

GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of Guyana

Reporting on year: 2011

Requesting for support year: 2013

Date of submission: 5/29/2012

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: 2011

Requesting for support year: 2013

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 3 -dose schedule	Rotavirus, 3 -dose schedule	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	No	ISS reward for 2011 achievement: No
HSS	No	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available <u>here</u>.

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Guyana hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Guyana

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Mini	ster of Health (or delegated authority)	Minister of Finance (or delegated authority)				
Name	Mr Leslie Cadogan	Name	Mr Bishop Juan-A_ Edghill			
Date		Date				
Signature		Signature				

This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
IDr Janice Woolford	MCH/EPI Manager /ICC secretary	592-227-3509	wooljc2000@yahoo.com
Ms Karen Yaw	Head Expenditure Planning Unit,MOH	592-225-1643	kyaw@health.gov.gy

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
Mr Leslie Cadagan,Permament Secretary	Ministry of Health		
Dr Shamdeo Persuad ,Chief Medical Officer	Minsitry of Health		

Dr Janice Woolford,MCH/EPI Manager	Ministry of Health	
Dr Beverley Barnett,PAHO/WHO Representative	PAHO/WHO	
Ms KAren Yaw, Head EPMU	Ministry of Health	
Mr Sulieman Bramioh	UNICEF	

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

All comments will be treated confidentially

Comments from Partners:

ICC members will continue to support the EPI programme and GAVI funds will be continued to be managed by PAHO/WHO

Comments from the Regional Working Group:

2.3. HSCC signatures page

Guyana is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Guyana is not reporting on CSO (Type A & B) fund utilisation in 2012

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4. Baseline & annual targets

	Achieveme JF		. Targets (preferred presentation)							
Number	20	11	20	12	20	13	20	14	20	15
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	14,074	14,193	14,074	14,074	14,074	14,074	14,074	14,074	14,074	14,074
Total infants' deaths	221	150	221	221	221	221	221	221	221	221
Total surviving infants	13853	14,043	13,853	13,853	13,853	13,853	13,853	13,853	13,853	13,853
Total pregnant women	13,437	14,234	13,437	13,437	13,437	13,437	13,437	13,437	13,437	13,437
Number of infants vaccinated (to be vaccinated) with BCG	13,437	13,684	13,437	13,437	13,437	13,437	13,437	13,437	13,437	13,437
BCG coverage	95 %	96 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	13,160	13,099	13,160	13,160	13,160	13,160	13,160	13,160	13,160	13,160
OPV3 coverage	95 %	93 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	14,100	12,968	14,100	14,100	14,100	14,100	14,100	14,100	14,100	14,100
Number of infants vaccinated (to be vaccinated) with DTP3	13,160	12,997	13,160	13,160	13,160	13,160	13,160	13,160	13,160	13,160
DTP3 coverage	95 %	93 %	96 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base- year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	13,298	10,991	13,437	13,437	13,437	13,437	13,437	13,437	13,437	13,437
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	13,160	6,973	13,298	13,298	13,299	13,299	13,298	13,298	13,298	13,298
Pneumococcal (PCV13) coverage	95 %	50 %	96 %	96 %	96 %	96 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	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	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	13,437	11,568	13,437	13,437	13,437	13,437	13,437	13,437	13,437	13,437
Number of infants vaccinated (to be vaccinated) with 3rd dose of Rotavirus	13,160	10,371	13,298	13,298	13,299	13,299	13,298	13,298	13,298	13,298
Rotavirus coverage	95 %	74 %	96 %	96 %	96 %	96 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5

		Achievements as per JRF			Targets (preferred presentation					
Number	20	11	20	12	20	13	2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base- year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus 3-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	13,897	0	0	0	0	0	0	0	0
Measles coverage	0 %	99 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Pregnant women vaccinated with TT+	0	13,845	0	0	0	0	0	0	0	0
TT+ coverage	0 %	97 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	7 %	0 %	7 %	7 %	7 %	7 %	7 %	7 %	7 %	7 %

^{*}

^{**} 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): [(AB) / A] x 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in <u>Table 4 Baseline and Annual Targets</u> should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

Justification for any changes in births

There were no changes to the estimated targets for births. However, in 2011, the figures for infant deaths and total births are estimated. The official data is currently being verified. Please also note that the PCV 13 and Rotavirus programme was initiated in a phased approach.

Justification for any changes in surviving infants

The official data is being verified. These are estimates of surviving infants.

Justification for any changes in targets by vaccine

The rotavirus vaccination programme was implemented in 2010 and still being completed in very remote areas, hence the achievement of less than 80% immunization coverage. For PCV 13, this was also started in a phased approach with the various regions at different types of implementation.

Justification for any changes in wastage by vaccine

There was no changes in the wastage of the vaccines

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

The National cold room continues to function to its capacity. The Ministry of Health has employed a cold chain maintanence officer for the National Cold Room. Vaccination campaign activities were conducted nationwide in the month of April 2011 to sensitize the public on the importance of vaccination. New brochures were done for the introduction of the Rotavirus and PCV 13 vaccines. Training was completed for the new vaccines and an intense social mobilization activities conducted.

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

Targets were met for the BCG vaccines and Diphtheria Tetanus vaccines for pregnant women. For Oral Polio and Pentavalent vaccines ,there were logistical difficulties in three regions which caused setbacks in the execution of immunization activities. Meetings were held with the respective regions and it is expected that these issues will be resolved. For the new vaccines , as stated previously, these were implemented at different phases in the regions, therefore the expected target population for the year was not met.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source Timeframe of the data Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

no

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

What action have you taken to achieve this goal?

The new WHO Child Health Immunization charts for the males and females were developed and in use and the data at the primary levels are being collected according to the gender.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

Survey data 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 2011 will only be available in July 2012 and can have retrospective changes on the time series.
- 5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No** If Yes, please describe the assessment(s) and when they took place.
- 5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

On receipt of regional data, this is checked and verified by the Nursing Officer before it is tabulated. The date and 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.

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

New EPI monitoring tools were prepared and is currently being initiated in regions. This tool provides guidelines on the process of data input, data flow, feedback and the need for further action based on the information received.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used 1 US\$ = 206	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	PAHO/W HO	To be filled in by country	To be filled in by country
Traditional Vaccines*	744,119	744,119	0	0	0	0	0	0
New and underused Vaccines**	634,059	5,781	628,278	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0

Personnel	1,507,875	1,494,97 0	12,905	0	0	0	0	0
Other routine recurrent costs	947,516	915,413	12,110	0	0	19,993	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	3,833,569							
Total Government Health		3,160,28 3	653,293	0	0	19,993	0	0

^{*} Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Yes, the EPI Plan of Action for 2011 was developed and costed. There were small differences between the available funding and expenditure and these were due to the aspect of priority. However, with there being the opening to do a virement/transfer of funds to clear the difference as the need arise. Also to be noted is that the expenditure reflected above(with the exception of vaccines) was based upon an estimate of 60/40, where 60 percent went towards EPI activity from the Government MCH expenditure for 2011.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Less funding was received than originally budgeted in the area of operational cost, but was supplemented by a transfer of funds. Also, in the area of vaccines we have exceeded our budgetary expenditure due to overlapping in purchasing and increase prices, this was met through supplementary provision. Note: in table 5.5b the budget was set by using a 3.9% (mid-year 2011)..

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Government funding is allocated to tradtiional vaccines

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	778,720	803,880
New and underused Vaccines**	347,734	332,580
Injection supplies (both AD syringes and syringes other than ADs)	0	0
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	39,090	64,310
Personnel	1,579,410	1,664,410
Other routine recurrent costs	726,120	679,220
Supplemental Immunisation Activities	0	0
Total Expenditures for Immunisation	3,471,074	3,544,400

^{*} 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes, we are expecting to receive all funds

5.5.5. Are you expecting any financing gaps for 2013? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No financing gaps are expected

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?		

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

If none has been implemented, briefly state below why those requirements and conditions were not met. All the GAVI funds are managed by PAHO/WHO who is part of the United Nations system and has an internal and external auditing mechanism

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? 3

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections <u>5.1 Updated baseline and annual targets</u> to <u>5.5 Overall Expenditures and Financing for Immunisation</u>

ICC 's recommendations is that the overall expenditures and financing be continued to be managed by PAHO/WHO and the baseline targets remains the same as stated in the report.

Are any Civil Society Organisations members of the ICC? Yes

If Yes, which ones?

	List CSO member organisations:
Rotary International	

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

To continue to increase the national coverage for routine and new vaccines to at least 95%

Promote equal access to vaccination in remote areas by organization of immunization campaign and mop up activities

To maintain the potency of the vaccines through procuring adequate cold chain supplies and equipment for all regions.

Conduct EPI social mobilization activities for the general public on the importance of vaccination

Are they linked with cMYP? Yes

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety
Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011	
BCG	BCG Syringe 23 guage by 3/8	government	
Measles	Reconsituted 25 guage by 5/8	government	
TT	Reconstituted and AD syringes	government	
DTP-containing vaccine	AD syringes	government	

Does the country have an injection safety policy/plan? Yes

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

The final disposal of needles and syringes need to be strengthened in all regions

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Sharps wastes are collected in safety boxes from all health facilities and taken to the Georgetown Hospital Medical Waste Disposal unit. For areas outside of the catchment, the waste is collected and final disposal is taken to the approved De Monte Forte Waste disposal system(small incinerators) located in several regions.

6. Immunisation Services Support (ISS)

Guyana is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

- 6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.
- 6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process
- 6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.3. Request for ISS reward

Request for ISS reward achievement in Guyana is not applicable for 2011

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
Pneumococcal (PCV13)		30,600	0
Rotavirus		46,000	0

^{*}Please also include any deliveries from the previous year received against this Decision Letter

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)
 - The rotavirus vaccine are to be given by 32 weeks or 8 months within a two months interval. Therefore, in some regions due to terrrain and climatic conditions, some of the children arrive later than 3 months to clinic, hence the vaccine cannot be given, Hence the need to ensure that children come to clinic by 2 months of age to ensure that the vaccine is completed in time. The PCV 13 vaccines started at a later time than the Rotavirus hence the difference in doses
- 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 vaccine shipments by the EPI Revolving Fund
- 7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? No

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

not applicable

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

not applicable

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	PCV 13	
Phased introduction	Yes	19/01/2011
Nationwide introduction	Yes	25/08/2012
The time and scale of introduction was as planned in the proposal? If No, Why?		The PCV vaccine arrived later than planned

7.2.2. When is the Post Introduction Evaluation (PIE) planned? December 2012

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

not applicable

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? Yes

Is there a national AEFI expert review committee? Yes

Does the country have an institutional development plan for vaccine safety? Yes

Is the country sharing its vaccine safety data with other countries? Yes

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$ Amount local co	
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	25,014	5,152,884
Total funds available in 2011 (C=A+B)	25,014	5,152,884
Total Expenditures in 2011 (D)	15,065	3,103,390
Balance carried over to 2012 (E=C-D)	9,949	2,049,494

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14). Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

For the new vaccines introduction, Information Educational and communication materials were prepared for the parents and guardians of children who received the vaccines. The new vaccine schedule was altered to reflect the changes in the vaccination schedule. Training was completed in all regions for the initation and well as follow up training. The programme also supported a cold chain offficer who asisted with the monotring and evaluation of the national cold chain supply system.

Please describe any problem encountered and solutions in the implementation of the planned activities no significant problems encountered

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards. This will be used for the activities of Immunization for social mobilization, training and Information and education and communication (IEC).

7.4. Report on country co-financing in 2011

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?			
Co-Financed Payments	Total Amount in US\$ Total Amount in Doses			
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0		
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	5,781	800		
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?			
Government	government			

Donor	not applicable			
Other	not applicable			
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?			
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID				
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding			
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding		
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	government		
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	Мау	government		
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing			
	The government would be able to co -finance the vaccines			

If the country is in default, please describe and explain the steps the country is planning to take to meet its cofinancing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

The country is not in default

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2009**

Please attach:

- (a) EVM assessment (Document No 15)
- (b) Improvement plan after EVM (Document No 16)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any

Are there any changes in the Improvement plan, with reasons? No If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? August 2013

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Guyana does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Guyana does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Guyana is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following Confirm here below that your request for 2013 vaccines support is as per <u>7.11 Calculation of requirements</u> **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: 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
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,	000\$
			<=	^
DTP-HepB	НЕРВНІВ	2.00 %		
DTP-HepB-Hib	НЕРВНІВ		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJ UGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	14,043	13,853	13,853	13,853	13,853	69,455
	Number of children to be vaccinated with the first dose	Table 4	#	10,991	13,437	13,437	13,437	13,437	64,739
	Number of children to be vaccinated with the third dose	Table 4	#	6,973	13,298	13,299	13,298	13,298	60,166
	Immunisation coverage with the third dose	Table 4	%	49.65 %	95.99 %	96.00 %	95.99 %	95.99 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	330					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	3.50	
СС	Country co-financing per dose	Co-financing table	\$		0.34	0.97	1.60	2.24	
са	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.34	0.97	1.60	2.24
Recommended co-financing as per APR 2010			0.97	1.60	2.24
Your co-financing	0.30	0.34	0.97	1.60	2.24

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

		2012	2013	2014	2015
Number of vaccine doses	#	40,000	31,500	24,400	17,200
Number of AD syringes	#	42,700	33,300	25,800	18,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	475	375	300	225
Total value to be co-financed by GAVI	\$	150,500	118,500	92,000	65,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	4,000	11,000	18,000	25,200
Number of AD syringes	#	4,300	11,600	19,100	26,700
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	50	150	225	300
Total value to be co-financed by the Country	\$	15,000	41,500	68,000	95,000

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

	(Law)	Formula	2011		2012	
			Total	Total	Government	GAVI
Α	Country co-finance	V	0.00 %	9.03 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	10,991	13,437	1,214	12,223
С	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	BXC	32,973	40,311	3,641	36,670
Е	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	DXE	34,622	42,327	3,823	38,504
G	Vaccines buffer stock	(F – F of previous year) * 0.25		1,927	175	1,752
Н	Stock on 1 January 2012	Table 7.11.1	330			
	Total vaccine doses needed	F + G – H		43,924	3,968	39,956
J	Number of doses per vial	Vaccine Parameter		1		
к	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		46,885	4,235	42,650
L	Reconstitution syringes (+ 10% wastage) needed	I/J * 1.11		0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		521	48	473
N	Cost of vaccines needed	I x vaccine price per dose (g)		153,734	13,885	139,849
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)		2,181	197	1,984
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		4	1	3
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		9,225	834	8,391
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		219	20	199
Т	Total fund needed	(N+O+P+Q+R+S)		165,363	14,935	150,428
U	Total country co-financing	I x country co- financing per dose (cc)		14,935		
V	Country co-financing % of GAVI supported proportion	U/T		9.03 %		

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

		Formula		2013			2014	
			Total	Government	GAVI	Total	Government	GAVI
Α	Country co-finance	V	25.77 %			42.51 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	13,437	3,463	9,974	13,437	5,712	7,725
С	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	BXC	40,311	10,389	29,922	40,311	17,135	23,176
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	DXE	42,327	10,908	31,419	42,327	17,992	24,335
G	Vaccines buffer stock	(F – F of previous year) * 0.25	0	0	0	0	0	0
Н	Stock on 1 January 2012	Table 7.11.1						
1	Total vaccine doses needed	F + G – H	42,327	10,908	31,419	42,327	17,992	24,335
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	44,746	11,531	33,215	44,746	19,020	25,726
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11	0	0	0	0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	497	129	368	497	212	285
N	Cost of vaccines needed	I x vaccine price per dose (g)	148,145	38,177	109,968	148,145	62,971	85,174
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)	148,145	537	1,544	148,145	885	1,196
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	3	1	2	3	2	1
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	8,889	2,291	6,598	8,889	3,779	5,110
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	209	54	155	209	89	120
Т	Total fund needed	(N+O+P+Q+R+S)	159,327	41,058	118,269	159,327	67,724	91,603
U	Total country co-financing	I x country co- financing per dose (cc)	41,058			67,724		
V	Country co-financing % of GAVI supported proportion	U/T	25.77 %			42.51 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula		2015	
			Total	Government	GAVI
Α	Country co-finance	V	59.51 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	13,437	7,997	5,440
С	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	BXC	40,311	23,989	16,322
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	DXE	42,327	25,189	17,138
G	Vaccines buffer stock	(F – F of previous year) * 0.25	0	0	0
Н	Stock on 1 January 2012	Table 7.11.1			
ı	Total vaccine doses needed	F + G – H	42,327	25,189	17,138
J	Number of doses per vial	Vaccine Parameter	1		
ĸ	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	44,746	26,628	18,118
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11	0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	497	296	201
N	Cost of vaccines needed	I x vaccine price per dose (g)	148,145	88,159	59,986
o	Cost of AD syringes needed	K x AD syringe price per unit (ca)	2,081	1,239	842
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	3	2	1
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	8,889	5,290	3,599
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	209	125	84
Т	Total fund needed	(N+O+P+Q+R+S)	159,327	94,813	64,514
U	Total country co-financing	I x country co- financing per dose (cc)	94,813		
v	Country co-financing % of GAVI supported proportion	U/T	59.51 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	14,043	13,853	13,853	13,853	13,853	69,455
	Number of children to be vaccinated with the first dose	Table 4	#	11,568	13,437	13,437	13,437	13,437	65,316
	Number of children to be vaccinated with the third dose	Table 4	#	10,371	13,298	13,299	13,298	13,298	63,564
	Immunisation coverage with the third dose	Table 4	%	73.85 %	95.99 %	96.00 %	95.99 %	95.99 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	15,000					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		5.00	3.50	3.50	3.50	
СС	Country co-financing per dose	Co-financing table	\$		0.15	0.52	0.89	1.26	
са	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$	·	0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Graduating
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	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.15	0.52	0.89	1.26
Recommended co-financing as per APR 2010			0.52	0.89	1.26
Your co-financing	0.13	0.15	0.52	0.89	1.26

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

		2012	2013	2014	2015
Number of vaccine doses	#	28,000	36,400	32,100	27,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	325	425	375	325
Total value to be co-financed by GAVI	\$	147,000	134,000	118,000	102,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	900	6,000	10,300	14,600
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	25	75	125	175
Total value to be co-financed by the Country	\$	4,500	22,500	38,000	53,500

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

		Formula	2011		2012	
			Total	Total	Government	GAVI
Α	Country co-finance	V	0.00 %	2.86 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	11,568	13,437	384	13,053
С	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	BXC	34,704	40,311	1,152	39,159
Е	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	DXE	36,440	42,327	1,210	41,117
G	Vaccines buffer stock	(F – F of previous year) * 0.25		1,472	43	1,429
Н	Stock on 1 January 2012	Table 7.11.1	15,000			
ı	Total vaccine doses needed	F + G – H		28,799	823	27,976
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11		0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		320	10	310
N	Cost of vaccines needed	I x vaccine price per dose (g)		143,995	4,115	139,880
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)		0	0	0
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		0	0	0
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		7,200	206	6,994
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
Т	Total fund needed	(N+O+P+Q+R+S)		151,195	4,320	146,875
U	Total country co-financing	I x country co- financing per dose (cc)		4,320		
V	Country co-financing % of GAVI supported proportion	U/T		2.86 %		

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

		Formula		2013			2014	
			Total	Government	GAVI	Total	Government	GAVI
Α	Country co-finance	V	14.15 %			24.22 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	13,437	1,902	11,535	13,437	3,255	10,182
С	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	BXC	40,311	5,705	34,606	40,311	9,763	30,548
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	DXE	42,327	5,990	36,337	42,327	10,251	32,076
G	Vaccines buffer stock	(F – F of previous year) * 0.25	0	0	0	0	0	0
Н	Stock on 1 January 2012	Table 7.11.1						
ı	Total vaccine doses needed	F+G-H	42,327	5,990	36,337	42,327	10,251	32,076
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I/J * 1.11	0	0	0	0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	470	67	403	470	114	356
N	Cost of vaccines needed	I x vaccine price per dose (g)	148,145	20,963	127,182	148,145	35,878	112,267
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)	148,145	0	0	148,145	0	0
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	0	0	0	0	0	0
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	7,408	1,049	6,359	7,408	1,795	5,613
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	0	0	0	0	0	0
Т	Total fund needed	(N+O+P+Q+R+S)	155,553	22,011	133,542	155,553	37,672	117,881
U	Total country co-financing	I x country co- financing per dose (cc)	22,011			37,672		
V	Country co-financing % of GAVI supported proportion	U/T	14.15 %			24.22 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

	(part 3)	Formula		2015	
			Total	Government	GAVI
Α	Country co-finance	V	34.29 %		
В	Number of children to be vaccinated with the first dose	Table 5.2.1	13,437	4,608	8,829
С	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	BXC	40,311	13,822	26,489
Ε	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	DXE	42,327	14,513	27,814
G	Vaccines buffer stock	(F – F of previous year) * 0.25	0	0	0
Н	Stock on 1 January 2012	Table 7.11.1			
ı	Total vaccine doses needed	F + G – H	42,327	14,513	27,814
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11	0	0	0
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11	470	162	308
N	Cost of vaccines needed	I x vaccine price per dose (g)	148,145	50,794	97,351
0	Cost of AD syringes needed	K x AD syringe price per unit (ca)	0	0	0
Р	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)	0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)	0	0	0
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	7,408	2,540	4,868
s	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)	0	0	0
Т	Total fund needed	(N+O+P+Q+R+S)	155,553	53,333	102,220
U	Total country co-financing	I x country co- financing per dose (cc)	53,333		
V	Country co-financing % of GAVI supported proportion	U/T	34.29 %		

8. Injection Safety Support (INS)

Guyana is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Guyana is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Guyana is not reporting on GAVI TYPE A CSO support for 2012

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

Guyana is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

The ICC would continue to work with the National Immunization Programme to ensure that Guyana achieves its targets on immunization

12. Annexes

12.1. Annex 1 - Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

^{*} Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS									
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD			
Salary expenditure									
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174			
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949			
Non-salary expenditure									
Training	13,000,000	27,134	12,650,000	26,403	350,000	731			
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087			
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131			
Other expenditures									
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913			
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811			

^{**} Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS							
	Local currency (CFA)	Value in USD *					
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000					
Summary of income received during 2011							
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 2011	30,592,132	63,852					
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523					

^{*} Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS										
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD				
Salary expenditure										
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174				
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949				
Non-salary expenditure										
Training	13,000,000	27,134	12,650,000	26,403	350,000	731				
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087				
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131				
Other expenditures										
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913				
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811				

^{**} Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 - Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO						
	Local currency (CFA)	Value in USD *				
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000				
Summary of income received during 2011						
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 2011	30,592,132	63,852				
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523				

^{*} Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO							
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD	
Salary expenditure							
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174	
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949	
Non-salary expenditure							
Training	13,000,000	27,134	12,650,000	26,403	350,000	731	
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
Other expenditures							
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811	

^{**} Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	minister of health signature.pdf File desc: File description Date/time: 5/21/2012 6:26:48 PM Size: 976683
2	Signature of Minister of Finance (or delegated authority)	2.1	√	minister of finance signature .pdf File desc: File description Date/time: 5/21/2012 6:27:22 PM Size: 976683
3	Signatures of members of ICC	2.2	✓	ICC signatures .pdf File desc: File description Date/time: 5/21/2012 6:28:00 PM Size: 1014499
5	Minutes of ICC meetings in 2011	2.2	√	ICC Minutes - 15th 17th April 2011.pdf File desc: File description Date/time: 5/21/2012 7:49:24 PM Size: 1540453
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	√	ICC meeting 5th april 2012 .pdf File desc: File description Date/time: 5/21/2012 6:29:11 PM Size: 1543401
10	new cMYP APR 2011	7.7	✓	Annex 5 Guyana MYP2007-2015 Annex 1 updated MYP April 30th , 2012.xls File desc: File description Date/time: 4/30/2012 7:55:24 PM Size: 1509888
11	new cMYP costing tool APR 2011	7.8	√	Annex 5 Guyana MYP2007-2015 Annex 1 updated MYP April 30th , 2012.xls File desc: File description Date/time: 4/30/2012 7:55:24 PM Size: 1509888
13	Financial Statement for ISS grant APR 2011	6.2.1	×	nON -APPLICABLE Financial Status for ISS grant APR 2011 .docx File desc: File description Date/time: 5/21/2012 7:50:21 PM Size: 9963
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Document 14 Finanical statement for NVS.doc File desc: File description Date/time: 5/3/2012 10:29:47 AM Size: 46592 Document 15 Vaccine Assessment Report for Guyana .pdf

15	EVSM/VMA/EVM report APR 2011	7.5	√	File desc: File description
				Date/time: 4/30/2012 7:53:12 PM
				Size: 116477
				Document16_ImprovementPlanforGuyana_A pril 2012.docx
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	~	File desc: File description
				Date/time: 5/3/2012 10:37:18 AM
				Size: 25018
				Document 17 Progress report Guyana April 2012 docx.docx
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	File desc: File description
				Date/time: 5/3/2012 10:37:18 AM
				Size: 25436
				Non Applicable EXTERNAL AUDIT REPORT FOR ISS grant.docx
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	X	File desc: File description
				Date/time: 5/21/2012 7:50:21 PM
				Size: 10009
				Non Applicable post introduction report grant.docx
20	Post Introduction Evaluation Report	7.2.2	~	File desc: File description
				Date/time: 5/21/2012 7:51:06 PM
				Size: 9997
				Non Applicable ICC endorsing vaccine extension .docx
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	√	File desc: File description
				Date/time: 5/21/2012 7:51:06 PM
				Size: 9997