



GAVI Alliance

Annual Progress Report **2012**

Submitted by
The Government of
Nicaragua

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 8:38:33 PM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** 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: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 3 -dose schedule	Rotavirus, 2 -dose schedule	2015
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Nicaragua** 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 **Nicaragua**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dra. Sonia Castro	Name	Lic. Ivan Acosta
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr. Carlos Saenz	Director de Vigilancia para la Salud	(505)29894700 Ext.1121	dgvs@minsa.gob-ni
Martha Reyes Alvarez	Responsable Programa Nacional de Inmunizaciones	(505) 29894700 Ext. 1237	prog-pai@minsa.gob.ni
Nancy Vásconez	Asesora Inmunizaciones OPS Nicaragua	(505) 22894200 Ext. 223	vasconen@paho.org

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Jorge Luis Prosperí	PAHO		

Dr. Philippe Barragne Bigot	UNICEF		
Sra. Mercedes Borrero	UNFPA		
Sra. Reyna Buijs	Embassy of Netherlands Finland		
Sr. Jose Manuel Mariscal	Spanish Agency for international cooperation		
Sra. Eava Lissa Myllymaki	Embassy of Finland		
Sra. Camille Nuamah	World Bank		

Sr. Arthur W. Brown	USAID		
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ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Conforme lo conversado ayer, le envío por escrito un texto que ha de introducirse en la p.6 en la sección de comentarios de Comité de Coordinación Interagencial:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Primero: en cuanto a la pregunta de Amparo, efectivamente se discutió esto en la reunión del comité el 25; las necesidades de actualizar la cadena de frío de vacunas y las necesidades en cuanto a la capacidad nacional para la introducción de una nueva vacuna. Se recomendó allí que las agencias NNUU, OPS y UNICEF, pudieran hacer una recomendación en esta línea. No sé si fue formulado algo en esta línea para incluir en el Informe. Si no, se podría incluir esto como recomendación del Comité.

Dos: El Comité recomienda empezar a incluir en el Informe de progreso un análisis de correlación entre las coberturas nacionales de vacunas con los indicadores de morbilidad, para demostrar el impacto positivo que ha tenido o que tendrá la introducción de ciertas vacunas a la prevalencia de enfermedades en los infantes/la niñez. (Fue comentario USAID durante la presentación de 25/4/2013)

Tres: El Comité expresa su preocupación con los estimados desactualizados de las poblaciones que afectan los indicadores, dando un sobre cumplimiento al indicador en varios municipios. Un tema que merece mayor atención y precisión en futuros cálculos de los indicadores. (Fue comentado por el Comité durante la presentación de 25/4/2013, y señalado por España en su correo de 7 mayo)

Cuatro: El Comité solicita que se comparta el link al sitio Web donde se publicara la versión final del Informe anual GAVI, junto con sus anexos.

Agradezco que se introduzca estas observaciones del Comité en la versión final del Informe.

Atte.

Ardi Ariñez-Voets, MSc.

Themadeskundige Gezondheidszorg / Experta Salud Publica

Ambassade van het Koninkrijk der Nederlanden / Embajada Reino de los Países Bajos - Managua

Tel: +505 2276 8630 ext. 114 | Fax: + 505 2276 8632

Email: aa.voets@minbuza.nl | Oficina: mng@minbuza.nl

Comments from the Regional Working Group:

No Aplica.

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **No Aplica**, 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.

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.

Name/Title	Agency/Organization	Signature	Date
No Aplica	No Aplica		

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

All comments will be treated confidentially

Comments from Partners:

No Aplica.

Comments from the Regional Working Group:

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

Nicaragua is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	138,678	138,678	141,219	140,146	141,925	141,925	142,635	142,635
Total infants' deaths	1,765	1,765	1,765	1,765	1,774	1,774	1,782	1,782
Total surviving infants	136913	136,913	139,454	138,381	140,151	140,151	140,853	140,853
Total pregnant women	1,147,214	142,214	148,652	169,823	149,151	149,151	150,142	150,142
Number of infants vaccinated (to be vaccinated) with BCG	138,678	163,725	141,219	140,146	141,925	141,925	142,635	142,635
BCG coverage	100 %	118 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	138,678	150,820	140,513	140,146	141,215	141,215	141,922	141,922
OPV3 coverage	101 %	110 %	101 %	101 %	101 %	101 %	101 %	101 %
Number of infants vaccinated (to be vaccinated) with DTP1	138,678	150,243	141,219	140,146	141,925	141,925	142,635	142,635
Number of infants vaccinated (to be vaccinated) with DTP3	138,678	150,379	140,513	141,547	141,215	141,215	141,922	141,922
DTP3 coverage	101 %	110 %	101 %	102 %	101 %	101 %	101 %	101 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	133,490	148,745	134,158	140,146	141,925	141,925	142,635	142,635
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	133,490	148,543	134,158	140,146	135,946	135,946	138,036	138,036
Pneumococcal (PCV13) coverage	96 %	108 %	95 %	101 %	97 %	97 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	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
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	140,516	148,830	141,219	140,146	141,925	141,925	142,635	142,635

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Number of infants vaccinated (to be vaccinated) with the last dose of Rotavirus	140,516	147,082	141,219	137,343	137,348	137,348	138,036	138,036
Rotavirus coverage	99 %	107 %	98 %	99 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	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
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	137,733	157,521	139,454	139,575	140,151	140,151	140,853	140,853
Measles coverage	101 %	115 %	100 %	101 %	100 %	100 %	100 %	100 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0
TT+ coverage	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
Vit A supplement to infants after 6 months	615,083	701,837	614,718	760,476	615,598	615,598	611,572	611,572
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	-1 %	1 %	1 %	0 %	0 %

** 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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

En relación a las proyecciones informadas de los menores de un año, en el 2012 no hubo cambios, pero si hubo cambios en el 2013, los cuales están de acuerdo al ajuste de población realizado por el Ministerio de Salud, el que se basa en los datos de población entregado por el instituto Nacional de Información de Desarrollo (INIDE), que son proyecciones basadas en la información del censo 2005.

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

Hubo cambios en el 2013 de acuerdo a los ajustes de población realizado por el Ministerio de Salud que se basa en los datos de población entregados por el Instituto Nacional de Información de Desarrollo (INIDE), que son proyecciones basadas en la información del censo 2005.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

Para BCG la meta se mantiene en el 100%, en el país se cumplió la meta.
No hubieron cambios en las metas informadas en el 2012 para OPV, Pentavalente, Rotavirus y Neumococo en los menores de un año y MMR para los niños de un año; pero si hay cambios en la meta 2013 en relación a las proyecciones de población, realizada por el Ministerio de Salud que se basa en los datos de población entregados por el instituto Nacional de Información para el desarrollo (INIDE), que son proyecciones basadas en la información del censo 2005; *en Rotavirus; la cobertura programada se mantiene en el 98% establecido por el país, debido a que el cumplimiento del esquema se ve afectado en las zonas de difícil acceso.*

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

No hubo cambios, se utiliza la pérdida estimada por GAVI de un 5% para vacunas monodosis.

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

Según la programación de población estimada en el informe 2011 y con la población ajustada por le Ministerio de Salud, basándose en las estimaciones de INIDE a inicios del 2012, se han mantenido coberturas nacionales mayor al 95%, en todas las vacunas en los menores de un año, alcanzando un 118% para BCG, 109% para OPV, y 108% para Penta, 106% para Rotavirus y 107% para Neumococo, utilizando como denominador al grupo menor de un año, que es establecido por el país, no a los niños sobrevivientes (población de un año), que define GAVI.

Las coberturas de pentavalente por municipios por debajo del 95%, disminuyeron de 63 de los 153 municipios en el año 2011, a 36 de 153 municipios en el año 2012, logro que es debido a las actividades de vacunación dirigidas a los municipios de riesgo y a la contribución de la 5ta. campaña de seguimiento para la eliminación de sarampión, rubéola y síndrome de rubéola congénita, que fué seguida de 2220 monitoreos rápidos de cobertura que se desarrollaron a nivel nacional, que apoyaron a que se logre la meta de 100% con la vacuna de sarampión y rubéola (MR) aplicada, y además contribuyeron a completar las dosis de inmunizaciones de las vacunas del resto del esquema.

Durante el año 2012 se ha mantenido como una prioridad el fortalecimiento de las competencias y habilidades técnicas y gerenciales en el personal del PAI en todos los niveles, se ha dado seguimiento a la calidad del dato, se ha fortalecido la vigilancia epidemiológica de las Enfermedades Prevenibles por Vacunación, con énfasis en de sarampión, rubéola y SRC, así como también se fortaleció la vigilancia de las nuevas vacunas en hospitales centinelas, 2 hospitales nacionales para la vigilancia de neumonías y meningitis y 4 hospitales para la de rotavirus; el seguimiento de las normas de vacunación segura, la ampliación a 17 de 18 departamentos del software del sistema de inventario de vacunas e insumos, que incluyó la dotación de equipos a los departamentos; se realizó la actualización de las normas del programa, se impulsó la participación sostenida de los recursos comunitarios, así como el aseguramiento de las actividades de supervisión con énfasis en los SILAIS y municipios priorizados y la vacunación de los niños y niñas, adolescentes y adultos que viven en áreas de difícil acceso; se priorizó el mejoramiento de las actividades de vacunación de rutina en las unidades de salud, se realizó la jornada nacional de vacunación en la que se aplicó una dosis adicional de OPV a los niños menores de 5 años, se desarrolló la quinta campaña de seguimiento dirigida a la prevención de del sarampión, rubéola y síndrome de rubeóla congénita en los menores de 5 años, seguida de monitoreos de cobertura; además se vacunaron a niños de edad escolar y adultos en situación de riesgo para prevenir casos de sarampión o rubeóla secundarios a importación.

Las dificultades están relacionadas a alcanzar las coberturas de vacunación de 95% y más en las zonas de difícil acceso y mantener coberturas de 95% y más en los municipios que en el año 2012 lo lograron, por el costo elevado que representa vacunar a la población donde ella se encuentra.

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

No Aplica.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

No aplica	No Aplica	No aplica	No Aplica
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5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

En Nicaragua dentro el Plan Institucional se establece un lineamiento de equidad en el acceso a la salud de la población y el programa de inmunizaciones oferta las vacunas por igual a ambos sexos, el actual esquema de vacunación cubre todos los grupos de edad, sin diferencias de género.

El libro de seguimiento de vacunación, que lleva el esquema actualizado vigente en el país, permite un registro nominal de la historia vacunal de forma manual desde el recién nacido hasta adulto, además permite hacer un seguimiento del cumplimiento del esquema de por vida en toda la población

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

El esquema del Programa de inmunizaciones de Nicaragua, no tiene barreras de acceso por género; el modelo de salud familiar y comunitario (MOSACF), establece el derecho igualitario a los servicios de salud, que incluye el de inmunizaciones. En los últimos 3 años se ha realizado ajustes al esquema de vacunación, específicamente contra el Tétanos, para que cubra a hombres y mujeres de igual manera.

Es necesario continuar fortaleciendo la información a la población en general, y desarrollar campañas de comunicación a nivel nacional para ampliar el conocimiento de las vacunas, su importancia y en que momentos de la vida las personas deben acudir a los servicios de salud, para su aplicación.

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)

No aplica, ya que los datos de cobertura de inmunización 2012 de OMS-UNICEF no difieren de los datos oficiales del país.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

Existe el antecedente que en el año 2010 se realizó la Evaluación Internacional al Programa Nacional de Inmunizaciones por parte de OPS/OMS, que reportó un índice de la calidad del dato estimado en un 89%, una concordancia de los datos del 100% entre los registros verificados en los diferentes niveles y una buena consistencia de los mismos, con integridad y oportunidad del 100%, Durante el 2012 se ha establecido un seguimiento de la calidad del dato por parte de la Oficina de Estadísticas del Ministerio de Salud a nivel de los diferentes programas, observando que la consistencia de los datos del PAI son superiores al 95%, así como también su oportunidad.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

En el 2012 con el apoyo de OPS, se implementó un nuevo software para la recopilación de la información de las vacunas en los 18 departamentos que permite ver en línea las dosis aplicadas y coberturas de todas las vacunas; se ha adecuado la tarjeta de vacunación para registrar el esquema según edad; se ha actualizado y fortalecido el libro de seguimiento de vacunación, para asegurar el registro y seguimiento de todo el esquema de una persona de por vida y es una herramienta que permite verificar el estado vacunal ante pérdida de la tarjeta de vacunación y dar seguimiento a los inasistentes.

En la supervisión a los diferentes niveles de atención se realiza la revisión de los datos de dosis aplicadas, que se compara con el consolidado enviado a nivel superior, con el objetivo de corroborar la importancia en la elaboración adecuada del registro diario; se verifica el cumplimiento del flujo de la información desde se genera el dato hasta el SILAIS.

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.

Asegurar el funcionamiento y uso del nuevo software para el registro de información del programa, continuar fortaleciendo el componente gerencial del sistema de información a través de capacitación de los recursos del programa en los diferentes niveles, continuar con el seguimiento y supervisión conjuntas de la calidad del dato con la Oficina de Estadísticas. Realizar las gestiones para ampliar el software de registro de información del PAI a nivel municipal; el software mencionado cuenta con la plataforma para integrar al nivel municipal.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 24.5	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 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	Project Hope	OPS	GLAXO
Traditional Vaccines*	2,978,219	2,978,219	0	0	0	0	0	0
New and underused Vaccines**	12,400,837	0	3,191,981	0	0	7,461,800	0	1,747,056
Injection supplies (both AD syringes and syringes other than ADs)	358,338	316,201	0	0	0	42,137	0	0
Cold Chain equipment	11,417	0	0	0	0	0	11,417	0
Personnel	2,500,000	2,500,000	0	0	0	0	0	0
Other routine recurrent costs	2,500,000	2,500,000	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	632,930	488,299	0	0	0	0	144,631	0
No tenemos otros		0	0	36,400	64,874	6,710	56,405	188,900
Total Expenditures for Immunisation	21,381,741							
Total Government Health		8,782,719	3,191,981	36,400	64,874	7,510,647	212,453	1,935,956

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

El Gobierno de Nicaragua, a través del presupuesto fiscal, asegura los fondos requeridos para el financiamiento de las vacunas tradicionales y el copago de las vacunas cofinanciadas con GAVI.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?
No aplica	No

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

No aplica.

If none has been implemented, briefly state below why those requirements and conditions were not met.

Las auditorías financieras que se han efectuado son de acuerdo a los procedimientos y normativas emitidas por la Contraloría General de la República y los términos de referencia aprobados por el Comité de Fonsalud, en cumplimiento a las normas del Memorandum de Entendimiento, en la cual GAVI es signatario.

El MINSA cumplió con la entrega de los Estados Financieros auditados correspondiente al período del 1 de enero al 31 de diciembre del 2011.

Con respecto a los Estados Financieros auditados del período 2012, está programado para entregarse el 30 de junio del 2013.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **5**

Please attach the minutes (**Document nº 4**) from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

Algunos Aspectos planteados en las reuniones técnicas del Comité:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- *Cómo ha sido el enfoque institucional con relación a las bajas metas de inmunizaciones de algunos SILAIS.*
- *Cuáles han sido los indicadores cualitativos para medición de avance.*
- *Cuál ha sido la estrategia institucional para el tema de vacunas.*

Observaciones y aportes compartidos en las reuniones:

- *Solicitan se comparta el anexo de los municipios priorizados para la nueva propuesta, y los criterios de selección.*
- *En el caso de introducción de nuevas vacunas, consultan si se ha considerado la Vacuna del VPH, dado que GAVI dentro de los países elegibles tiene contemplado Nicaragua.*
- *En el caso de UNICEF solicita se comparta los insumos a requerirse para fortalecer la cadena de frío, solicitud que se ha canalizado a través de la Dirección General de Vigilancia para la Salud (DGVS), para efectos de la programación y la planificación de cooperación para los próximos cinco años.*
- *Consideran que la nueva propuesta de fortalecimiento de servicios de salud, con énfasis en inmunizaciones, viene a fortalecer las acciones que realiza el MINSA en el tema de inmunizaciones; así como, el abordaje de las tareas comunitarias a nivel local.*

Se adjuntan Ayudas memorias de las reuniones.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:
No Aplica.

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Basados en nuestro Plan Multianual y en los nuevos lineamientos los principales objetivos son:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- *Alcanzar y mantener coberturas de vacunación iguales o mayores a 95% en todas las vacunas, en todos los municipios, priorizando los municipios con coberturas no útiles.*
- *Garantizar la entrega de los servicios de inmunización de manera sistemática, efectiva, con calidad y calidez, en el marco de la atención integral.*
- *Alcanzar y mantener un sistema de vigilancia epidemiológica activo, con capacidad de detectar e investigar adecuadamente cualquier caso sospechoso de Enfermedades Prevenibles por Vacuna (EPV), así como, implementar de forma inmediata las medidas de respuesta y control adecuadas*

Desarrollar acciones tendientes a mantener la eliminación de sarampión, rubéola y SRC

- *Garantizar el funcionamiento de la vigilancia de nuevas vacunas, que permitan medir su impacto. Asegurar sostenibilidad de esta vigilancia*
- *Fortalecer el componente de prácticas de vacunación segura, cadena de frío, técnicas de vacunación adecuada, destino adecuado de los desechos e investigación de eventos supuestamente atribuidos a la vacunación o inmunización (ESAVIS)*
- *Proteger los logros alcanzados en el control y eliminación de las enfermedades inmunoprevenibles*
- *Promover la amplia participación intersectorial, intrasectorial, Interprogramática y comunitaria para garantizar el alcance de los objetivos propuestos.*

- *Desarrollar competencias y habilidades técnicas y gerenciales en el personal que labora con el programa de inmunización, para mejorar su desempeño y alcanzar su objetivos.*
- *Mejorar la calidad de la información y fortalecer la capacidad de análisis y el uso de la información para la focalización de acciones en áreas de riesgo.*
- *Apoyar el desarrollo de estudios operativos relacionados con el área de inmunizaciones.*
- *Ampliar y fortalecer la Cadena de Frio.*
- *Desarrollar plan de Información, Educación y Comunicación (IEC) a nivel local.*

Acciones Prioritarias:

- *Definición de los territorios de riesgo dentro de los municipios priorizados, planificación de actividades y seguimiento por parte de los niveles municipal y Departamental*
- *Fortalecimiento de las capacidades técnicas y gerenciales del personal del PAI en todos los niveles*
- *Seguimiento del uso y funcionamiento del nuevo sistema de información del PAI, y de la calidad del dato.*
- *Fortalecimiento del sistema de vigilancia epidemiológica de las EPV y Eventos supuestamente debidos a la vacunación e Inmunización (ESAVIs), incluyendo la vigilancia de nuevas vacunas*
- *Fortalecimiento de las prácticas de vacunación segura.*
- *Seguimiento del uso y funcionamiento del sistema de inventario de vacunas e insumos*
- *Ampliación y fortalecimiento de la cadena de frío*
- *Promoción de la coordinación con las instancias nacionales e internacionales de cooperación*
- *Fortalecimiento de las capacidades de la comunidad organizada.*
- *Aprobación de las Normas del PNI por regulación, edición y su reproducción.*
- *Desarrollo del Plan de sostenibilidad del procesos de eliminación del Sarampión, Rubeola y SRC*
- *Desarrollo de un plan local de IEC*
- *Supervisión Capacitante de todos los componentes del PAI*
- *Evaluación semestral de los avances de los componentes priorizados*
- *Investigaciones operativas para mejorar componentes del programa*
- *Sistematización de experiencias exitosas*

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	0.1cc x 27G x 3/8	Fondos de Gobierno
Measles	0.5cc x 25G x 1	Fondos de Gobierno
TT	0.5cc x 23G x 1	Fondos de Gobierno
DTP-containing vaccine	0.5cc x 25G x 1	Fondos de Gobierno

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)

En el programa de inmunizaciones, PNI, se cuenta con una normativa de inyecciones seguras, y existe un plan, que incluye capacitaciones al personal, supervisiones, monitoreo y evaluaciones de los resultados. En cuanto a la aplicación de la política para la seguridad de inyecciones, no se han encontrado obstáculos <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Los objetos cortopunzantes del PAI a nivel de todas las unidades de salud se eliminan en cajas de seguridad, y posteriormente su eliminación final se realiza en incineradores, los problemas encontrados están relacionados con el proceso de eliminación final, por la insuficiente capacidad de volumen de estos incineradores, la dificultad de mantenimiento, o su ausencia en algunos centros de acopio. Se ha estado orientando el trabajo conjunto con el personal de higiene y las autoridades municipales para asegurar una adecuada eliminación final. En las unidades de salud que no sacan los objetos cortopunzantes a los lugares de acopio, los queman y entierran. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

No aplica, no recibimos ni hubo traspaso de fondos en el años 2012 para apoyo de los servicios de inmunización.

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

No Aplica

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

No Aplica

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

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
Pneumococcal (PCV13)	420,494	381,600	0	No
Rotavirus	443,176	166,650	166,575	No

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

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

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

En relación a la vacuna rotavirus, en el I trimestre del 2013 se recibió la cantidad de 166,575 dosis, para completar lo correspondiente al año 2012, pero esto no afectó el abastecimiento de la vacuna a los demás niveles, ya que contamos con 3 meses de reserva establecido por GAVI, y que según la normativa del país es la reserva mínima y 3 meses por donación de laboratorios Merck, que nos entregó al final del año 2009, para que no quedáramos desabastecidos en el periodo de transición entre la finalización de su donación y la introducción de la vacuna con el apoyo de GAVI.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

La programación se establece por trimestres para asegurar las existencias requeridas, y en base a nuestra capacidad de almacenamiento y a nuestra reserva, para asegurar no quedarnos desabastecidos ante posibles retrasos.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

NA

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	No Aplica

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

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

En el 2012 no hubo introduccion de nuevas vacunas.

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? **No**

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

<P>La vigilancia centinela de neumonías y meningitis bacterianas, se implementó desde mediados del 2011, en dos hospitales de referencia nacionales. Previamente se realizó todo el proceso de preparación consistente en capacitación del personal de los hospitales, así como también la compra de reactivos e insumos. Como resultado se obtiene mensualmente los indicadores de cada una de estas patologías; estamos en el proceso de fortalecimiento y sostenibilidad por parte de cada hospital. Está apoyado técnica y financieramente por la OPS</P><P>La vigilancia de rotavirus, también se la implementó desde mediados del 2011 en 4 hospitales regionales, incorporándose en el 2012 un hospital de referencia nacional. </P>

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

No Aplica.

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

No Aplica.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

No Aplica.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	133,700	38,200
Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	63,200	15,800
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	196900	
Donor	0	
Other	0	

	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	9,300	49,400
Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	3,300	200
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	July	Fondos de Gobierno
Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	July	Fondos de Gobierno
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	No se requiere Nota de la Q.3: con los US\$ 9,300 se compró 49,400 jeringas y 400 cajas de seguridad con los US\$ 3,300 se compró 200 cjaas de seguridad.	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

No Aplica.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

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? **November 2012**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

En el año 2010, con el apoyo de OPS, se realizó la evaluación internacional del Programa de Inmunizaciones, con todos sus componentes, incluyendo la, evaluación de la cadena de frío, en la que se encontró que el MINSA ha estado invirtiendo esfuerzos para mejorar y ampliar la capacidad y calidad de la cadena de frío, también señala que la capacidad actual de almacenamiento es limitada.

<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

En el primer trimestre del año 2012, se realizó una evaluación de la capacidad de la cadena de frío y se preparó una propuesta de proyecto para fortalecer y ampliar su capacidades, para presentar a varios donantes.

En noviembre del 26 al 30, del año 2012, con el apoyo de OPS, se realizó la evaluación internacional sobre el manejo y control de inventarios de vacunas, jeringas e insumos; siendo uno de los componentes evaluado el de Cadena de frío (almacenamiento y manejo de las vacunas), en este componente entre sus principales fortalezas se encontró: que los bancos de biológicos cumplen con los requerimientos necesarios para garantizar la cadena de frío; que se cuenta con Recursos humanos capacitados en el manejo, mantenimiento preventivo y correctivo de las cámaras frigoríficas y equipos de refrigeración. Se cumple con la temperatura entre los rangos establecidos para garantizar la conservación adecuada de las vacunas; los almacenes de biológicos visitados cuentan con un plan de emergencia en caso de corte del suministro eléctrico, así mismo cuentan con ambientes climatizados en su mayoría.

En relación al inventario de vacunas y suministros las principales conclusiones fueron que la implementación del sistema de inventarios de vacunas e insumos ha mejorado los procesos de gerenciamiento en el manejo y control de las existencias de vacunas del Programa Nacional de Inmunización, que es una herramienta útil, efectiva y confiable, que integra todos los procesos en una sola base de datos, se observó un notable avance en su utilización; que proporciona toda la información crítica para administrar la recepción, almacenamiento y despacho de vacunas, que ha permitido mejorar la gerencia en el área de trabajo.

Dentro de la propuesta a GAVI para el fortalecimiento de los Servicios de Salud, con énfasis en Inmunizaciones, se trabajó en el inventario actualizado y las necesidades de ampliación de la cadena de frío de los municipios priorizados incluidos en la propuesta.

En relación al uso de la herramienta gestión eficaz de vacunas (EVM), se tiene planeado para 2014, con la asesoría de OPS.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Nicaragua does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

For vaccines other than PCV, if you would prefer, during 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. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

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

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

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Nicaragua is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

Se Confirma solicitud de apoyo para el año 2014 para las vacunas de Neumococo 13 Valente y Rotavirus monovalente de dos dosis

En relación a la vacuna Rotavirus, Nicaragua ha revisado los siguientes aspectos entre las dos vacunas disponibles por este mecanismo: Costos, estudios de efectividad de las dos vacunas y posibilidades de mejorar las coberturas de vacunación en los lugares de difícil acceso con la vacuna de dos dosis y ha decidido solicitar el cambio de la vacuna de rotavirus pentavalente con esquema de tres dosis a la vacuna monovalente con esquema de dos dosis.

7.11. Calculation of requirements

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

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|--|--------------------|----|----------|----------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 136,913 | 138,381 | 140,151 | 140,853 | 556,298 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 148,745 | 140,146 | 141,925 | 142,635 | 573,451 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 148,543 | 140,146 | 135,946 | 138,036 | 562,671 |
| | Immunisation coverage with the third dose | Table 4 | % | 108.49 % | 101.28 % | 97.00 % | 98.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 75,521 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 75,521 | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 3.50 | 3.50 | 3.50 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.40 | 0.46 | 0.46 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.00 % | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No Aplica.

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

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

| | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|
| Minimum co-financing | 0.30 | 0.34 | 0.40 | 0.46 |
| Recommended co-financing as per APR 2011 | | | 0.46 | 0.52 |
| Your co-financing | 0.34 | 0.40 | 0.46 | 0.46 |

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

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|-----------|-----------|-----------|
| Number of vaccine doses | # | 396,200 | 395,300 | 396,500 |
| Number of AD syringes | # | 417,200 | 416,300 | 417,500 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 4,650 | 4,625 | 4,650 |
| Total value to be co-financed by GAVI | \$ | 1,492,000 | 1,488,500 | 1,493,500 |

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

| | | 2013 | 2014 | 2015 |
|---|----|---------|---------|---------|
| Number of vaccine doses | # | 47,100 | 55,100 | 55,200 |
| Number of AD syringes | # | 49,600 | 58,000 | 58,100 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 575 | 650 | 650 |
| Total value to be co-financed by the Country ^[1] | \$ | 177,500 | 207,500 | 208,000 |

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

| | | Formula | 2012 | 2013 | | |
|---|---|---|---------|-----------|------------|-----------|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | 10.62 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 148,745 | 140,146 | 14,887 | 125,259 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | B X C | 446,235 | 420,438 | 44,660 | 375,778 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | D X E | 468,547 | 441,460 | 46,893 | 394,567 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | | 0 | 0 | 0 |
| H | Stock on 1 January 2013 | Table 7.11.1 | 75,521 | | | |
| I | Total vaccine doses needed | F + G – H | | 443,260 | 47,084 | 396,176 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 466,687 | 49,572 | 417,115 |
| L | Reconstitution syringes (+ 10% wastage) needed | I / J * 1.11 | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | (K + L) /100 * 1.11 | | 5,181 | 551 | 4,630 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 1,551,410 | 164,793 | 1,386,617 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 21,701 | 2,306 | 19,395 |
| P | 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) | | 3,005 | 320 | 2,685 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 93,085 | 9,888 | 83,197 |
| S | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 0 | 0 | 0 |
| T | Total fund needed | (N+O+P+Q+R+S) | | 1,669,201 | 177,305 | 1,491,896 |
| U | Total country co-financing | I x country co-financing per dose (cc) | | 177,304 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 10.62 % | | |

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

| | | Formula | 2014 | | | 2015 | | |
|---|---|--|-----------|------------|-----------|-----------|------------|-----------|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 12.22 % | | | 12.22 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 141,925 | 17,337 | 124,588 | 142,635 | 17,424 | 125,211 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 425,775 | 52,010 | 373,765 | 427,905 | 52,271 | 375,634 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 447,064 | 54,611 | 392,453 | 449,301 | 54,885 | 394,416 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 1,401 | 172 | 1,229 | 560 | 69 | 491 |
| H | Stock on 1 January 2013 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 450,265 | 55,002 | 395,263 | 451,661 | 55,173 | 396,488 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 474,166 | 57,922 | 416,244 | 475,597 | 58,097 | 417,500 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 5,264 | 644 | 4,620 | 5,280 | 645 | 4,635 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 1,575,928 | 192,506 | 1,383,422 | 1,580,814 | 193,104 | 1,387,710 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 1,575,928 | 2,694 | 19,355 | 1,580,814 | 2,702 | 19,414 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 3,054 | 374 | 2,680 | 3,063 | 375 | 2,688 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 94,556 | 11,551 | 83,005 | 94,849 | 11,587 | 83,262 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 1,695,587 | 207,122 | 1,488,465 | 1,700,842 | 207,765 | 1,493,077 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 207,122 | | | 207,765 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 12.22 % | | | 12.22 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| | | Formula |
|---|---|--|
| | | |
| A | Country co-finance | V |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| C | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | $B \times C$ |
| E | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | $D \times E$ |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ |
| H | Stock on 1 January 2013 | Table 7.11.1 |
| I | Total vaccine doses needed | $F + G - H$ |
| J | Number of doses per vial | Vaccine Parameter |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ |
| T | Total fund needed | $(N+O+P+Q+R+S)$ |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ |
| V | Country co-financing % of GAVI supported proportion | U / T |

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

| ID | | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|--|--------------------|----|----------|---------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 136,913 | 138,381 | 140,151 | 140,853 | 556,298 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 148,830 | 140,146 | 141,925 | 142,635 | 573,536 |
| | Number of children to be vaccinated with the second dose | Table 4 | # | 147,082 | 137,343 | 137,348 | 138,036 | 559,809 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 147,082 | 137,343 | 137,348 | 138,036 | 559,809 |
| | Immunisation coverage with the third dose | Table 4 | % | 107.43 % | 99.25 % | 98.00 % | 98.00 % | |
| | Number of doses per child | Parameter | # | 2 | 2 | 2 | 2 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 192,825 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 192,825 | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | No | No | No | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | No | No | No | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.55 | 2.55 | 2.55 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | 0.23 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 5.00 % | 5.00 % | 5.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

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

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

| | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|
| Minimum co-financing | 0.15 | 0.17 | 0.20 | 0.23 |
| Recommended co-financing as per APR 2011 | | | 0.20 | 0.23 |
| Your co-financing | 0.15 | 0.20 | 0.20 | 0.23 |

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

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|---------|---------|---------|
| Number of vaccine doses | # | 273,800 | 278,100 | 275,600 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Total value to be co-financed by GAVI | \$ | 733,000 | 744,500 | 738,000 |

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

| | | 2013 | 2014 | 2015 |
|---|----|--------|--------|--------|
| Number of vaccine doses | # | 22,100 | 22,500 | 25,900 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country ^[1] | \$ | 59,500 | 60,500 | 69,500 |

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

| | | Formula | 2012 | 2013 | | |
|---|---|---|---------|---------|------------|---------|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | 7.47 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 148,830 | 140,146 | 10,469 | 129,677 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | 2 | | |
| D | Number of doses needed | B X C | 297,660 | 280,292 | 20,938 | 259,354 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | D X E | 312,543 | 294,307 | 21,984 | 272,323 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | | 0 | 0 | 0 |
| H | Stock on 1 January 2013 | Table 7.11.1 | 192,825 | | | |
| I | Total vaccine doses needed | F + G – H | | 295,807 | 22,096 | 273,711 |
| 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 |
| M | Total of safety boxes (+ 10% of extra need) needed | (K + L) / 100 * 1.11 | | | | |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 754,308 | 56,345 | 697,963 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 0 | 0 | 0 |
| P | 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) | | 37,716 | 2,818 | 34,898 |
| S | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 0 | 0 | 0 |
| T | Total fund needed | (N+O+P+Q+R+S) | | 792,024 | 59,162 | 732,862 |
| U | Total country co-financing | I x country co-financing per dose (cc) | | 59,162 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 7.47 % | | |

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

| | | Formula | 2014 | | | 2015 | | |
|---|---|--|---------|------------|---------|---------|------------|---------|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 7.47 % | | | 8.59 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 141,925 | 10,602 | 131,323 | 142,635 | 12,253 | 130,382 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | | | 2 | | |
| D | Number of doses needed | $B \times C$ | 283,850 | 21,203 | 262,647 | 285,270 | 24,506 | 260,764 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 298,043 | 22,263 | 275,780 | 299,534 | 25,731 | 273,803 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 934 | 70 | 864 | 373 | 33 | 340 |
| H | Stock on 1 January 2013 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 300,477 | 22,445 | 278,032 | 301,407 | 25,892 | 275,515 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | | | | | |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 766,217 | 57,235 | 708,982 | 768,588 | 66,023 | 702,565 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 766,217 | 0 | 0 | 768,588 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 38,311 | 2,862 | 35,449 | 38,430 | 3,302 | 35,128 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 804,528 | 60,096 | 744,432 | 807,018 | 69,324 | 737,694 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 60,096 | | | 69,324 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 7.47 % | | | 8.59 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| | | Formula |
|---|---|--|
| | | |
| A | Country co-finance | V |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| C | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | $B \times C$ |
| E | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | $D \times E$ |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ |
| H | Stock on 1 January 2013 | Table 7.11.1 |
| I | Total vaccine doses needed | $F + G - H$ |
| J | Number of doses per vial | Vaccine Parameter |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ |
| T | Total fund needed | $(N+O+P+Q+R+S)$ |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ |
| V | Country co-financing % of GAVI supported proportion | U / T |

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in 2012

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **1806100** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|------|------|
| Original annual budgets
(as per the originally
approved HSS
proposal) | 0 | 0 | 0 | 0 | 0 | 0 |
| Revised annual budgets
(if revised by previous
Annual Progress
Reviews) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total funds received
from GAVI during the
calendar year (A) | 0 | 0 | 0 | 0 | 0 | 0 |
| Remaining funds (carry
over) from previous year
(B) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Funds available
during the calendar year
(C=A+B) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total expenditure during
the calendar year (D) | 0 | 0 | 0 | 0 | 0 | 0 |
| Balance carried forward
to next calendar year
(E=C-D) | 0 | 0 | 0 | 0 | 0 | 0 |
| Amount of funding
requested for future
calendar year(s)
[please ensure you
complete this row if you
are requesting a new
tranche] | 0 | 0 | 0 | 0 | 0 | 0 |

| | 2013 | 2014 | 2015 | 2016 |
|--|------|------|------|------|
| Original annual budgets
(as per the originally
approved HSS
proposal) | 0 | 0 | 0 | 0 |
| Revised annual budgets
(if revised by previous
Annual Progress
Reviews) | 0 | 0 | 0 | 0 |
| Total funds received
from GAVI during the
calendar year (A) | 0 | 0 | 0 | 0 |
| Remaining funds (carry
over) from previous year
(B) | 0 | 0 | 0 | 0 |
| Total Funds available
during the calendar year
(C=A+B) | 0 | 0 | 0 | 0 |
| Total expenditure during
the calendar year (D) | 0 | 0 | 0 | 0 |
| Balance carried forward
to next calendar year
(E=C-D) | 0 | 0 | 0 | 0 |
| Amount of funding
requested for future
calendar year(s)
[please ensure you
complete this row if you
are requesting a new
tranche] | 0 | 0 | 0 | 0 |

Table 9.1.3b (Local currency)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|------|------|
| Original annual budgets
(as per the originally
approved HSS
proposal) | 0 | 0 | 0 | 0 | 0 | 0 |
| Revised annual budgets
(if revised by previous
Annual Progress
Reviews) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total funds received
from GAVI during the
calendar year (A) | 0 | 0 | 0 | 0 | 0 | 0 |
| Remaining funds (carry
over) from previous year
(B) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Funds available
during the calendar year
(C=A+B) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total expenditure during
the calendar year (D) | 0 | 0 | 0 | 0 | 0 | 0 |
| Balance carried forward
to next calendar year
(E=C-D) | 0 | 0 | 0 | 0 | 0 | 0 |
| Amount of funding
requested for future
calendar year(s)
[please ensure you
complete this row if you
are requesting a new
tranche] | 0 | 0 | 0 | 0 | 0 | 0 |

| | 2013 | 2014 | 2015 | 2016 |
|---|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | 0 | 0 | 0 | 0 |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | 0 | 0 | 0 | 0 |
| Total funds received from GAVI during the calendar year (A) | 0 | 0 | 0 | 0 |
| Remaining funds (carry over) from previous year (B) | 0 | 0 | 0 | 0 |
| Total Funds available during the calendar year (C=A+B) | 0 | 0 | 0 | 0 |
| Total expenditure during the calendar year (D) | 0 | 0 | 0 | 0 |
| Balance carried forward to next calendar year (E=C-D) | 0 | 0 | 0 | 0 |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | 0 | 0 | 0 | 0 |

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

| Exchange Rate | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|------------------------|------|------|------|------|------|------|
| Opening on 1 January | 0 | 0 | 0 | 0 | 0 | 0 |
| Closing on 31 December | 0 | 0 | 0 | 0 | 0 | 0 |

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS 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 HSCC in this process.

No aplica, en el 2012 no se recibió fondos.

Has an external audit been conducted? **No**

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

| Major Activities (insert as many rows as necessary) | Planned Activity for 2012 | Percentage of Activity completed (annual) (where applicable) | Source of information/data (if relevant) |
|---|---------------------------|--|--|
|---|---------------------------|--|--|

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

| Major Activities (insert as many rows as necessary) | Explain progress achieved and relevant constraints |
|---|--|
|---|--|

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

No Aplica.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

No Aplica.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2012 Target | Data Source | Explanation if any targets were not achieved |
|---|----------------|----------------------|---|-------------|-------------|--|
| | Baseline value | Baseline source/date | | | | |

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

No Aplica.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

No Aplica.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

No Aplica.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

No Aplica.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

No Aplica.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

No Aplica.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2013 | Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2013 actual expenditure (as at April 2013) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2013 (if relevant) |
|---|---|---|--|--------------------------------|--|---------------------------------------|
| 1. Mejorar la oferta y calidad de servicios de salud mediante la implementación del Modelo de Salud Familiar y Comunitario MOSAFC | 1.1 Brigadas integrales para incrementar coberturas de los programas de prevención en zonas de difícil acceso de los municipios priorizados.
1.2 Desarrollo del programa de Mejora Continua de la Calidad en las unidades de atención pública de los municipios priorizados.
1.3 Crear nuevas capacidades técnicas y gerenciales en el personal de salud 1.4. Fortalecimiento de la vigilancia de las EPV | 286650 | | | | |

| | | | | | | |
|---|--|--------|---|--|--|---|
| 2. Fortalecer la participación de la ciudadanía organizada en el desarrollo de estrategias comunitarias | Capacitar a la red comunitaria (Consejos de la Familia, la Salud y la Vida) sobre las Prácticas Familiares Claves | 154066 | | | | |
| 3. Fortalecer la cadena de frío. | Ampliación y reposición de la cadena de frío en los municipios establecidos en el proyecto, además en la capacitación y uso del funcionamiento de la cadena de frío para asegurar a la población con una vacuna segura, efectiva y de calidad. | 110500 | | | | |
| | | 551216 | 0 | | | 0 |

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2014 | Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2014 (if relevant) |
|--|---------------------------|---|--------------------------------|--|---------------------------------------|
|--|---------------------------|---|--------------------------------|--|---------------------------------------|

| | | | | | |
|---|---|--------|--|--|--|
| 1. Mejorar la oferta y calidad de servicios de salud mediante la implementación del Modelo de Salud Familiar y Comunitario MOSAFC | 1.1 Brigadas integrales para incrementar coberturas de los programas de prevención en zonas de difícil acceso de los municipios priorizados.
1.2 Desarrollo del programa de Mejora Continua de la Calidad en las unidades de atención pública de los municipios priorizados.
1.3 Crear nuevas capacidades técnicas y gerenciales en el personal de salud 1.4. Fortalecimiento de la vigilancia de las EPV | 363300 | | | |
| 2. Fortalecer la participación de la ciudadanía organizada en el desarrollo de estrategias comunitarias | Capacitar a la red comunitaria (Consejos de la Familia, la Salud y la Vida) sobre las Prácticas Familiares Claves | 147466 | | | |
| 3. Fortalecer la cadena de frío. | Ampliación y reposición de la cadena de frío en los municipios establecidos en el proyecto, además en la capacitación y uso del funcionamiento de la cadena de frío para asegurar a la población con una vacuna segura, efectiva y de calidad | 109800 | | | |
| | | 620566 | | | |

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

| Donor | Amount in US\$ | Duration of support | Type of activities funded |
|-------|----------------|---------------------|---------------------------|
| | | | |

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|----------------------------------|-------------------------------|------------------------------|
| | | |

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

No Aplica.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?5

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

Nicaragua **has NOT received GAVI TYPE A CSO support**

Nicaragua 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

Nicaragua **has NOT received GAVI TYPE B CSO support**

Nicaragua 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

Conforme lo conversado ayer, le envío por escrito un texto que ha de introducirse en la p.6 en la sección de comentarios de Comité de Coordinación Interagencial:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Primero: en cuanto a la pregunta de Amparo, efectivamente se discutió esto en la reunión del comité el 25; las necesidades de actualizar la cadena de frío de vacunas y las necesidades en cuanto a la capacidad nacional para la introducción de una nueva vacuna. Se recomendó allí que las agencias NNUU, OPS y UNICEF, pudieran hacer una recomendación en esta línea. No sé si fue formulado algo en esta línea para incluir en el Informe. Si no, se podría incluir esto como recomendación del Comité.

Dos: El Comité recomienda empezar a incluir en el Informe de progreso un análisis de correlación entre las coberturas nacionales de vacunas con los indicadores de morbilidad, para demostrar el impacto positivo que ha tenido o que tendrá la introducción de ciertas vacunas a la prevalencia de enfermedades en los infantes/la niñez. (Fue comentario USAID durante la presentación de 25/4/2013)

Tres: El Comité expresa su preocupación con los estimados desactualizados de las poblaciones que afectan los indicadores, dando un sobre cumplimiento al indicador en varios municipios. Un tema que merece mayor atención y precisión en futuros cálculos de los indicadores. (Fue comentado por el Comité durante la presentación de 25/4/2013, y señalado por España en su correo de 7 mayo)

Cuatro: El Comité solicita que se comparta el link al sitio Web donde se publicara la versión final del Informe anual GAVI, junto con sus anexos.

Agradezco que se introduzca estas observaciones del Comité en la versión final del Informe.

Atte.

Ardi Ariñez-Voets, MSc.

Themadeskundige Gezondheidszorg / Experta Salud Publica

Ambassade van het Koninkrijk der Nederlanden / Embajada Reino de los Paises Bajos - Managua

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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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 |
| Summary of income received during 2012 | | |
| 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 2012 | 30,592,132 | 63,852 |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 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 2012 | 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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 |
| Summary of income received during 2012 | | |
| 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 2012 | 30,592,132 | 63,852 |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 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 2012 | 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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 |
| Summary of income received during 2012 | | |
| 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 2012 | 30,592,132 | 63,852 |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 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 2012 | 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 |  | Firma Ministra de Salud.pdf
File desc:
Date/time: 5/15/2013 8:14:58 PM
Size: 233340 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 |  | Firma Ministro Hacienda.pdf
File desc:
Date/time: 5/15/2013 8:15:15 PM
Size: 233340 |
| 3 | Signatures of members of ICC | 2.2 |  | image2013-05FirmasMS.pdf
File desc:
Date/time: 5/15/2013 5:03:55 PM
Size: 286317 |
| 4 | Minutes of ICC meeting in 2013 endorsing the APR 2012 | 5.7 |  | AMsComité Técnico de los EDP_vf.doc
File desc:
Date/time: 5/15/2013 5:17:47 PM
Size: 378880 |
| 5 | Signatures of members of HSCC | 2.3 |  | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:15:56 PM
Size: 56832 |
| 6 | Minutes of HSCC meeting in 2013 endorsing the APR 2012 | 9.9.3 |  | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:16:29 PM
Size: 56832 |
| 7 | Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 |  | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:16:52 PM
Size: 56832 |
| 8 | External audit report for ISS grant (Fiscal Year 2012) | 6.2.3 |  | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:17:02 PM
Size: 56832 |
| 9 | Post Introduction Evaluation Report | 7.2.2 |  | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:17:19 PM
Size: 56832 |
| | | | | NoAplicaNic.doc |

| | | | | |
|----|---|-------|---|--|
| 10 | Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 |  | File desc:

Date/time: 5/15/2013 8:17:34 PM
Size: 56832 |
| 11 | External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000 | 7.3.1 |  | NoAplicaNic.doc

File desc:

Date/time: 5/15/2013 8:17:47 PM
Size: 56832 |
| 12 | Latest EVSM/VMA/EVM report | 7.5 |  | INFORME EVALUACION VSSM NIC_verfinal.pdf

File desc:

Date/time: 5/15/2013 8:19:35 PM
Size: 697673 |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 |  | Plan VSSM 2013.xlsx

File desc:

Date/time: 5/15/2013 8:20:28 PM
Size: 13847 |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 |  | Informe de Avance 01.docx

File desc:

Date/time: 5/15/2013 8:20:45 PM
Size: 42796 |
| 15 | External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000 | 7.6.3 |  | NoAplicaNic.doc

File desc:

Date/time: 5/15/2013 8:20:56 PM
Size: 56832 |
| 16 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 |  | AMsComité Técnico de los EDP_vf.doc

File desc:

Date/time: 5/15/2013 8:22:08 PM
Size: 378880 |
| 17 | Valid cMYP if requesting extension of support | 7.8 |  | PlanMultianualPNl2015.doc

File desc:

Date/time: 5/15/2013 8:23:15 PM
Size: 2823680 |
| 18 | Valid cMYP costing tool if requesting extension of support | 7.8 |  | Anex5_MatrizdeCostosPlanQuinquenalresumidafinal.xls

File desc:

Date/time: 5/15/2013 8:23:43 PM
Size: 166912 |
| | | | | NoAplicaNic.doc |

| | | | | |
|----|---|--------|---|---|
| 19 | Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | X | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:24:01 PM
Size: 56832 |
| 20 | Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | X | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:24:18 PM
Size: 56832 |
| 21 | External audit report for HSS grant (Fiscal Year 2012) | 9.1.3 | X | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:24:30 PM
Size: 56832 |
| 22 | HSS Health Sector review report | 9.9.3 | X | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:24:46 PM
Size: 56832 |
| 23 | Report for Mapping Exercise CSO Type A | 10.1.1 | X | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:24:58 PM
Size: 56832 |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2012) | 10.2.4 | X | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:25:10 PM
Size: 56832 |
| 25 | External audit report for CSO Type B (Fiscal Year 2012) | 10.2.4 | X | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:25:22 PM
Size: 56832 |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012 | 0 | ✓ | NoAplicaNic.doc
File desc:
Date/time: 5/15/2013 8:25:34 PM
Size: 56832 |