



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Guyana

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 16.05.2011 11:39:05

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 TRANSPARENCY 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 language of the arbitration will be English.

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: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	Pneumococcal (PCV13), 1 doses/vial, Liquid	Pneumococcal (PCV13), 1 doses/vial, Liquid	2015
NVS	Rotavirus 3-dose schedule	Rotavirus 3-dose schedule	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2012

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Dr Leslie Ramsammy , Minister of Health	Name	Dr A Singh , Minister of Finance
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Janice Woolford	MCH/EPI Officer	592-22-73509	wooljc2000@yahoo.com	

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

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.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Shamdeo Persaud	Ministry of Health			
Dr Beverley Barnett	PAHO WHO Representative, Guyana			
Mr Rudiger Luchmann	UNICEF representative			
Dr Janice Woolford	MCH/EPIOfficer			
Mr Hydar Ally	Permament Secretary			
Ms Karen Yaw	Head EPMU , Ministry of Health			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC 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. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - **Not Applicable**, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Not applicable				

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

All comments will be treated confidentially

Comments from Partners:

Not Applicable

Comments from the Regional Working Group:

Not Applicable

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

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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

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

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Not Applicable	Not Applicable			

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - **Not Applicable**, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Not Applicable	Not Applicable			

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	14,490	14,074	14,074	14,074	14,074	14,074
Total infants' deaths	275	221	221	221	221	221
Total surviving infants	14,215	13,853	13,853	13,853	13,853	13,853
Total pregnant women	13,215	13,437	13,437	13,437	13,437	13,437
# of infants vaccinated (to be vaccinated) with BCG	13,879	13,437	13,437	13,437	13,437	13,437
BCG coverage (%) *	96%	95%	95%	95%	95%	95%
# of infants vaccinated (to be vaccinated) with OPV3	13,479	13,160	13,160	13,160	13,160	13,160
OPV3 coverage (%) **	95%	95%	95%	95%	95%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	14,228	14,100	14,100	14,100	14,100	14,100
# of infants vaccinated (to be vaccinated) with DTP3 ***	13,510	13,160	13,160	13,160	13,160	13,160
DTP3 coverage (%) **	95%	95%	95%	95%	95%	95%
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
Infants vaccinated (to be vaccinated) with 1 st dose of Pneumococcal		13,437	13,437	13,437	13,437	13,437
Infants vaccinated (to be vaccinated) with 3 rd dose of Pneumococcal		13,160	13,298	13,299	13,298	13,298
Pneumococcal coverage (%) **	0%	95%	96%	96%	96%	96%
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

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Rotavirus	4,949	13,437	13,437	13,437	13,437	13,437
Infants vaccinated (to be vaccinated) with last dose of Rotavirus	2,686	13,160	13,298	13,299	13,298	13,298
Rotavirus last dose coverage (%) **	19%	95%	96%	96%	96%	96%
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
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	13,838					
Measles coverage (%) **	97%	0%	0%	0%	0%	0%
Pregnant women vaccinated with TT+	12,823					
TT+ coverage (%) ****	97%	0%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	5%	7%	7%	7%	7%	7%

* Number of infants vaccinated out of total births

** 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 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

There was no change for the estimated targets of births. In 2010, the figures for infant deaths are estimated. The official data is currently being verified.

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

The official data is still being verified, these are estimates for the surviving infants. However, it has been noted that according to the data for the last five years the surviving infants figures are decreasing. This could be attributed to the family planning programme and the increase use of contraceptives.

Provide justification for any changes in **targets by vaccine**

Changes were made to the targets for the new vaccines. Rotavirus was introduced in March 2011 in a phased approach. Our target for the quarter was 7107 and this was not done over the live births for the year. No PCV vaccines were received in 2011.

Provide justification for any changes in **wastage by vaccine**

There was no change

5.2. Immunisation achievements in 2010

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 2010 and how these were addressed

The National Cold room continues to function to its capacity. Five new refrigerators were obtained for the regions due to the introduction of the Rotavirus vaccines. Vaccination campaign were conducted during the month of April for both children and adults, for those who were eligible for vaccines. EPI had a nation wide campaign to vaccinate persons with the HINI vaccines during the earlier part of the year. Training and sensitization was done for the health staff and public for the new vaccines. Challenges remain with logistics and transportation to remote areas in the immunization programme.

5.2.2.

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

Targets were met

5.2.3.

Do males and females have equal access to the immunisation services? **Yes**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

If Yes, please give a brief description on how you have achieved the equal access.

Every child in Guyana is eligible for vaccines. The registration information allows for whether the child is male or female.

5.2.4.

Please comment on the achievements and challenges in **2010** on ensuring males and females having equal access to the immunisation services

The EPI programme has shifted its focus to Family Immunization and the focus is now on the entire family. We are advocating for all persons to receive what vaccines are due to them. There is a heavy emphasis on the importance of vaccination for all. The programme recognises that there are adults who have not been vaccinated. To cover these persons we are vaccinating in schools, workplaces and elderly persons. There is special emphasis on the elderly during the home visits.

5.3. Data assessments

5.3.1.

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 is different from routine services immunization data. Routine data is actual data collection and survey data draws on a sample and makes inference for the entire population.

* Please note that the WHO UNICEF estimates for **2010** will only be available in **July 2011** and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from **2009** to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

However, Demographic Health Survey completed and results are pending

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

On receipt of regional data, this is checked and verified by the Nursing Officer before it is tabulated. The date and the time this is received is also stamped and noted. Three EPI evaluations meetings are held per year where all the regions review the data and coverage. Training is ongoing in all regions.

5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

EPI monitoring tools were prepared and discussed with staff from all regions during the National EPI feedback session. Supervision is continuously being done in the regions on how data is used.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 201	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	670,463	670,463							
New Vaccines	221,316		221,316						
Injection supplies with AD syringes	27,569	27,569							
Injection supply with syringes other than ADs									
Cold Chain equipment	72,376	4,502	67,874						
Personnel	1,119,576	1,119,576							
Other operational costs	144,684	134,214	10,470						
Supplemental Immunisation Activities									
Training	39,440	22,986	16,454						
Social Mobilization	26,314	17,454	8,860						
Supervision	14,546	14,546							
Epidemiological Surveillance	400	400							
Investigation and Evaluation	498	498							
Total Expenditures for	2,337,182								

<i>Expenditures by Category</i>	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
<i>Immunisation</i>									
Total Government Health		2,012,208	324,974						

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the *New item* icon in the *Action* column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	511,778	540,437	
New Vaccines	14,500	8,000	
Injection supplies with AD syringes	37,500	39,600	
Injection supply with syringes other than ADs			
Cold Chain equipment	39,090	64,310	
Personnel	690,269	727,556	
Other operational costs	618,651	566,084	
Supplemental Immunisation Activities			
Total Expenditures for Immunisation	1,911,788	1,945,987	

* 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.

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, 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.

According to the Guyana Multi-Year EPI Plan 2006-2015, estimated budget requirements for 2010 were projected as US\$1,743,380. Table 2.a above shows that the 2010 expenditure on EPI by the Government of Guyana (GOG) and GAVI totaled to \$2,337,182. The primary cost drivers have been personnel, vaccine and operational costs. Personnel was expected to cost \$617,350, however, EPI personnel have been paid at the Central Ministry level as well as across the ten administrative regions. That cost increases have been financed through Governmental means reflects well on the sustainability of the immunization programme. (The number of funds in the WHO Joint Reporting format would be different because it did not take all the ten regions only Central Ministry)

This increase in the new vaccines cost is expected to be financed through the budgetary allocations from the government.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number Document # 4, 8 and 9) from all the ICC meetings held in 2010, including those of the meeting 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 [5.4 Overall Expenditures and Financing for Immunisation](#)

The ICC members urged PAHO to resolve outstanding issues so that PCV 7 and rotavirus vaccines can be procured for Guyana. In 2010, the PCV vaccines were not received even though promised by GAVI. These issues were resolved.

Are there any Civil Society Organisations (CSO) member of the ICC?: No

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
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5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

The country main objectives are to ensure that the new vaccines are introduced throughout the country and to ensure that the vaccines are maintained at the right potency by ensuring proper cold storage at the national level. Immunization coverage is expected to be substained at 95% at the national and regional level. These are all linked to the cMYP

5.7. 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 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	BCG syringe 23 guage by 3/8	government	
Measles	Reconstituted 25 guage 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? (Please report in box below)

IF No: When will the country develop the injection safety policy/plan? (Please report in box below)

The programme is being scaled up to cover all health facilities

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Sharps wastes are collected in safety boxes from all health facility and taken to the 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 the final disposal is done.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 35,067
Balance carried over to 2011	US\$ 0

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

-Training for the new vaccines was done in a phased approach for the coastland and remote areas. This is still ongoing for the remote areas.

-Support was given to the cold chain technician for the National Cold Room.

-The cold chain system was enhanced with the support of five new refrigerators for the regions for the introduction of the Rotavirus vaccines.

-IEC materials were prepared and distributed to the regions.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? **No**

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

Part B: 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.

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

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. Funds are managed by PAHO/WHO, Guyana office at the Republic Bank. This is a commercial bank.

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.

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.

Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number **Document # 6**) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number **not applicable).**

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

			2008	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify			13,510
2	Number of additional infants that are reported to be vaccinated with DTP3			
3	Calculating	\$20 per additional child vaccinated with DTP3		
4	Rounded-up estimate of expected reward			

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
Pneumococcal	0	0	0	
HepB monoval	0	0	0	
Rotavirus	45,000	25,000	20,000	

* Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] above are different

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

The Rotavirus vaccines was obtained in March , however implementation was in a phased approach, only Region 4 Georgetown initiated the vaccine in the month of April during vaccination week. The vaccines were introduced in Regions 4,5 and 6 in the Month of May and June. This was a new vaccine and attempts were being made to monitor any adverse events before full implementation to other regions. Regions 2, and 10 initiated around July and August then the rest of the regions from December 2010 to January 2011. The RV coverage would not be reflected for the entire cohort of the targetted group in 2010. Training of health workers and media awareness was done.

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)

We have looked at the anticipated usage in order to ensure timely vacine shipment by EPI Revolving Fund.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? **No**

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	Rotavirus	
Phased introduction	Yes	Date of introduction 29.04.2011
Nationwide introduction	Yes	Date of introduction 29.01.2011
The time and scale of introduction was as planned in the proposal?	Yes	If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned? in 2011

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? Yes

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

No case of adverse events to Rotavirus vaccine occurred in 2010.

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	0
Receipt date	24.02.2008

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

Please note that the NVS of \$200,000 was received in 2008 and not in 2010.

Major activities

- EPI national training were conducted for the new vaccines
- Support to two cold chain officers
- Cold Chain assessment of the Regions 1, 7, 8, and 9.
- Three National EPI evaluations at the central level.
- Support to vaccination campaigns in remote areas.
- Procurement of cold chain equipment

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

No problems encountered

Is there a balance of the introduction grant that will be carried forward? Yes

If Yes, how much? US\$ 23,046

Please describe the activities that will be undertaken with the balance of funds

The funding will be used to further strengthen the cold chain at the national and regional level. Continuous provision for the national storage bond. This funding would also be used for training and support for the Rotavirus and PCV 13 full introduction in all areas.

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No Document # 7). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	0	0
2nd Awarded Vaccine Rotavirus 3-dose schedule	0	0
3rd Awarded Vaccine	0	0
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other government		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. late submission of invoices for payments		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		

Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)
1 st Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	
2 nd Awarded Vaccine Rotavirus 3-dose schedule	
3 rd Awarded Vaccine	

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/resources/9_Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? **22.09.2008**

When was the last Vaccine Management Assessment (VMA) conducted? **22.09.2008**

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° **# 10**)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

The central storage room was established and is fully functional. Support to the regional cold chain capacity has been done with the procurement of refrigerators in the introduction of the new vaccines. Updating of the vaccination records and registers has been completed as well.

When is the next Effective Vaccine Management (EVM) Assessment planned? **24.09.2012**

7.5. Change of vaccine presentation

If you would prefer, during 2012, 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. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Not applicable

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No **not applicable**) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): **Yes**

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	13,853	13,853	13,853	13,853	13,853		69,265
Number of children to be vaccinated with the third dose	Table 1	#	13,160	13,298	13,299	13,298	13,298		66,353
Immunisation coverage with the third dose	Table 1	#	95%	96%	96%	96%	96%		
Number of children to be vaccinated with the first dose	Table 1	#	13,437	13,437	13,437	13,437	13,437		67,185

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	3.500	3.500	3.500	3.500	3.500		
Country co-financing per dose		\$	0.30	0.34	0.40	0.46	0.52		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000	0.000	0.000		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	Intermediate
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	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Your co-financing	0.30	0.34	0.40	0.46	0.52

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#			38,500	37,900	37,200	36,500	150,100
Number of AD syringes	#			40,700	40,000	39,300	38,600	158,600

Supply that is procured by GAVI and related cost in US\$				For Approval		For Endorsement		
		2011	2012	2013	2014	2015	TOTAL	
Required supply item								
Number of re-constitution syringes	#		0	0	0	0	0	
Number of safety boxes	#		475	450	450	450	1,825	
Total value to be co-financed by GAVI	\$		144,500	142,000	139,500	137,000	563,000	

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$				For approval		For endorsement		
		2011	2012	2013	2014	2015	TOTAL	
Required supply item								
Number of vaccine doses	#		3,900	4,600	5,200	5,900	19,600	
Number of AD syringes	#		4,100	4,800	5,500	6,300	20,700	
Number of re-constitution syringes	#		0	0	0	0	0	
Number of safety boxes	#		50	75	75	75	275	
Total value to be co-financed by the country	\$		14,500	17,000	19,500	22,500	73,500	

Table 7.1.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		9.08%			10.68%			12.28%			13.89%			
B	Number of children to be vaccinated with the first dose	Table 1	13,437	13,437	1,220	12,217	13,437	1,436	12,001	13,437	1,651	11,786	13,437	1,866	11,571
C	Number of	Vaccine	3	3	3	3	3	3	3	3	3	3	3	3	3

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	doses per child	parameter (schedule)													
D	Number of doses needed	B x C	40,311	40,311	3,660	36,651	40,311	4,306	36,005	40,311	4,952	35,359	40,311	5,598	34,713
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	42,327	42,327	3,844	38,483	42,327	4,521	37,806	42,327	5,200	37,127	42,327	5,878	36,449
G	Vaccines buffer stock	(F - F of previous year) * 0.25		0	0	0	0	0	0	0	0	0	0	0	0
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		42,327	3,844	38,483	42,327	4,521	37,806	42,327	5,200	37,127	42,327	5,878	36,449
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		44,746	4,063	40,683	44,746	4,780	39,966	44,746	5,497	39,249	44,746	6,214	38,532
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		497	46	451	497	54	443	497	62	435	497	70	427
N	Cost of vaccines	I x g		148,145	13,451	134,	148,145	15,824	132,	148,145	18,198	129,	148,145	20,572	127,57

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed				694			321			947			3
O	Cost of AD syringes needed K x ca		2,372	216	2,156	2,372	254	2,118	2,372	292	2,080	2,372	330	2,042
P	Cost of reconstitution syringes needed L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed M x cs		319	29	290	319	35	284	319	40	279	319	45	274
R	Freight cost for vaccines needed N x fv		7,408	673	6,735	7,408	792	6,616	7,408	910	6,498	7,408	1,029	6,379
S	Freight cost for devices needed (O+P+Q) x fd		270	25	245	270	29	241	270	34	236	270	38	232
T	Total fund needed (N+O+P+Q+R+S)		158,514	14,392	144,122	158,514	16,931	141,583	158,514	19,471	139,043	158,514	22,011	136,503
U	Total country co-financing I 3 cc		14,392			16,931			19,471			22,011		
V	Country co-financing % of GAVI supported proportion U / T		9.08%			10.68%			12.28%			13.89%		

Table 7.2.1: Specifications for Rotavirus 3-dose schedule

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	13,853	13,853	13,853	13,853	13,853		69,265
Number of children to be vaccinated with the third dose	Table 1	#	13,160	13,298	13,299	13,298	13,298		66,353

	Instructions		2011	2012	2013	2014	2015		TOTAL
Immunisation coverage with the third dose	Table 1	#	95%	96%	96%	96%	96%		
Number of children to be vaccinated with the first dose	Table 1	#	13,437	13,437	13,437	13,437	13,437		67,185
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		25,000					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	No	No	No	No	No		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	5.500	4.000	3.333	2.667	2.400		
Country co-financing per dose		\$	0.13	0.15	0.18	0.20	0.23		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000	0.000	0.000		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Rotavirus 3-dose schedule

Co-financing group	Intermediate
--------------------	--------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.15	0.17	0.20	0.23
Your co-financing	0.13	0.15	0.18	0.20	0.23

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$		2011	For Approval		For Endorsement		
			2012	2013	2014	2015	TOTAL
Required supply item							
Number of vaccine doses	#		16,800	40,200	39,400	38,500	134,900
Number of AD syringes	#		0	0	0	0	0
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		200	450	450	450	1,550
Total value to be co-financed by GAVI	\$		70,500	141,000	110,500	97,500	419,500

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$		2011	For approval		For endorsement		
			2012	2013	2014	2015	TOTAL
Required supply item							
Number of vaccine doses	#		700	2,200	3,100	3,900	9,900
Number of AD syringes	#		0	0	0	0	0
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		25	25	50	50	150
Total value to be co-financed by the country	\$		3,000	8,000	8,500	10,000	29,500

Table 7.2.4: Calculation of requirements for Rotavirus 3-dose schedule

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		3.57%			5.13%			7.12%			9.10%			
B	Number of children to be vaccinated with	Table 1	13,437	13,437	480	12,957	13,437	690	12,747	13,437	958	12,479	13,437	1,223	12,214

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	the first dose														
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	
D	Number of doses needed	B x C	40,311	40,311	1,438	38,873	40,311	2,069	38,242	40,311	2,872	37,439	40,311	3,669	36,642
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
F	Number of doses needed including wastage	D x E	42,327	42,327	1,510	40,817	42,327	2,173	40,154	42,327	3,015	39,312	42,327	3,852	38,475
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0	0	0	0	0	0	0	0	0	0
H	Stock on 1 January 2011			25,000	892	24,108									
I	Total vaccine doses needed	F + G - H		17,327	618	16,709	42,327	2,173	40,154	42,327	3,015	39,312	42,327	3,852	38,475
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		0	0	0	0	0	0	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need)	(K + L) / 100 * 1.11		193	7	186	470	25	445	470	34	436	470	43	427

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed													
N	Cost of vaccines needed	$I \times g$	69,308	2,472	66,836	141,076	7,240	133,836	112,887	8,041	104,846	101,585	9,244	92,341
O	Cost of AD syringes needed	$K \times ca$	0	0	0	0	0	0	0	0	0	0	0	0
P	Cost of reconstitution syringes needed	$L \times cr$	0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times cs$	124	5	119	301	16	285	301	22	279	301	28	273
R	Freight cost for vaccines needed	$N \times fv$	3,466	124	3,342	7,054	363	6,691	5,645	403	5,242	5,080	463	4,617
S	Freight cost for devices needed	$(O+P+Q) \times fd$	13	1	12	31	2	29	31	3	28	31	3	28
T	Total fund needed	$(N+O+P+Q+R+S)$	72,911	2,600	70,311	148,462	7,619	140,843	118,864	8,466	110,398	106,997	9,736	97,261
U	Total country co-financing	$I \text{ } 3 \text{ } cc$	2,600			7,619			8,466			9,736		
V	Country co-financing % of GAVI supported proportion	U / T	3.57%			5.13%			7.12%			9.10%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

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 members would like to express thanks to GAVI for the supply of the Rotavirus vaccines which was long overdue and may you continue to support Guyana in the further acquisition of other new vaccines.

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 2

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 3

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		4, 8	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		9	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010		6	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant		5	
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		7	
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc:	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\MOH signature.docx <hr/> Date/Time: 13.05.2011 13:54:18 Size: 2 MB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc:	File name: MOF signature May 2011.docx <hr/> Date/Time: 24.05.2011 11:00:43 Size: 4 MB		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
3	File Type: Signatures of members of ICC *	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\ICC signatures signed.docx Date/Time: 11.05.2011 14:29:40 Size: 3 MB		
4	File Type: Minutes of ICC meetings in 2010 *	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\ICC minutes 1 2010.pdf Date/Time: 13.05.2011 10:24:32 Size: 635 KB		
5	File Type: External Audit Report (Fiscal Year 2010) for ISS grant	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\PAHO audited reports.pdf Date/Time: 11.05.2011 15:42:34 Size: 366 KB		
6	File Type: Financial Statement for ISS grant in 2010 *	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\Financial statements for APR 2010 ISS.pdf Date/Time: 11.05.2011 15:52:18 Size: 28 KB		
7	File Type: Financial Statement for NVS introduction grant in 2010	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\Financial statements for APR 2010 NVS.pdf Date/Time: 11.05.2011 15:52:18 Size: 47 KB		
8	File Type: Minutes of ICC meetings in 2010 *	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\ICC 2 2010.pdf Date/Time: 13.05.2011 10:25:30 Size: 772 KB		
9	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 *	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\ICC minutes may 2011.pdf Date/Time: 13.05.2011 10:26:25 Size: 628 KB		
10	File Type: other File Desc: Immunisation Programme Evaluation Report	File name: H:\MCH 2011\GAVI 2011\GAVI APR 2010\Vaccine Management Assessment - GUY summary evaluation September 2008 [1].doc Date/Time: 13.05.2011 10:41:54 Size: 71 KB		