62,848.34	In progress
	Social Mobilization \$65,000.00	Print handouts for the PCV 7 and Rotavirus Vaccines Print vaccine take-home cards – Other social mobilisation activities	1,927.70	63,072.3	In progress
	Surveillance \$5,000.00	EPI Surveillance	0	5,000.	
	Waste Management \$3,000.00	Management of sharps and other supplies	0	3,000	Currently being discussed with Environmental Health
	Total		13,609	186,391.59	
Supported document from PAHO , Washington, Number 5					

b) Utilization of the Reprogrammed GAVI Funds for Pentavalent Vaccine Introduction (US\$ 133,600.00)
GAVI report)

January to December 2008
(Revised based on Actual Expenditures)

Transport / Equipment	Purpose	Actual Expenditure up to Dec 08 (US\$)	Status of Activity
Funds managed by PAHO Washington			
Nissan Pick up	Monitoring and evaluation of Regional EPI activities at the national level	\$17,897.91	Completed and in use
Nissan Toyota Land Cruiser	To assist Region 1 hinterland areas with outreach vaccination activities	\$35,842	Completed and sent to Region 1
Generator (1)	Generator and automatic transfer switch control for National vaccine cold store.	\$25,690	Completed and installed
Funds managed by PAHO GUYANA			
Wooden Boats (3) Yamaha Outboard Engine (3)	Deployed in Region 1 (4 sub districts) to assist with riverian remote vaccination activities.	\$22,723	Completed
Clearing of vehicles	For the vehicles stated above	\$154.91	Completed
Cold chain supplies	Monitoring and evaluation of EPI activities at national and regional levels	\$2,253.14	Completed
4 AC units for the cold room	To be used in the national cold room	\$5,321	Completed
Training Activities	Provide EPI updated information on vaccines, administration, side effects, etc. to health workers.	\$5,677	Completed
Computer with accessories	Monitoring and evaluation of EPI activities	\$821.00	Completed
Immunization cards	Monitoring and evaluation of EPI activities	\$1,876	Completed
EPI visit to Region 7	Supervisory visit to Region 7 to assess EPI at health facilities	\$485	Completed
Solar refrigerators or other types of refrigerators	Maintain the potency of the vaccines in the hinterland communities		Still being processed
Total \$ received		\$133,600	
Total \$ Expenditure		\$119,010.11	
Balance		\$14,590	
Supported document from PAHO , Washington Number 6			

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? October 2008

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

[List major recommendations]

- *To strengthen the cold chain management system established to manage the supply of vaccines from point of entry in country to point of use.*
- *To ensure that the above is maintained by the establishment of cold storages located at the Air Port, Central Storage (MMU), Ice boxes for local transport and fridges for point of use.*
- *To have an efficient administrative process in place with other agencies such as, Customs, Brokerage and internal approvals for clearing consignments.*

Was an action plan prepared following the EVSM/VMA? Yes

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]

- *The establishment of a cold storage facility at the International Airport supported by a public private partnership with the MoH and Laparakan (a private shipping company).*
- *The installation of two new walk-in colds rooms at the central level (MMU) specifically for the storage of Vaccines.*
- *The provision of Ice Packs and Ice boxes for local transport to point of use.*
- *The availability of fridges at health facilities.*
- *A department dedicated to manage all shipments assigned to the MoH, this means working with a dedicated broker and having all priority clearance for the processing of vaccines and other drugs.*

When will the next EVSM/VMA* be conducted? [mm/yyyy]

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: Pneumo-PCV 7.	
Anticipated stock on 1 January 2010	6,927
Vaccine 2: Rotateq.....	
Anticipated stock on 1 January 2010	..6,927.....
Vaccine 3:	
Anticipated stock on 1 January 2010

These anticipated stocks will occur once the new vaccines arrives in time

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?...**No**.....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

Not Applicable

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

The Ministry of Health has a safe injection project which was implemented over the last five years in Guyana. The main aim is to ensure that the policy of safe injections and waste disposal are adhered to by all health institutions. This project has been extended to all regions.

The government and USAID are the funding sources for injection safety supplies.

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

Sharps wastes are collected in safety boxes from all the health facility and taken to Municipal waste Management unit for final disposal. For the interior, there is burning and then burying of the sharps. In some regions there are also small incinerators where final disposal is done.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

Not applicable

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (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 Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

Not applicable

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Planned (2008)	Planned (2009)
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	426,000	682,270	617,900
New Vaccines	13,000	215,000	214,500
Injection supplies	Included as part of the total cost of vaccines	30,000	31,850
Cold Chain equipment	113,184.56	30,000	25,000
Operational costs	150,000	171,330	205,400
Social Mobilization	41,585.61	48,960	75,000
Evaluation	20,000	56,310	60,040
Training	64,641	77,470	70,000
Supervision	15000	50,000	58,000
Epidemiological Surveillance	10,000	5,500	5,000
Other (please specify)			
Total EPI	853,411.17	1,376,000	1,363,270
Total Government Health	646,000	695,400	765,550

Exchange rate used	205 Guyana dollars to 1 US dollar
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The difference in funding in 2008 is because the new vaccines as promised although requested did not arrive from PAHO/WHO because of differences in the prices between GAVI and PAHO. Projected costing for 2008 was done on the premise that the new vaccines will incur an additional cost. However, the vaccines did not arrive only a small portion was procured through UNICEF for children with special needs.

All the activities were completed, there was no funding gap. A higher calculation of prices was estimated in 2008.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

1st vaccine:.....PCV 7		2010	2011	2012	2013	2014	2015
Co-financing level per dose		\$0.30	\$0.35	\$0.40	\$0.46	-	-
Number of vaccine doses	#	2,300	2,200	2,500	2,900	-	-
Number of AD syringes	#	2,400	2,200	2,500	2,900	-	-
Number of re-constitution syringes	#	0	0	0	0	-	-
Number of safety boxes	#	50	25	50	50	-	-
Total value to be co-financed by country	\$	17,000	16,000	18,000	21,000	-	-

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

2nd vaccine:...Rotateq.....		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.11	0.13	0.15	0.17	-	-
Number of vaccine doses	#	900	900	1,100	1,200	-	-
Number of AD syringes	#	0	0	0	0	-	-
Number of re-constitution syringes	#	0	0	0	0	-	-
Number of safety boxes	#	25	25	25	25	-	-
Total value to be co-financed by country	\$	5,500	6,000	6,500	7,500	-	-

Table 2.3: Country Co-Financing in the Reporting Year (2008) No vaccines were received

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance? No new vaccines were received		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

not applicable

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for 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.

Are there changes between table A and B? Yes/no Yes. There are changes .
If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

Data for 2008 are estimated figures on surviving infants and live birth. The official data is currently being verified the Health Statistical Department.
The figure used for 2008(births) was a higher estimated target than used in the 2007 report.

Provide justification for any changes **in surviving infants**:

Data for 2008 are estimated figures on surviving infants and live birth. The official data is currently being verified the Health Statistical Department.

Provide justification for any changes in vaccines (MMR targets).

There was a change in the MMR targets to be vaccinated for the first year because the average was taken for the last three years and when this was calculated , it showed a higher number than the expected target.
The estimated targets for MMR2 was not recorded in the last APR 2007 but was included in the 2008 report

Provide justification for any changes **in Wastage by vaccine**: No changes

Vaccine 1: ...Pneumococcal Vaccines PCV 7.....

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine by country

PCV 7	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	Table B	#	13,160	13,298	13,298	13,298	-	-
Target immunisation coverage with the third dose	Table B	#	95%	96%	96%	96%	-	-
Number of children to be vaccinated with the first dose	Table B	#	13,437	13,437	13,437	13,437	-	-
Estimated vaccine wastage factor	Excel sheet Table E - tab 5	#	1.05	1.05	1.05	1.05	-	-
Country co-financing per dose *	Excel sheet Table D - tab 4	\$	0.30	0.35	0.40	0.46	-	-

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

PCV 7		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	53,700	42,700	42,300	42,000	-	-
Number of AD syringes	#	54,900	42,700	42,300	42,000	-	-
Number of re-constitution syringes	#	-	-	-	-	-	-
-Number of safety boxes	#	600	475	475	475	-	-
Total value to be co-financed by GAVI	\$	395,000	313,500	308,000	305,500	-	-

Vaccine 2:Rotateq.....

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

Rotateq.....	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	6,927	13,160	13,298	13,298	-	-
Target immunization coverage with the third dose	<i>Table B</i>	#	95%	96%	96%	96%	-	-
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	13,437	13,437	13,437	13,437	-	-
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	-	-
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.11	0.13	0.15	0.17		

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

Rotateq.....		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	45,200	41,500	41,400	41,200	-	-
Number of AD syringes	#	-	-	-	-	-	-
Number of re-constitution syringes	#	-	-	-	-	-	-
Number of safety boxes	#	525	475	475	475	-	
Total value to be co-financed by GAVI	\$	286,500	263,000	262,000	261,000	-	-

4. Health Systems Strengthening (HSS) (**NOT APPLICABLE**)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report: (NOT APPLICABLE)

- a) Fiscal year runs from(month) to(month).
- b) This HSS report covers the period from(month/year) to(month year)
- c) Duration of current National Health Plan is from(month/year) to(month/year).
- d) Duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

Not applicable

- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

Not applicable

4.2 Overall support breakdown financially(not applicable)

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008) Not applicable						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed
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Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year’s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments(Not applicable)

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year: Not applicable

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

Not applicable

- b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

Not applicable

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

- a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

Not applicable

- b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

Not applicable

4.8 General overview of targets achieved (Not applicable)

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments (Not applicable)

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

not applicable

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

Not applicable

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.
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Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

Not applicable

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Not applicable

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Not applicable

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

Not applicable

5.1.3 Receipt of funds (Not applicable)

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds (not applicable)

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Not applicable

TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

not applicable

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Not applicable

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

Not applicable

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Not applicable

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Not applicable

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

5.2.2 Receipt of funds (Not applicable)

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US\$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds (Not Applicable)

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Not applicable

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

Not applicable

5.2.4 Monitoring and Evaluation (Not Applicable)

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

Not applicable

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	13 th May, 2009	
Reporting Period (consistent with previous calendar year)	Yes	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	No	Local support not a GAVI support ed project
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Not applicable	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Not applicable	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where	Not applicable	
HSS reported on	Not applicable	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	Not applicable	

7. Comments

ICC/HSCC comments:

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.

- The ICC committee is committed to ensure the success of the Guyana's EPI programme and hereby endorses the report of Annual Progress Report for 2008.
- The committee urges PAHO and GAVI to resolve all outstanding issues relating to the procurement of vaccines.
- We would like to request extension for implementation of ISS funds until 31st December, 2009. PAHO has communicated with Sonia Klabnikova in this regards via email.
- The ICC encourages GAVI and all other stakeholders to support the development, testing and production of cost effective vaccine against H1 N1 (swine flu).

~ End ~

Document #1

Minutes of Inter-Agency Coordination Committee (ICC) Meeting

The ICC meeting was held on 14th February, 2008 in the Ministry of Health's, Boardroom.

Present were

Dr. S. Persaud	-	Chief Medical Officer (ag); MOH (Chairperson)
Dr. J. Woolford	-	MCH/EPI Officer; MOH (secretary)
Mr Hydar Ally	-	Permanent Secretary, MOH
Mr Waite	-	Administrative Assistant, MOH
Dr B Irons	-	Regional EPI advisor, PAHO/WHO
Dr. M. Brewiski	-	EPI Manager; PAHO/WHO
Ms C. Watson	-	EPI Surveillance Coordinator; MOH
Ms C. Simon	-	Administrative Manager; MOH
Mr Noel Holder	-	Director of Health Science and Education, MOH
Ms Karen Yaw	-	Ministry of Health, Planning Unit
Ms B. Halfrose	-	Chief Nursing Officer (ag); MOH
Ms. M. Grant	-	Ministry of Amerindian Affairs

Absence with excuse

Dr Curtis La Fleur	-	Adolescent and Safe-motherhood Officer; UNICEF
Ms P Cummings	-	European Union Delegation of the Commission
Ms Anna Iles	-	Programme Officer, CIDA
Dr. K Israel	-	Representative; PAHO/WHO

Absence without excuse

Mr. F. McLean	-	Rotary International
Mr. V R. Persaud	-	Budget Officer, Ministry of Finance

The meeting was called to order at 13.40 hrs by Dr. Shamdeo Persaud, Chief Medical Officer (acting) who made the opening remarks and welcomed those present. The meeting proceeded according to the agenda below:

- 1) Call to order
- 2) Review of the minutes of the last meeting
- 3) Matters arising and adoption
- 4) Update on GAVI Funds
 - 1) Immunization Support Services
 - 2) Reprogramming of GAVI funds
 - 3) New Vaccines Support
- 5) Any other business

The CMO advised that we write an official letter to retired Chief Nursing Officer Nurse Bond thanking her for her contribution to the ICC committee. Dr Woolford was assigned the task of writing the letter to Nurse Bond.

1. Review and corrections on the minutes of the last meeting:

There were no corrections to the minutes:

2. Adoption to the minutes

This was adopted by Noel Holder and seconded by Ms Yaw.

3. Matters arising and Present Updates

3.1 National Cold Room

3.1.1 The following updates were given by Dr. Woolford:

- Completions of the painting, installation of the grills and minor repairs to the building have been completed with the aids of PAHO funds.
- The AC units and generator have been acquired and is presently at the Kingston Bond. Also one desk, one executive chair and 3 waiting chairs were also procured for the national cold room. The Ministry of Health is to complete the electrical installation of the cold room. Presently, no funds are available from the budget because the budget has not been passed in parliament. After many discussions, Mr Hydar Ally, Permanent Secretary stated that the deadline for completion of the national cold room is the 31st March, 2008 with commissioning of the old room as well. Nurse Simon was asked to follow up with the Administrative Department on the national cold room.

3.1.2 On the issue of additional staff needed to manage the cold room before its completion. Nurse Simon was asked to follow up with the personnel department. Since the salary allocated by the Ministry of Health for the current post which is a cold room technician was not being taken up even though the post was advertised. The possibility of creation of a new post could be explored.

3.1.3 Management of the National Cold Room

The National Cold Storage Facility will be managed by the EPI Unit, MOH. That means that all the equipment, shortage of vaccines etc would be done from the Kingston Bond. After its completion the stocks at the current location would be relocated. The present storage facility will serve as an emergency first line for the distribution of vaccines and syringes. This system is to be computerized and in line with the Ministry's of Health, drug bond.

4. Update on Immunization Support Services GAVI approval

This proposal was approved by GAVI to the tune of \$ 60,000 US dollars, 15, 00 dollars to be spent in the first year. This plan for the expenditure for the \$ 15,000 US dollars was discussed and is to be allocated as follows:

- 1) Equipment: Communication equipment radios, walkie –talkies, cell phones and to also facilitate coordination of EPI and surveillance activities in remote areas - \$12,000.
- 2) Training and support :- provide update training and EPI information in all regions -\$15,000

5. Reprogramming of GAVI funds (\$ 133, 600)

This was discussed by Dr Woolford who mentioned the following:

- Procurement of the following completed: vehicle for Region 1, air conditioner units and generators.
- National EPI evaluation training
- Allocated but not received are the following: solar refrigerators (exact amount to be determined depending on the cost), one vehicle 4 X 4.

When all the expenditure has been completed hardly any funds would be left. This would be reported in the Annual GAVI Report for 2007.

6. GAVI proposal for New Vaccines introduction

New Vaccines introduction was discussed by Dr Woolford. This Guyana proposal for New Vaccine Support was accepted by GAVI and Guyana was awarded the sum of \$100,000 dollars in the first year. The proposal allocation is as follows:

GAVI New Vaccine Support Funds

Activity	Proposed Budget for Awarded US \$100,000
Training	
Train Field Staff - Regions 3, 4, 5, and 6 by end of April 2008	\$6,000
Regions 2, 7, and 10 in August 2008	\$8,000
Regions 1, 8 and 9 in September 2008	\$20,000
Social Mobilization, IEC and Advocacy	\$10,000
Print Handouts 4,000 for the PCV 7 and Rotavirus Vaccines	
Print 5,000 vaccine take home cards	\$5,000
Surveillance and Monitoring	\$6,000
Human Resources**	\$25,000
Hiring of short term EPI Personnel	
Cold Chain Equipment & Maintenance	\$7,000
Procure electric refrigerators for the regions	\$10,000
Procure four solar refrigerators	
Waste Management	\$3,000
Procuring of safety boxes	
Total	\$100,000

After discussion on the above table, a decision was taken to accept the proposal. A letter is to be sent to PAHO/WHO on the Immunization Support Services and New Vaccines Support. Dr Woolford was responsible for drafting the letter for the Permanent Secretary.

6. Any Other business

Dr Irons remarked that she had visited Region 7 during her two weeks visit and was not pleased with the use of needle remover devices in the health facilities. Also at that same time the health workers were reusing the needles device removers by washing same with bleach and handling exclusively. This was not approved by WHO and as such some action should be taken on same.

Dr Persaud promised to act on same after a written letter was received from Dr Woolford

There being no other business, Dr S. Persaud thanked all those present at this meeting. The meeting was concluded at 3.10 hrs.

Submitted by

Endorsed by

Dr Janice Woolford, MCH Officer, (Secretary)

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Chair of the ICC

Document # 2

The ICC meeting was held on 31st October, 2008 in the Ministry of Health's Boardroom.

Present were:

Dr. Leslie Ramsammy	-	Minister of Health, MOH (Chairperson)
Dr. Janice Woolford	-	Director MCH/EPI, MOH (Secretary)
Mr. M. Haricharan	-	Deputy Permanent Secretary, MOH
Ms. Bibi Halfrose	-	Chief Nursing Officer, MOH
Ms. Claudette Simon	-	Administrative Manager, MOH
Dr. Teofild Monteiro	-	PAHO
Dr. Luis Seoane	-	MCH Advisor, PAHO
Dr. Erica Shelton	-	EPI Officer, PAHO
Ms. Clarice Watson	-	EPI Surveillance Coordinator, MOH
Ms. Lorna Browne	-	Deputy Chief Nursing Officer, MOH
Ms. Karen Yaw	-	Planning Unit, MOH
Cairan O'Toole	-	Water and Sanitation Officer, UNICEF
Dr. Curtis La Fleur	-	Adolescent Health Officer, UNICEF

Absent with excuse:

Mr. Hydar Ally	-	Permanent Secretary, MOH
Dr Shamdeo Persaud	-	Chief Medical Officer (on duty travel)
Dr K Israel	-	PWR (on duty travel)
Ms Anna Illes	-	CIDA

Absent without excuse

Ministry of Finance Representative
European Union Representative

The meeting was called to order at 09.15hrs by Dr. Leslie Ramsammy, Minister of Health who did the introductions and welcomed all present. He stated that at the GAVI Meeting in Senegal, it was agreed that the Minister of Health would chair ICC Meetings. This commitment has now been put into place by Guyana.

An adjustment was made to the agenda moving the fifth item, (the National Cold Room status update) to the first item. The meeting then proceeded according to the following agenda:

1. National Cold Room status update
2. Review of the minutes of the last meeting
3. Corrections and Adoptions
4. Matters Arising
5. Update of GAVI Expenditure 2008
6. Summary of EPI Evaluation
7. Any other business
8. Adjournment

1. National Cold Room status update

The following updates were given by Mr. Haricharan:

- The equipment for the functioning of the AC units would be procured locally. A request was sent to PAHO/WHO who had initiated the process.
- Dr. Monteiro, PAHO Representative assured members of the meeting that the procurement was already in place for the AC units for the Cold Room. The cold room consultant is scheduled to visit in the last week of November 23rd – 28th, 2008 to certify the cold room for vaccine storage.
- There is an issue with GPL concerning the powering of the cold room. The installation of the standby generator was stalled due to the incorrect transformer size for the generator. The transformer will be exchanged with a transformer of the correct size from the Ministry of Finance on Friday, 7th November 2008.
- The Cold Room has to be commissioned before it is fully operational.
- It was established that \$2.1 million will be paid to GPL for the transformers. The Ministry of Health will also pay \$1.5 million to GPL for the meter. Mr. Haricharan stated that this funding was not a problem.
- Dr. Leslie Ramsammy stated that on the 1st December, 2008 (World AIDS Day) he intends to visit the functioning National Cold Room which should be completed and fully operational by the end of November, 2008.

2. Review of the minutes of the last meeting

The following corrections were made to the minutes and are underlined and noted in italics:

2.1 Corrections to the minutes of the meeting

2.1.1 This correction should be “storage” instead of “shortage”
“The National Cold Storage facility will be managed by the EPI Unit, MOH. That means that all the equipment, storage of vaccines etc...”

2.1.2 Second correct should read as follows: Strengthening routine immunization e.g. procurement of communication equipment e.g. 2 way radio system in connection with surveillance activities in remote areas . . .

3. Adoption to the minutes

This was adopted by Nurse Watson and seconded by Ms. Yaw.

4. Matters Arising

4.1 Cold Room Technician

- 4.1.1 Despite being advertised the position of cold room technician was still vacant. Nurse Simon and the Human Resources Manager at MOH are therefore working on the creation of a new position. As Nurse Martin was trained in this field it was decided that a job description would be obtained from her and given to the Ministry of Public Service for approval. This however, was not completed because Nurse Martin was on leave. Minister Ramsammy suggested that a simpler route to the creation of this post could be taken. He suggested that Nurse Simon and Nurse Martin speak to his secretary and arrange a meeting with him, Mr.

Hariram and Mr. Watkins from MMU and together they will identify the cold room operator.

4.1.2 Management of the National Cold Room

It was established that the National Cold Room will be managed by the MMU in collaboration with the EPI Unit. The EPI Unit will work along with the MMU and is mainly responsible for ensuring that quality and efficiency are up kept whilst the MMU will be more directly involved e.g. ensuring the maintenance of stock. Dr. Woolford stated that a computer will be installed at the Ministry of Health that will be connected to Cold Room and contain records such as stock level etc. This computer will be available to the EPI Unit so that the Cold Room can be effectively monitored. Weekly reports concerning stock level and distribution is to be worked out by MMU.

5. Update on GAVI Expenditure 2008

The Update on GAVI Expenditure and funding was given by Dr. Woolford (attached in Appendix 1) which is as follows:

Dr. La Fleur made a suggestion concerning the solar refrigerators. He said that it would be useful if UNICEF could complement funds from GAVI to support any shortcomings that may occur. He also commented on the fact that such equipment would require maintenance once placed in commission. Minister Ramsammy responded by suggesting that a proposal be prepared and submitted to the Ministry of Finance for a service contract for the hiring of a solar equipment manager. This task will be undertaken by the Minister of Health.

6. Summary of National EPI Evaluation

The Summary of the National EPI Evaluation was done by Dr. Woolford. The EPI Evaluation acknowledged that Guyana had made some major achievements since the previous evaluation resulting in the successful implementation of the EPI Programme. However, Guyana now has to concentrate on improving the quality of their programme performance. Items of particular interest were as follows:

Achievements:

- New vaccines introduced (pneumococcal for selected population), both pneumococcal conjugate and Rotavirus have been prequalified by WHO. The pneumococcal conjugate vaccine is to come on stream shortly while the arrival of rotavirus is uncertain. These vaccines require special disposal and are to be encapsulated until such disposal is available. A catchment area from Parika to Mahaica is to be designed to facilitate this. Such a plan is ready to be implemented as soon as funds are available.

Recommendations

- **Vaccine Safety:** Minister Ramsammy stated that a conflict had existed for disposal of syringes and recapping. This issue has since then be resolved. There also needs to be a re-examination of Health Facility regulations and a status report on bio-medical waste involving ICC personnel. This meeting will be held early next year and would be organised by Dr Monteiro and the Environmental Health Unit.

- **Training and Supervision:** One recommendation was to ‘provide adequate training in program implementation, epidemiological surveillance for health staff.’ It was stated that the Chief Medical Officer had instigated a plan for this to occur.
- **Human Resources:** Dr La Fleur asked Minister Ramsammy to comment on the human resource deficiency that existed at many levels. He stated that Health Visitors play an integral part in EPI Surveillance and that many of these Health Visitors are approaching the age of retirement and this is of particular concern to him. Minister Ramsammy responded by saying that the human resource issue was a redundant problem that needed to be addressed at a national level and was beyond the office of the Minister of Health. He stated that he can only be a strong advocate for such issues and that the Government, Civil Society and especially the Donor Partners need to *work together* to achieve the “paradigm shift” that is required to solve this issue. As it concerned Health Workers, he stated that the issue was not the number but the mix of health workers (more nurses are of junior versus senior rank). He suggested that the retirement age may need to be addressed, extending available years to the health sector. The nursing program also needs to be paid special attention to bringing the regulatory aspect of nursing in line with other health care personnel regulations.

7. Any other business

- The Annual GAVI Report for 2007 has been approved by the GAVI team.
- Concerning the introduction of new vaccines, the program will start first in regions which training has been completed.
- In the Minister of Health’s absence, the Chief Medical Officer will chair ICC Meetings. In the absence of the Chief Medical Officer, Dr Janice Woolford will chair the meetings.
- Minister Ramsammy asked if the following persons could be added to the list of ICC and invited to the meetings: representatives from the media, private sector and CDC. The Permanent Secretary will be asked to nominate such a representative from the Private Sector.
- It was agreed that at the next ICC Meeting in February a discussion will be done on Rota Virus and HPV Vaccine.
- An action sheet will be prepared by Dr. Woolford.

8. Adjournment

There being no other business, Minister Ramsammy thanked all those present at this meeting. The meeting was concluded at 1100hrs.

Submitted by

Endorsed by

 Dr. Janice Woolford
 MCH Officer
 Secretary

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 Chair of the ICC