Annual Progress Report 2009

Submitted by

The Government of

Estado Plurinacional de Bolivia

Reporting on year: **2009**

Requesting for support year: **2010-2012**

Date of submission: May 14, 2010

Deadline for submission: 15 May 2010

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

any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

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

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE 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 language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about :

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Estado Plurinacional de Bolivia

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

Health and Sports Minister:

Title: Dra. Sonia Polo Andrade

Signature: ……

Date: May, 13 2010

Minister for Development Planning:

Title: Lic. Viviana Caro Hinojosa

Signature: ……

Date: May, 13 2010

This report has been compiled by:

Full name: Max Enríquez. Position: National Responsible for PAI Telephone 591 2 2442007 E-mail.maxenri@sns.gov.bo	Full name: Adolfo Zarate Position: GAVI-FSS´Coordinator Telephone..591 2 2441479 E-mail victor_zarate07@hotmail.com
Full name: Ludgarda Martínez Position: PAI´s Administrator MSyD Telephone:591 2 2442473 E-mail:ludqui_mb@hotmail.com	Full name: Angel Vargas Position:GAVI-FSS´Administrator MSyD Telephone:591 2 411479 E-mail: advargasp@hotmail.com
Full name:Jhonny Camacho Position: Responsible National Health Education MSyD Telephone: 591 2 2442007 E-mail:jhoncaborja@hotmail.com	Full name: Henrry Licidio Fuentes Position: Responsible for cancer mortality SNIS- MSyD Telephone:591 2 2440590 E-mail: hlicidio@sns.gov.bo
Full name:Steven Sanjinés Position: Professional Management of cooperation projects MSyD Telephone: 591 2 2443521 E-mail: stevensanjines@hotmail.com	Full name:Alicia Aliaga Position: Professional USCMS MSyD Telephone: 591 2 2442007 E-mail: aliaga_alicia@yahoo.es

ICC Signatures Page

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

We, the undersigned members of the immunisation Inter-Agency Co-ordinating 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.

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

.....

.....

Comments from the Regional Working Group:.....

.....

.....

HSCC Signatures Page

If the country is reporting on HSS

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), -*Technical Council*- 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/Organisation	Signature	Date
Dr. Javier Rodríguez Morales	Chief of Staff		May 13 2010
Dr. Jaime Choque Cortez	Director General de Servicios de Salud MSyD		May 13 201013 de Mayo 2010
Lic. Rolando Párraga	Director General Planificación MSyD		May 13 2010
Dr. Abraham Chambi Valencia	Director General de Promoción de la Salud MSyD.		May 13 2010
Lic. Dulfredo Garate	Director General de Asuntos Administrativos MSyD		May 13 2010
Dr. Boris Cárdenas	Jefe Unidad de Servicios de Salud y Calidad		May 13 2010
Lic. Juan Carlos Delgadillo	Jefe Unidad Salud Comunitaria y Movilización Social		May 13 2010
Dr. Sergio Mollinedo	Jefe Unidad Epidemiología		May 13 2010
Dr. Damaso Ticlla	Jefe Unidad Promoción de la Salud		May 13 2010

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

None.....

Comments from the Regional Working Group:

.....

.....

.....

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

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

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

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

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

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

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
Annex 1	Calculation of ***BOLIVIA*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
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Not available, it is in process	Latest Health Sector Review Report	5.1.5
Annex 10	Financial statement for the use of HSS funds in the 2009 calendar year	5.8
Not available, it will be done at the end of the 2010 year.	External audit report for HSS funds during the most recent fiscal year (if available)	5.8
Presented in 2009	CSO mapping report	6.1.1
Not apply	Financial statement for the use of CSO 'Type B' funds in the 2009 calendar year	6.2.4
Not Apply	External audit report for CSO 'Type B' funds during the most recent fiscal year (if available)	6.2.4

1. General Programme Management Component

1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 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 the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

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

There was no change.

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

There was no change.

*Provide justification for any changes **in Targets by vaccine**:*

There was no change.

*Provide justification for any changes **in Wastage by vaccine**:*

There was no change.

1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

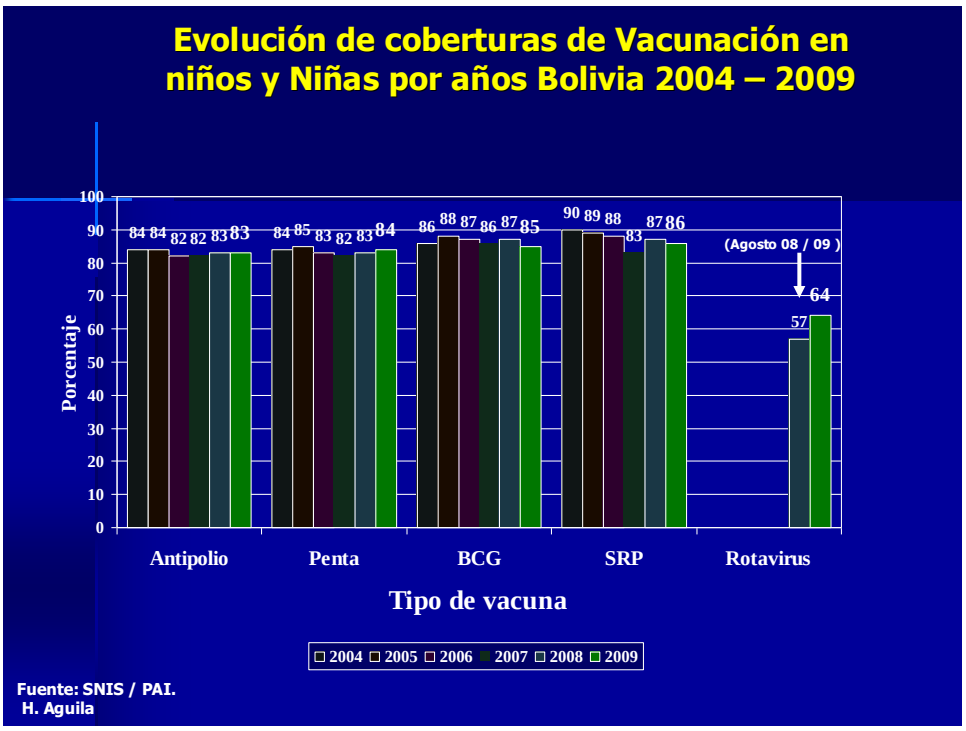
1. Strengths:

   The Expanded Program on Immunization (EPI), Ministry of Health and Sports (MSD) of Bolivia, had a good performance in terms of vaccination coverage in 2009, maintaining the upward trend expected in most vaccines. During the vaccination campaign in April and May 2009 as part of Vaccination Week in the Americas, we were able to increase coverage of all vaccines, through various activities conducted by the Secretaries of Health departmental SEDES (headquarters). This compensated for the low coverage that had been achieved in the first quarter of the year. There was a period of temporary shortages between January and February of 2009, given by the temporary debt to the PAHO Revolving Fund (FR / PAHO), due to the purchase of the vaccine antirotavírica in 2008 year, whose payment was delayed by GAVI . This created a shortage of supply of all vaccines was overcome only through March 2009.
   Vaccines, syringes, equipment and supplies, and operating costs of the EPI in Bolivia are

financed 100% by national funds, except the vaccine antirotavírica due its high cost is being subsidized by 50% of GAVI.

In the figure below you can see the trend in vaccination coverage of the country over the past five years and specifically in the case of antirotavírica vaccine, there is compliance target of 57% in 2008 with second dose (up to 4 months post introduction) and 2009 annual coverage of 64% with second dose.

Gráfico 1



Another strength is to count from 20 years ago with the support of a (a) consultant (a) permanent PAHO / WHO in the country. The PAHO/WHO provides technical assessment, training, funding advocacy and promotion of vaccination (Week Vaccination of the Americas), social communication in immunization campaigns, access to international information related to real-time surveillance of vaccine-preventable diseases (polio, measles / rubella, influenza pandemic, rotavirus, pneumonia and bacterial meningitis), safety vaccination, surveillance Supposedly Adverse Events Attributed to Vaccines and Immunization (ESAVI,s), among others.

2. Weaknesses:

Identified factors that limited the achievement of greater coverage antirotavírica (and all vaccines in general) in the second year of introduction of the vaccine were as follows:

1. Shortage of vaccines in the first quarter of 2009 due to lack of timeliness in the payment of the vaccine antirotavírica GAVI, which generated behind with the FR / OPS;
2. antirotavírica vaccine should be applied before 6 months of age, according to the laboratory indications producer.
3. established vaccination strategy, limited use of vaccination only in health services and did not allow vaccination in the field, to ensure the thermostability of the vaccine;
4. lack of monitoring time-shift because the control of dengue and influenza epidemics;
5. lack of investment in social communication plan for regular program;
6. lack of refrigerated trucks to transport vaccines to the departments.
7. lack of cold storage for intermediate cities and lack of the increasing the capacity of the cold chain at the central level;
8. lack of vehicles for the supervision of EPI in 9 / 10 SEDES;

2. Threats:

A substantial problem for the management of the EPI was the presentation of a dengue epidemic (75,000 cases), the largest in decades in the country and H1N1 influenza pandemic that turned many human and financial resources toward the control and prevention measures public health. It was a great effort to maintain the activities of EPI in normal rhythm, and anyway, we were able to balance the negative impact of the pandemic of H1N1 influenza at the dedication of staff time of health services. It was possible that vaccination activities be conducted normally, to keep coverage of the regular schedule, but affected other scheduled activities, such as monitoring, surveillance, training, social communication, the cold chain and others.

3. Opportunities:

In 2009 we had the opportunity to apply for a grant from GAVI to plan the introduction of the vaccine antineumocócica decavalente. It was also planned the introduction of new vaccines, such as seasonal influenza vaccine, booster doses of polio and DPT vaccine at 18 months and 4 years, the booster dose of MMR at age 4. The costs of these new vaccines were added in the draft national budget of the EPI from the Treasury General of the Nation (TGN). There is no a definitive answer yet, to the grant application to GAVI for pneumococcal vaccine.

The impact of vaccination in Bolivia has led to positive consequences, having no cases of poliomyelitis (since 1989), measles (2000), rubella (since 2006), diphtheria (1990). Likewise, it has gained control of all vaccine-preventable diseases with very few cases and annual deaths: neonatal tetanus (since 2009), whooping cough, yellow fever, tuberculosis and bacterial meningitis by Haemophilus influenzae type b. There has been a 40% reduction in hospitalizations for rotavirus between 2008 and 2009, reported in sentinel hospitals.

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

N/A

1.3 *Data assessments*

1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)[1].

No national health surveys were conducted in 2009, however, made rapid coverage monitoring data in various departments showed higher vaccination coverage than those estimated by administrative coverage. The 2009 Census population projections is based on 2001 Census population, so it is estimated that the denominator used in calculating administrative coverage is overestimated in many municipalities, departments and perhaps the same country.

[1] *Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series*

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES / NO]. If YES:

Please describe the assessment(s) and when they took place.

No assessment was conducted by the aforementioned problems. It was scheduled to make the International Assessment of Immunization Programme in August 2009, with the support of PAHO / WHO, but due to the H1N1 influenza pandemic this activity was suspended for the year 2010.

No assessment was conducted by the aforementioned problems. It was scheduled to make the International Assessment of Immunization Programme in August 2009, with the support of PAHO / WHO, but due to the H1N1 influenza pandemic this activity was suspended for the year 2010.

This assessment is a component of the Data Quality Assessment (Data Quality Audit) for assessing the quality of immunization coverage data, and any data that requires quality research data.

Also, the EPI of Bolivia has established conduct cross-municipal supervision of each SEDES to monitor the accuracy of the administrative coverage, however in 2009 this activity was not carried out by the problem of dengue and H1N1 influenza pandemic, which forcing health workers to give their time to the prevention and / or containment of the two epidemics.

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

In 2008, we were able to introduce new vaccines data registgers in the National Health Information (SNIS). Until 2008, were registered only the vaccine doses applied in the group under one year and one year of age. From September 2009 it was requested to the SNIS, more detailed record of doses of vaccines in other age groups. Thus, spaces were added in the spreadsheets daily and monthly record of doses of polio vaccine, Pentavalent, MMR and yellow fever in groups of 2-4 years for the doses that were not applied during the first year of life. These changes were set to apply from 2010.

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

Modernization of information systems:
Introduction of two new software to strengthen the EPI: i) the software VSSM (Vaccines and Supplies Stock Management / WHO) for the control of logistics (reception, storage, shipping and stock of vaccines and syringes), ii) the ISIS software for epidemiological surveillance of vaccine-preventable diseases that are in eradication or elimination of polio, measles, rubella and Congenital Rubella Syndrome iii) EPI planning software to purchase vaccines.

1.4 *Overall Expenditures and Financing for Immunisation*

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

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$.

Expenditures by Category	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines[2]	4,732,595.00	4,732,595.00	4,732,595.00
New Vaccines	3,562,000.00	4,279,877.00	33,459,779.33
Injection supplies with AD syringes	68,331.60	93,452.00	102,797.82
Injection supply with syringes other than ADs	78,871.96	107,954.00	118,749.22
Cold Chain equipment	89,349.36	141,442.72	282,885.43
Operational costs	3,715,666.44	4,435,343.59	6,430,000.00
Other (External cooperation PAHO, UNICEF, others)	2,396,705.34	6,372,938.33	8,732,938.00
Total EPI	**12,246,814.85**	**13,790,664.31**	**45,126806.89**
Total Government Health	**14,643,519.70**	**20,163,602.64**	**53,859,744.89**

Exchange rate used	7.01

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

The financing of the EPI in Bolivia has a stable upward trend, with probabilities of introduction of new vaccines if it has the support of GAVI. The present Government has given strong support to the financing of social programs, with emphasis on health and education. Is expected to maintain this trend in coming years until 2015. There have been no shortages of funds in the budget of the PAI since many years.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? .....
Please attach the minutes **(Annex 2)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

The ICC has expressed its support around the plans and progress of EPI, especially as regards the introduction of new vaccines. Thus, as in the September 3 meeting in 2009, gave his support and signatures for the grant application for the introduction of pneumococcal vaccine decavalente and the request of the continuity of the grant antirotavírica vaccine. Likewise, they expressed their agreement and satisfaction with the introduction of vaccines against seasonal and pandemic influenza, and reinforcements of OPV, DPT and MMR.

[2] *Traditional vaccines: BCG, DTP, OPV (or IPV), Mealses 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.*

Are any Civil Society Organisations members of the ICC ?: **[Yes].** If yes, which ones?

List CSO member organisations:
PROCOSI

1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

In the next period 2010-2011 are planned activities that were suspended in previous years as
Vaccination:
1. introduction of new vaccines (influenza and pneumococcal and reinforcements of OPV, DPT, MMR).
Research:
2. Home Study Effectiveness of the vaccine in 6 sentinel hospitals antirotavírica;
Monitoring and Evaluation:
3. International Assessment organized and implemented by PAHO / WHO in August 2010 with the inclusion of the Data Audit to investigate the problems and weaknesses that must be overcome to improve the quality and administration of EPI data;
4. National Survey of vaccination coverage, safe injection components and missed opportunities for vaccination to health services (GAVI funds / World Bank)
Surveillance:
5. strengthening surveillance of pneumonia and bacterial meningitis;
6. beginning of the documentation of the elimination of measles / rubella and CRS;
Social Communication
7. design and implementation of a plan to increase Social Communication vaccination coverage. Additionally, a specific pandemic influenza and one for rotavirus;
Supervision:
8. purchase of 10 vehicles for departmental oversight and delivery of EPI vaccines and supplies to the health service networks in the 10 SEDES;
Cooling Network:
9. purchase of two national refrigerated vehicles for delivery of vaccines to the highland departments of La Paz, Oruro, Potosí and Cochabamba and Santa Cruz.

2. Immunisation Services Support (ISS)

2.1. Report on the use of ISS funds in 2009

Funds received during 2009: **US$ .69.846.33**
Remaining funds (carry over) from 2008: **US$ 69.846.33**
Balance carried over to 2010: **US$..69.846.00**

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

GAVI funds were not ejecuted in 2009, for several reasons, including failing to clearly whether the funds could be run on the purchase of vehicles and refrigerated trucks. There was consultation with GAVI in a letter sent by the Minister, Ramiro Tapia Dr. Saenz in September 2009 along with the grant application of pneumococcal vaccine, but there was no response to this request for approval or clarification. In addition, pandemic influenza pandemic resulted in a great movement workshops by PAHO / WHO in planning for the introduction of pandemic vaccine, both internationally and domestically, on the other hand, were not implemented GAVI funds this area, having been called out of time at the end of the year, when it had occurred on the administrative end of the period of PAHO / WHO Bolivia. These factors resulted in a lack of implementation of GAVI funds and other international sources.

2.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? No **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

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

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.

No.387009 Grant funds for the Project "Support for Immunization Services in Bolivia (2007-2009)" had been received and administered strictly through the mechanisms of PAHO / WHO Bolivia, with support from the Department of Finance, Central Office PAHO Washington, which has included financial reporting of this Grant in the official accounting system (FAMIS) of the Organization. Funding for the "Support vaccination programs" have been successfully administered through the Pan American Health of Bolivia, in coordination with the Ministry of Health and Sports. The funds are in bank accounts of PAHO / WHO Washington and undertake through items and obligations that are sent to PAHO / WHO Bolivia. The performance of funds in previous years have been implemented in a quick.

The office PAHO / WHO Bolivia has the financial report of 2009 on the Grants that GAVI has given Bolivia in the three windows related to support for the Immunization Program in Bolivia, which details the implementation and available balances for 2009 (Annex 1 .) The commitment to

the project "Support for Immunization Services in Bolivia (2007-2009)" was estimated at U.S. $ 287.500 U.S. dollars, of which PAHO has received $ 143.750, of these have been implemented U.S. $ $ 73,903.67, leaving an available balance of U.S. $ 69846.33 2010.

Purchases executed to date (vehicles and computer equipment) are supplied with official letter from the national EPI OPS and distributed to the subnational level with award to the physical inventory of equipment and vehicles from both levels.

2.3. Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Annex 3).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

The presentation of external audit reports to the GAVI Alliance Secretariat on programs to support immunization services, strengthening health system and civil society organizations type B is six months after completion of the government fiscal year. Not written any external audit report on the program of support to immunization services during the last financial year the government.

2.4. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[3]

[3] The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

3.1. Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
Rotavirus	**489,600**	**September 8 2008**	**549,000**	**0**

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

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

What are the main problems encountered? *(Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)*	• According to the decision letter of September 8, 2008, GAVI had to pay USD $ 2,318,500.00 for a total of 294.100 doses and Bolivia had to pay USD $ 1.542 million for a total of 195.500 doses, for a grand total of 489.000 doses. While the number of doses purchased in 2009 was higher than approved doses in the decision letter, GAVI paid an amount less than what was agreed at the decision letter. • On December 23, 2009 GAVI made a single payment of $ 3,262,000.00 which was covered with the payment of $ 1,776,620.64 for 208.300 doses received in 2009, over U.S. $ 1,485,379.36 as part of the 2008 copayment not been done. This reflects a lower payment by GAVI in 2009 in relation to the decision letter of 8 September 08. • Bolivia must pay U.S. $ and paid USD $ 1,542,000.00 $ $ 2,258,872.00 for a total of 340.700 doses. (See annexes the 2009 financial statements of the PAHO Revolving Fund, to verify payments of Bolivia and 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 SD)	•

3.2. Introduction of a New Vaccine in 2009

3.2.1. If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	.....
Phased introduction [YES / NO]	Date of introduction .....
Nationwide introduction [YES / NO]	Date of introduction .....
The time and scale of introduction was as planned in the proposal? If not, why?	•

3.2.2. Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received: US$ Receipt date:

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 funds were executed in 2009 and was not introduced a new vaccine this year.

Please describe any problems encountered in the implementation of the planned activities:

Please check the common problems of implementation for the window Strengthening Immunization Services that occurred in 2009.

Is there a balance of the introduction grant that will be carried forward? **[YES]**
If YES, how much? **US$ 22,567.28**

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

Recruitment consultancy for the design of a media plan aimed at raising the awareness of parents and vaccination services to achieve increased vaccination coverage, particularly coverage antirotavírica. Development of promotional materials antirotavírica vaccination and all the shots.

3.2.3. Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3. Report on country co-financing in 2009 (if applicable)

Table 5: Three questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (rotavirus)	Trimestral		March, June, September, December 2009
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)	US$2,258,872	287,877
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Sources of funding for co-financing?
1. Government
2. Donor (specify)
3. Other (specify)

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1. Coordination with the PAHO Revolving Fund / WHO accelerated rotavirus bills to make

payments
2. The availability of funds from the General Treasury of the Nation (TGN) helped the timely payment
3. GAVI co-payments paid more promptly than in 2008

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf

N/A

3.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]*

If conducted in 2008/2009, please attach the report. (**Document N°**.....)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? *[YES / NO]*

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

There was no assessment of vaccine management through effective management tool for the storage of vaccines from WHO and UNICEF.

When is the next EVSM/VMA* planned? *[06/2010]*

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

3.5. Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Liquid rotavirus vaccine, Unidose, GSK, two-dose schedule.

Please attach the minutes of the ICC meeting **(Annex 2)** that has endorsed the requested change.

3.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for rotavirus vaccine for the years 2011--2015. At the same time the country commits itself to co-finance the procurement of rotavirus vaccine in accordance with the minimum GAVI co-financing requested levels as summarised in Annex 1.

The multi-year extension of rotavirus vaccine support is in line with the new cMYP for the years 2011-2015 which is attached to this APR **(Annex N°4).**

The country ICC has endorsed this request for extended support of rotavirus vaccine at the ICC meeting whose minutes are attached to this APR. **(Annex N°.2)**

3.7. Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm**]**

If you don't confirm, please explain:

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1. Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash ***[YES]***

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

No funds were executed in this window for the problems discussed in Section 1.1.

4.2. Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD Autodesactivable 27G 3/8	**TGN**
Measles	AD Autodesactivable 26G 3/8	**TGN**
TT	AD Autodesactivable 22G 1 1/2	**TGN**
DTP-containing vaccine	AD Autodesactivable 23G 1 1/2	**TGN**

Please report how sharps waste is being disposed of:

27.600 biosecurity boxes were purchased, which are programmed to use a per 100 syringes discarded. These purchases were made through the PAHO Revolving Fund.

Does the country have an injection safety policy/plan? [YES]
If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

There are problems for the final disposal of bio boxes because they do not have autoclaves or incinerators that avoid the pollution of the environment.

4.3. Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Fund from GAVI received in 2009 (US$): **461,580.28**
Amount spent in 2009 (US$) 0
Balance carried over to 2010 (US$) **461,580.28** .

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
Total	**0**

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US$
Purchase of 10 four-wheel drive vehicles for the 9 HEADQUARTERS	**315,000**
Purchase of two refrigerated vehicles for nationwide use.	**100,000**
Edition of Safe Injection materials.	10,000
Best Practices Consulting Needle Storage.	5,000
National Workshop on Safe Injection.	10,000
Total	**435,000**

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[4] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)
-

5.1. Information relating to this report

[4] All available at http://www.gavialliance.org/performance/evaluation/index.php

5.1.1. Government fiscal year (cycle) runs from **January to December.**

5.1.2. This GAVI HSS report covers 2009 calendar year from **January to December 2009** and **January to April 2010**

5.1.3. Duration of current National Health Plan is from **January 2006** to **December 2010.**

5.1.4. Duration of the current immunisation cMYP is from **January 2007** to **December 2012**

5.1.5. Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

This report was prepared by technical personnel of the Ministry of Health and Sports. Participants included officials from the Directorate General of Planning, National Health Information (SNIS), Directorate of Health Promotion Unit, Community Health and Social Mobilization Unit, Health Promotion Unit, Health Services and Quality Management General Administrative Affairs, Project Manager GAVI-HSS. It had the support of PAHO's technical cooperation from Bolivia and from Washington.

The report was presented for endorsement to MSyD Technical Council and the Interagency Coordinating Committee of theEPI, the May 13, 2010, for approval. Minutes of these meetings are available in the annexes.

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

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic clarifications:			
Lic. Rolando Párraga	Ministry of Health And Sports	General Director of Planning	rparraga@sns.gov.bo Tel: 591 2 2443521
Focal point for any accounting of financial management clarifications:			
Lic. Dulfredo Garate	Ministry of Health and Sports	General Director of Administration Affairs	dgarate@sns.gov.bo Tel: 591 72532399
Other partners and contacts who took part in putting this report together:			
Dr. Jhonny Camacho	Ministry of Health and Sports	National Responsible of Health Education	jhoncaborja@hotmail.com
Dr. Adolfo Zarate	Ministry of Health and Sports	Coordinator of the GAVI-FSS Project	victor_zarate07@hotmail.com
Dr. Henrry Licidio	Ministry of Health and Sports	SNIS Technical personnel	hlicidio@sns.gov.bo
Steven Sanjines	Ministry of Health and Sports	Planning assessor	stevensanjines@hotmail.com stsnjines@sns.gov.bo
Lic. Angel Vargas	Ministry of Health and Sports	GAVI-FSS Project Administrator	advargasp@hotmail.com

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

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

The sources of information on health indicators by departments and municipalities and national level are provided by the SNIS, the PAI and the DHS 2008. During the workshop program of the departments involved in the project, we analyzed the status of indicators by municipality, for the respective monitoring.

The sources of information on compliance activities of the objectives of support are provided by the Support Coordination GAVI-HSS.

The source of financial information is the SIGMA (Integrated Management and Administrative Modernization), which issues daily reports monthly and annual Budget Unit of the Ministry of Health and Sports.

The goals for GAVI HSS support were provided to fruition at the end of 2010, since the implementation started in 2009, the final goals were modified to be achieved by 2012. Some benchmarks have been updated based on most recent estimates.

The National Survey of Demography and Health (ENSA 2008) was estimated maternal mortality ratio at 310 per 100,000 live births but in the same survey is recommended not to use this indicator to analyze trends due to weakness in the sample design for this indicator. The reference value for this indicator of the impact of GAVI HSS support is the result of the ENSA 2003 (229 per 100,000 lb) and the goal set for the end of the period of such support was also based on this estimate. This situation is still in country-level analysis. It may be necessary to redefine the goal of impact for this indicator.

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

The country request to present the report in Spanish, and needs to have the form in that language. The translation of the form and the subsequent translation of the report in the official language to English involve an additional burden for the country.

5.1.8. Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009?

The committee met three times during 2009 (May, July and October).

Additionally, the May 13, 2010 reconvened to endorse this report.

Attached are the respective records of all meetings held by this committee in 2009, and additionally the meeting at which was discussed and endorsed the report (Annex 9).

5.2. Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

	2008	2009	2010	2011	2012
Original annual budgets (per the originally approved HSS proposal)	697,214	697,926	698,093		
Revised annual budgets (if revised by previous Annual Progress Reviews)		697,214	697,926	698,093	
Total funds received from GAVI during the calendar year	697,000 December 22 , de 2008	0	349,000*		
Total expenditure during the calendar year	0	83,,429	381,709**		
Balance carried forward to next calendar year	697,000	613,571			
Amount of funding requested for future calendar year(s)	0	697,926		698,000	349,000

* Corresponds to 50% of the allocation for the second year of the grant, according to approved by the GAVI Alliance from the Annual Progress Report 2008. ** Includes commitments outstanding as at April 30, 2010 and expenses for an amount of USD 14.969.

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

Because of an error by the GAVI Secretariat, the grant funds for GAVI HSS Bolivia were transferred to PAHO / WHO Washington, in April 2010, and not to the account of the Central Bank of Bolivia. At the time of preparation of the report are taking the necessary steps to finalize the transfer to the account in the name of MSyD in the BCB. This did not entail difficulties for the implementation of activities due to delays in the project execution.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009			Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
		Programmed	Executed	
Objective 1:	**Reorganize health care networks and improve the quality of care, as well as the capacity for management in health at 35 prioritized municipalities, by 2010.**			
Activity 1.1: Hold a participatory workshop for implementation arrangements, including the preparation of Annual Operative Plans; and generate consensus-building and coordination opportunities in order to generate synergies between different levels of management and international cooperation agencies with the objective of strengthening service networks.	Conduct a national workshop to set the operational planning at the departmental level (with the participation of five departments operated by the GAVI HSS support.	**6.686**	**6.686**	It took place the meeting setting activities involving SEDES, technicians, included in the project. National Planning Workshop for the completion of the baseline, in August, with funding from UNICEF. These resources were used in conducting the baseline in the 35 municipalities. Training was conducted and obtaining baseline as characterization of primary care in health facilities of the 35 GAVI-HSS Municipalities and other relevant health networks in the area of intervention. It has 15 conventions signed by the Minister, Directors and Mayors of Municipalities and SEDES, involved in the project Still there are participants missing: M. Alalay of Cochabamba, Chuquisaca, 6 and 12 Municipalities of SEDES La Paz.
Activity 1.2: Purchase and distribution of basic equipment for comprehensive care at first level healthcare facilities in prioritized municipalities	It was scheduled to buy 18 items (see details in Annex 12 with amounts and allocations by department)	**522.800**	**38.090**	It was developed the technical specifications of equipment, and performed administrative tasks for the bidding process. It was concluded the bidding process for the purchase of 4 items and proceeded to pay the two suppliers.
Activity 1.3: Support specific surveys to gather population data and maternal and child care services coverage rates in 35 prioritized municipalities	Hiring a statistician for work on data collected through the baseline.	**3.696**	**3.696**	Activity 1.3, 1.4 consolidated for completion of the transcript of the baseline data base. Recruitment was conducted by product of statistical consultant in October 2009. The person subsequently resigned as not proceeded with the payment. During 2010 this service will be necessary so that program funds are required to cover this payment.
Activity 1.4 Assist in the preparation of needs	Hiring a statistician for work on data	**3.696**	**3.696**	Resources added to the activity 1.3.

assessments for the operation of the municipal networks of primary care (including, gaps in care coverage, infrastructure, logistics, transportation, communication and others).	collected through the baseline.			The diagnosis of health network operations be conducted through the baseline.
Activity 1.5 Training on the application of maternal and child comprehensive care standards for health workers at all health establishments located in 35 municipalities, areas of intervention.	The specific operational programming is was not performed	**12.883**	**0**	Activity not carried out. The effective implementation of GAVI HSS support activities began in September 2009. The departmental Secretaries focused on carry on the baseline in the months from September to December 2009. The results of the baseline have to provide information on priority training needs.
Activity 1.6 Arrange training workshops on health networks management tools, methodologies and standards instruments in order to improve management of health services.	Five departmental workshops.	**13.097**	**13.097**	Five workshops were conducted and departmental training took place, with the participation of about 100 people (one workshop was funded by UNICEF) for the purpose of identifying as part of the baseline, the current status of participatory management bodies within the SAFCI model (how many DILOS , Municipal Social Councils health and Municipal Health Officers, are organized and running). Additionally were trained to collect information on availability and quality of health services in general. In a particular way were trained to identify the status of service delivery to Neonatal Emergency Obstetric Care.
Activity 1.7 Strengthen the information, monitoring and evaluation system (M&E), supporting decisions affecting maternal and child healthcare services at health units and network administrations (SIP, SVEMMN and others) in the 35 prioritized municipalities.	Programming operations were not performed in detail.	**5.000**	**50**	Reported spending was referred within the 1.8 activity In the same activity were analyzed weaknesses in the registration and use SNIS and SVEMMN, promoting the proper use of their instruments. From the results of the baseline defined interventions to develop during 2010.
Activity 1.8 Supervise, monitor, and evaluate the fulfilment of multi-programmatic activities related to maternal and child comprehensive health care in the areas of intervention.	The programming operations were not performed in detail.	**3.760**	**3.760**	Three workshops were held back from the baseline, with the participation of about 250 people, for the dissemination of results, in the department of Oruro and municipal health networks from Azanaque and Poopò. The activity recovery of baseline results, revealed problems both of recording and analysis of quality of care, mainly in CONE. It contributed to the analysis of supply

				infrastructure, HR and staff training CONE. It was analyzed weaknesses in the registration and use SNIS and SVEMMN, promoting the proper use of their instruments. It has Action Plans for Strengthening Azanaque and Poopó health networks in the Department of Oruro. Monitoring activities have been conducted without the support of GAVI HSS, no information is available on the implementation of the standard (three monitoring visits a year).
Objective 2:	**Strengthen promotion and prevention interventions in maternal and child health, with a community and intercultural approach; empowering communities in their responsibility for health care at 35 prioritized municipalities by 2010.**			
Activity 2.1: Design and implementation of KAP surveys (knowledge, attitudes, and practices) related to health care practices in women and children under 5 years in a sample of communities within 35 municipalities.	Recruitment of consulting services.	**2.053**	**1.959**	Recruitment was conducted via SICOES to have consultants who conducted the study KAP but, the call was unsuccessful, so a workshop was held mobile devices SAFCI, which were collected KAP studies conducted in the departments of La Paz, Chuquisaca, Potosi, Oruro and Cochabamba. On the other hand UNICEF conducted a KAP study on mother and child health care, which provides information only in Oruro, one of the 5 Departments, where the GAVI / HSS supports.
Activity 2.2: Analysis of KAP findings and prepare and disseminate primers, guides, manuals, and other information, education and communication materials (IEC) to promote changes in population's behaviour, attitudes, and practices to improve maternal and child care	The specific operational programming was not performed.	**9.155**	**0**	Activity not performed due to difficulties encountered in Activity 2.1 was the starting point for this activity.
Activity 2.3: Adapt the current set of manuals and protocols related to maternal and child health services, based on KAP survey findings, and standardize procedures and interventions among community heath workers and	The specific operational programming was not performed.	**4.479**	**0**	Activity not performed due to difficulties encountered in Activity 2.1 was the starting point for this activity.

health personnel.				
Activity 2.4: Assist health personnel in 35 municipalities in workshops content design and their implementation regarding participatory planning; those should be aimed at the identification of health needs and problems and to propose solutions to be incorporated in the municipal Plans of Action (POA).	The programming operations were not performed in detail.	**77.653**	**5.642.35**	Two workshops were held in the departments of Cochabamba and Chuquisaca to train the model SAFCI to DILOS¨ members, coordinators of programs and projects HEADQUARTERS, municipal mayors, coordinators of network services, mobile teams EMSAFCIs. It was attended by about 180 people in both departments.
Activity 2.5: Implement training programs on the intercultural health approach for health personnel at health facilities in 35 municipalities	The specific operational programming was not performed.	**11.473**	**0**	
Activity 2.6: Implement training programs on the intercultural health approach for community agents, health advocates, surveillance committees of health facilities, aimed at more effective community participation at Local Health Directorates (DILOS), Municipal CAI in compliance with the Popular Participation Law (LPP).	The specific operational programming was not performed.	**3.646**	**0**	
Support Costs				
Management Costs				

Support costs for monitoring and evaluation		**13.520**	**6.752**	Includes salaries Coordinator and Administrator of GAVI HSS support for the months of September to December 2009.
Technical Cooperation		**3.403**	**0**	It was not executed; it will be scheduled for use in 2010.
Total Cost		**697.000**	**83.429**	

5.3. Report on HSS activities in 2009 reporting year

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

5.4. Support functions

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

5.4.1. Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

Funds received in December 2008 were incorporated into the budget for 2009 of MSyD and available for implementation in July of that year. This involved a significant delay in the implementation of GAVI HSS support. Since the month of September, the Project had the coordination and management team after a public competition that takes around 60 days. Activities were carried out from September to December 2009 achieved a performance of 12%.

The established mechanisms for planning and monitoring of activities did not work fully. Administrative procedures and controls have multiple steps that do not facilitate the implementation in an agile way.

It is necessary to simplify administrative procedures and developing the technical coordination meetings as defined in the proposal.

5.4.2. Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

It must strengthen the monitoring capacity at intermediate and local levels regarding to operational schedules made by SEDES. For the year 2010 are scheduled to increase resource oversight functions at all levels.

5.4.3. Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

It was identified the need to support the ability to conduct operations at the departmental and technical support the work of the coordination of networks. PAHO / WHO has provided support through decentralized technical cooperation strategy for the five departments operated by the GAVI HSS support. This support can be included in the Regional Work Plan 2010.

The country has requested additional technical support for upgrading maternal and child care standards (Budget $ 35,000).

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	**Reorganize health care networks and improve the quality of care, as well as the capacity for management in health at 35 prioritized municipalities, by 2012.**				
Activity 1.1: Hold a participatory workshop for implementation arrangements, including the preparation of Annual Operative Plans; and generate consensus-building and coordination opportunities in order to generate synergies between different levels of management and international cooperation agencies with the objective of strengthening service networks.	Conduct a national workshop to set the operational planning at the departmental level (with the participation of five departments operated by the GAVI HSS support. Conduct a workshop with the department of Potosí (HEADQUARTERS, network and municipality). Cochabamba and Oruro and networking workshops with municipalities. Conduct a national workshop on assessment and preparing the 2011 Annual Operating Plan in November 2010.	**6.686**	**15.000**	**1.420**	A national workshop was conducted to adjust the operational programming at the departmental (headquarters). It was attended by planners, health services and health promotion departments of Oruro, La Paz, Cochabamba and Chuquisaca. Potosí not participate because of transportation problems. Chuquisaca and La Paz conducted workshops with local health networks and municipalities.
Activity 1.2: Purchase and distribution of basic equipment for comprehensive care at	Is scheduled to buy 15 items pending purchase programming 2009 (see details in Annex 12 with quantities and allocations by	**242.0000**	**563.382**	**366.740**	9 items have been purchased that have been received in stock and are pending of payment (USD 366.740).

first level healthcare facilities in prioritized municipalities	department). Additional purchases will get basic equipment in 2010 according to diagnosis of needs resulting from the baseline data.				It requires three items scheduled tender again in 2009 (manual resuscitator adult and neonatal and balance with infantometer) for an amount ofUSD10.200. It will define a new list of requirements for tender from the results of the baseline. (Up to an amount of USD $ 186.834).
Activity 1.3: Support specific surveys to gather population data and maternal and child care services coverage rates in 35 prioritized municipalities	Hiring a statistician to work on data collected through the baseline.	**0**	**6.500**	**0**	Since April 19, it were hired two consultants by product for the data transcription of the results of the baseline. Product delivery and payment is scheduled for late June.
Activity 1.4 Assist in the preparation of needs assessments for the operation of the municipal networks of primary care (including, gaps in care coverage, infrastructure, logistics, transportation, communication and others).	Make 4 departmental workshops for the return of the baseline in the departments of Cochabamba, La Paz, Chuquisaca and Potosi.	**0**	**30.000**	**6.740**	The devolution workshop of the data baseline from Cochabamba is scheduled for 16 to 22 May.
Activity 1.5 Training on the application of maternal and child comprehensive care standards for health workers at all health establishments located in 35 municipalities, areas of intervention.	Training at the departmental level in health care of bleeding in the first half of pregnancy. Departmental level training for neonatal resuscitation. Printing of national	**52.388**	**40.000**	**0**	

	standards, rules, protocols and procedures in contraception, uterine cervical cancer, AIEPI (Community and neonatal NUT). Manuals Printing of Maternal Care Homes. 17 workshops at local health networks in the implementation of mother and child care standards				
Activity 1.6 Arrange training workshops on health networks management tools, methodologies and standards instruments in order to improve management of health services.	Printing of quality standards of care. Printing of the National Sexual and Reproductive Health Plan. Printing of the National Maternal and Neonatal Plan. Printing of the National Adolescent Care Plan.	**39.291**	**25.000**	**0**	
Activity 1.7 Strengthen the information, monitoring and evaluation system (M&E), supporting decisions affecting maternal and child healthcare services at health units and network administrations (SIP, SVEMMN and others) in the 35 prioritized municipalities.	To support field visits jointly by the central level and SEDES and SNIS. To support the implementation of basic information module family folders at the municipal and community levels.	**8.000**	**9.000**	**0**	
Activity 1.8 Supervise, monitor, and evaluate the fulfilment of multi-programmatic activities	To support the supervision of coordination teams of health networks to their municipalities of	**12.533**	**20.526**	**0**	

related to maternal and child comprehensive health care in 35 municipalities.	responsibility to meet three comprehensive monitoring visits each year. To support the role of monitoring of the headquarters (SEDES) to coordination teams of health networks and municipalities. To support the role of the supervision of the national level to SEDES monitoring teams.				
Objective 2.	**Strengthen promotion and prevention interventions in maternal and child health, with a community and intercultural approach; empowering communities in their responsibility for health care at 35 prioritized municipalities by 2012.**				
Activity 2.1.:Validation, printing and implementation of National Plan of Education for Health.	Validation and printing of the National Education Plan for Health. To support 5 workshops at the departmental level for the dissemination of the Plan.	**0**	**50.000**	**0**	
Activity 2.2: Analysis and comparison of findings from studies KAP (Knowledge Attitude and Practice) identified (6) and prepare and disseminate guides, manuals and other educational information (IEC), so as to promote changes in population behavior, attitudes and practices to improve maternal and child care.	Systematization of findings of the 6 KAP studies. Development, validation, printing and implementation of guidelines, manuals and educational materials (neonatal and maternal health, mortality surveillance) based on the results of the KAP studies in the context of the SAFCI.	**36.620**	**38.000**	**0**	

Activity 2.3: Adapt the current set of manuals and protocols related to maternal and child health services, based on KAP survey findings, and standardize procedures and interventions among community heath workers and health personnel.	Update, validate, and print manuals and protocols in maternal and child health. Disseminate updated manuals and protocols through workshops with the 17 health services networks.	**8.958**	**10.000**	**0**	
Activity 2.4: Assist health personnel in 35 municipalities in workshops content design and their implementation regarding participatory planning; those should be aimed at the identification of health needs and problems and to propose solutions to be incorporated in the municipal Plans of Action (POA).	Prepare methodological guidelines for conducting workshops based on local participative planning manuals. Validation of the methodology. Printing guides methodologies and materials for workshops. To conduct five additional departmental workshops to train facilitators to support the participatory planning process in 35 municipalities. Technical support to local facilitators of the municipalities. To support operating expenses for the municipal facilitators.	**232.959**	**67.400**	**0**	
Activity 2.5: Implement training programs on	Validate and print the guide "For intercultural dialogue in	**11.473**	**20.000**		

the intercultural health approach for health personnel at health facilities in 35 municipalities.	health." Dissemination of this guide through workshops with the coordination of the 17 health service networks and participation of health personnel and community representatives.				
Activity 2.6: Implement training programs on the intercultural health approach for community agents, health advocates, surveillance committees of health facilities, aimed at more effective community participation at Local Health Directorates (DILOS), Municipal CAI in compliance with the Popular Participation Law (LPP).	Workshops on socialization of local participatory municipal management in two departments. To support training workshops in 17 health coordination networks with the participation of community health promoters. Accompanying the process of training by the headquarters and the national level.	**14.584**	**40.000**	**3.111**	
Support Costs					
Management Costs					
Support costs for monitoring and evaluation		**27.040**	**20.170**	**3.698**	
Technical Cooperation		**5.394**	**7.556**	**0**	
Total Cost		**697.926**	**962.534**	**381.709**	

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	**Reorganize health care networks and improve the quality of care, as well as the capacity for management in health at 35 prioritized municipalities, by 2012.**			
Activity 1.1: To perform programming and evaluation workshops, to create spaces for consultation and coordination to create synergies between different levels of management and international cooperation for the strengthening of health services networks		**6.686**	**6.686**	
Activity 1.2: Purchase and distribution of basic equipment for comprehensive care at first level healthcare facilities in prioritized municipalities		**155.000**	**155.000**	
Activity 1.3: Support specific surveys to gather population data and maternal and child care services coverage rates in 35 prioritized municipalities		**3.696**	**3.696**	
Activity 1.4 Assist in the preparation of needs assessments for the operation of the municipal networks of primary care (including, gaps in care coverage, infrastructure, logistics, transportation, communication and others).		**0**	**0**	
Activity 1.5 Training on the application of maternal and child comprehensive care standards for health workers at all health establishments located in 35 municipalities, areas of intervention.		**52.388**	**52.388**	
Activity 1.6 Arrange training workshops on health networks management tools, methodologies and standards instruments in order to improve management of health services.		**39.291**	**39.291**	

Activity 1.7 Strengthen the information, monitoring and evaluation system (M&E), supporting decisions affecting maternal and child healthcare services at health units and network administrations (SIP, SVEMMN and others) in the 35 prioritized municipalities.		**10.000**	**10.000**	
Activity 1.8 Supervise, monitor, and evaluate the fulfilment of multi-programmatic activities related to maternal and child comprehensive health care in the areas of intervention.		**12.533**	**12.533**	
Objective 2:	**Reorganize health care networks and improve the quality of care, as well as the capacity for management in health at 35 prioritized municipalities, by 2012.**			
Activity 2.1: Validation, printing and implementation of National Plan of Education for Health.		**2.053**	**2.053**	
Activity 2.2: Analysis of KAP findings and prepare and disseminate primers, guides, manuals, and other information, education and communication materials (IEC) to promote changes in population's behaviour, attitudes, and practices to improve maternal and child care		**36.620**	**36.620**	
Activity 2.3: Adapt the current set of manuals and protocols related to maternal and child health services, based on KAP survey findings, and standardize procedures and interventions among community heath workers and health personnel.		**8.958**	**8.958**	
Activity 2.4: Assist health personnel in 35 municipalities in workshops content design and their implementation regarding participatory planning; those should be aimed at the identification of health needs and problems and to propose solutions to be incorporated in the municipal Plans of Action (POA).		**310.612**	**310.612**	

Activity 2.5: Implement training programs on the intercultural health approach for health personnel at health facilities in 35 municipalities		**11.473**	**11.473**	
Activity 2.6: Implement training programs on the intercultural health approach for community agents, health advocates, surveillance committees of health facilities, aimed at more effective community participation at Local Health Directorates (DILOS), Municipal CAI in compliance with the Popular Participation Law (LPP).		**14.584**	**14.584**	
Support Costs				
Management Costs				
Support costs for monitoring and evaluation		**27.040**	**27.040**	
Technical Cooperation		**7.159**	**7.159**	
TOTAL COSTS		**698.093**	**698.093**	

5.5. Programme implementation for 2009 reporting year

5.5.1. Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

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

The main achievement of the first year was the development and collection of baseline from 582 health services, which is the starting point for GAVI HSS support interventions. The proposed interventions for GAVI HSS support will be implemented in 44 additional municipalities with funds from the IDB, this has been achieved starting from the design of the proposal and through coordinated action.

Were prepared all requisites and necessary documents for the tender process basic health equipment.

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

NO

5.6. Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.

[IF NO] : please complete **Part B** below.

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

N/A

Part B: 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 ICC in this process.

Mechanism or procedure	Description
Mechanism for channelling funds to support GAVI HSS in the country	Transfer of the GAVI Fund to account at the Central Bank of Bolivia on behalf of the Ministry of Health and Sports, GAVI HSS support. The funds are incorporated in the Budget of the MSD, and transferred in accordance with the annual budget programming to a bank account separate from MSD in a commercial bank.
Mechanism for the channelling of funds from GAVI HSS support from central level to the periphery	According to the Operational Plan for implementation of the proposal, the central level of the MSD will make annual purchases, according to the needs and will sent to the municipal networks, all the material required, according to a distribution plan at the municipal level.
Mechanism (and responsibility) for the use and approval of the budget	The budget will be agreed at the beginning of the implementation, in a workshop on Starting and correspond to the GAVI HSS support activities covered by the annual operational plans developed by the Services Unit in coordination with the Planning General Directiont of the MSD. The Administrative Director of MSD prepares the final version of the general budget of the Ministry and this goes through the process of approving the General Budget of the Nation.
Mechanism for disbursing funds to support GAVI HSS	The Administrative Office running expenditures to operational units based on the annual schedule, an accountant in this direction will be responsible for

	budget implementation of GAVI HSS support. Technical approval for transfers will be in charge of a staff specifically to support the implementation within the Planning General Direction.
Audit procedures	Internal control processes are carried out by Internal Audit Unit of the Ministry of Health and Sports.

5.7. Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Annex 10).** Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Annex 11)**.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. Has not been provided externally audited the GAVI HSS support. Neither has yet developed any internal audit report on strengthening the health system during the last financial official year. Audits of projects for external funds are made according to the rules after a year of actual implementation. The internal audit of these funds will be held in late 2010.

5.8. General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**
Objective 1:						
1.1. Coverage of the fourth prenatal control	Number of pregnant women with four prenatal checkups	Number of pregnant women	ENDSA 2003 ENDSA 2008	58% (2003) 72.1% (2008)	ENDSA -2003 ENDSA2008	80%
1.2. Reduction of early pregnancy (% of pregnancies in women aged 15-19 years)	Number of pregnancies in women aged 15 to 19 years	Number of pregnant women in all ages	ENDSA 2003 ENDSA 2008	13% (2003) 13% (2003)	ENDSA -2003	10%
1.3. Coverage of institucional delivery	Deliveries attended by skilled personnel	Total of expected deliveries	ENDSA 2003 ENDSA 2008	61% (2003) 71% (2008)	ENDSA -2003 ENDSA2008	75%
1.4. Dropout rate of Penta	Number of children with 3rd. Penta Dose	Number of children receiving the first dose of penta	SNIS PAI 2006	5% (2006)	SNIS PAI	1%
Objective 2:						
2.1 Number of health personnel, trained and applying standards of comprehensive mother and child health care, with an intercultural approach.	Number of trained health personnel that applies	Total number of existing health personnel in the	Health care records at the	ND	Health care records at the municipal	85%

	standards of comprehensive health care with an intercultural approach	priority municipalities	municipal level		level	
2.2 Percentage of municipalities that perform communal CAIs	Number of municipalities that perform communal CAIs.	Number of total prioritized municipalities (35)	Health care records	ND	Monitoring forms	90%
2.3. Number of health volunteers trained in comprehensive promotion and prevention of mother and child health care with intercultural approach.	Number of community health volunteers were trained and involved in promotion and prevention of maternal child health care, with an intercultural approach	Total number of trained community health volunteers in the prioritized municipalities	Reports municipality Networks	ND	Monitoring forms	60%
2.4. Number of families that have Maternal and Child healthy practices.	Percentage of families who have healthy practices.	Number of total families that exist in the prioritized municipalities.	Operative Research Report	ND	KAP Survey	80%

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:**

Provide justification for any changes in **the denominator:**

Provide justification for any changes in **data source:**

Table 16: Trend of values achieved

The level of implementation progress (four months in 2009 does not allow for assessing progress in the achievement of the goals.

Name of Indicator *(insert indicators as listed in above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for non achievement of targets**
1.1				
1.2				
2.1				
2.2				

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.9. Other sources of funding in pooled mechanism for HSS

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

N/A

Table 17: Sources of HSS funds in a pooled mechanism

Donor	**Amount in US$**	**Duration of support**	**Contributing to which objective of GAVI HSS proposal**

6. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR	YES	YES	YES	YES
2	Signature of Minister of Finance (or delegated authority) of APR	YES	YES	YES	YES
3	Signatures of members of ICC/HSCC in APR Form	YES	YES	YES	YES
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	YES	YES	YES	YES
5	Provision of complete excel sheet for each vaccine request		YES		
6	Provision of Financial Statements of GAVI support in cash	YES	YES	YES	
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)			YES	N/A
11	Provision of cMYP for re-applying		YES		

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)	NO		NO	N/A
15	Provide information on procedure for management of cash			YES	N/A
16	Health Sector Review Report			NO	
17	Provision of new Banking details	NO	NO	NO	NO
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				N/A

7. Comments

Comments from ICC/HSCC Chairs:

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

~ End ~