

#### 1. Brief Description of Process

A comprehensive desk review following a conversation with the CRO to discuss specific APR issues was made. Submission of the technical review appraisal was submitted to the CRO for comments and feedback as well as the Alliance partners who then sent it to the country for their clarifications. Following comments from the CRO and other GAVI secretariat teams, the report was finalised and submitted to all for a final round of comments.

#### 2. Achievements and Constraints

Nicaragua consistently presents achievements of over 100% of the 2013 target. For instance there was BCG coverage of 115% when the target was 100%, equally for PCV3 the achievement was 110% rather than the 101% target. For DTP3 there is an achievement of 110% for a 102% target, PCV13 has a target of 97% and an achievement of 109%, rotavirus coverage of 108% with a target of 102%. For measles it is 115% with a 101% target.

Changes were made to the under <1 year olds population and surviving infants for 2014 according to the adjustments made by the MOH based on population data from INIDE. Targets for 2014 have changed based on the adjustments the MOH made based on INIDE's information which projects a lower population for 2014, yet targets for 2015 have not been revised.

Achievements during 2013 include national coverage rates at over 95% for all antigens for under 1s, using as denominator the under 1 group and not surviving infants as defined by GAVI (reason being government policy to use <1 year olds as denominator provided by INIDE). The municipalities with under 95% coverage for pentavalent vaccine lowered from 153 municipalities to 63 in 2011, to 36 in 2012 and to 31 in 2013. The reduction is due to the strengthening of systematic immunisation targeting high risk and difficult to access municipalities together with national immunisation days. Nicaragua presents achievements based on additional doses from those achieved in 2012. During 2013, PCV had an additional 1,055 coverage, pentavalent 1,399, rotavirus 2,133 and Pneumo 2,720 additional coverage in its 3<sup>rd</sup> year of introduction.

During 2013 priority has been given to strengthening EPI management with results which include 100% vaccine availability monitored on a weekly basis in all 18 SILAIS, the implementation of the inventory system for vaccines and ancillary items has given way to improved management and control of at national and SILAIS levels. The PAI SILAIS teams have been trained and strengthened in EPI norms and vaccination days, supervision to the focused SILAIS was fully undertaken, have maintained quality epidemiological vigilance at national level and covering international indicators. Sentinel surveillance for pneumo, and bacterial meningitis as well as rotavirus has been maintained.

The high cost of reaching difficult access municipalities meant that targets were not achieved. The government claims the cost-effectiveness is justified by the absence or reduction of vaccine-preventable diseases in areas where they would not be vaccinated otherwise. The completion and implementation of the inventory system for vaccines at municipal level requires a process of training and equipment. Equally online systems require equipment and internet provision. The cold chain network needs to be extended to local and national levels, and a plan has been drafted.

Nicaragua provides sex-disaggregated data for the past 5 years and the coverage for DTP3 for boys (94.1%) and girls (94.5%), and they have a proactive policy of equitable access. The immunisation strategy covers all age groups without sex discrimination. However the administrative records, sex-disaggregated data is not shown as this is tallied in the manual registry from new born to adulthood. ENDESA 2011-2012 database has registers for antigens and gender. There are no barriers to immunisation access and the Community and Family Health Model establishes the equal right to health services including immunisation,

### 3. Governance

During 2013 the ICC met twice, during the October 2013 meeting to review the GAVI financial management and its conditions for the disbursement of the first tranche of the HSS project in which it was agreed to send reports from MINSA to WHO to a named individual and convene the ICC to validate the plan for the SILAIS and municipalities with GAVI HSS resources. During the November 2013 meeting the revision and approval of the financial report to GAVI together with the approval of the POAs for SILAIS with HSS funds were discussed. The HSS Annual Operational Plan was approved with resources allocated for its first year of implementation. Procurement and contracts have also been approved for the first year. However, while the APR contains information that the ICC met to discuss the submission of the APR, the government has indicated they will send the minutes of the ICC meeting as soon as possible.

While CSOs do not participate in the governance of the ICC as per information provided in the APR and ICC minutes, one of the objectives (25% of the budget) of the current HSS grant is to strengthen the civil society participation process. The government has informed that civil society participates in the process of vaccination, monitoring of unvaccinated, promoting vaccination as a right, and finds children with incomplete schemes and leads them to the health units. CSOs participate in governance at municipal levels and the government has agreed to have some of the recorded meetings and minutes sent in the future.

### 4. Programme Management

Nicaragua has a broad and ambitious set of priority objectives and actions based on the cMYP for the 2009-2015 period. Some of the priority actions include the definition of the prioritised high risk areas, strengthening of technical and managerial capacities for PAI personnel at all levels, monitoring of the PAI new information system and data quality, strengthening of the Epidemiological vigilance system and practices for safe vaccination, new inventory system monitoring and strengthening of the cold chain system. Other priority actions include local IEC plans, development of a sustainability plan for the elimination of measles, SRC and rubella.

The APR is not reporting on HSS as the grant has been fully implemented.

### 5. Programme Delivery

Nicaragua receives support from GAVI for Pneumococcal (PCV13) and Rotavirus. Vaccine received for both antigens in 2013 were higher than those specified in the 2013 decision letters. The reason for this difference is because of delays in vaccine shipments which were later caught up. PCV13 had 374,400 doses included in the decision letter but received 426,600 and experienced no stock outs during the year. Equally, for rotavirus vaccine 401,400 were the number of doses included in the 2013 decision letter but received 511,300 and experienced no stock outs during 2013. The country has opted for two deliveries in the first and third quarter of the year to avoid supply interruptions.

National plans have prioritised the strengthening of cold chain across the country. During 2013 the storage and vaccine handling were appraised. It was found that the storage of biologicals (biological banks) were able to guarantee the cold chain and human resources have been trained to handle and on preventive maintenance of refrigerated equipment and abide to the temperature ranges established for vaccine storage. There is also an emergency plan against power cuts. The EPI programme has also introduced the inventory process which has benefitted the management and control of vaccines and other related inputs.

The (undated) 'Latest EVM improvement plan for 2013' includes three major achievements such as all 18 SILAIS are using EVM tools, PAI and SILAIS management have been trained on logistics (to establish inventory minimum and maximum levels of stock) and procured and distributed equipment, printers and USB sticks to the SILAIS. The EVM recommends to keep updated stock cards and to compare it to the EVM tool during supervision visits, to back up the data base after finalising SILAIS and municipal activities, to send CENABI the monthly SILAIS records and continue the SILAIS monitoring as well as follow up and supervision.

During 2014 WHO has been improving the capacity of 'effective vaccine management and it is planned to continue to strengthen all level during the year.

## **6. Data Quality**

There are a number of issues with data quality. Nicaragua consistently reports achievements of over 100% of targets. The government has indicated the 2015 census will be used to re-dress data quality issues through the adjustment of the denominator. According to the APR however, the country affirms that the EPI administrative coverage are the same as those reflected on the JRF for WHO/UNICEF. The data quality survey was conducted in 2012 where by monitoring of data quality by the MOH's Statistics office observed that data quality level of accuracy is 95%. It is also noted, the government will continue rapid coverage monitoring as a way of ensuring children are fully immunized.

In 2012 with support from WHO, a new software was implemented for vaccine information capture which allows to see on-line doses consumed and coverage at SILAIS and municipal levels, the immunisation card was updated to reflect age group, equally the vaccine register for boys and girls was updated to ensure the register-tracking and vaccination of a person for life. It is also a tool that allows validation in case of vaccine card loss. It is planned to track the functioning and use of the new software for data capture for the EPI programme, strengthen the management information system for EPI at all levels and joint supervision of data quality.

## **7. Global Polio Eradication Initiative, if relevant**

N/A

## **8. Health System Strengthening**

Nicaragua's first HSS grant was approved for \$1.387,500 for 2008-2011, and has been fully disbursed and implemented.

Nicaragua's second HSS grant of \$1.806,100 for 2013-2015 was reviewed by the IRC October 2012, and recommended for approval with level 2 clarifications. The first tranche of funds (\$1.173,816) was disbursed in May 2014. As implementation has just been initiated the country is not reporting on the HSS grant in their APR. Objectives of the grant are: 1) to improve the offer and quality of health services by means of implementing the family and community healthcare model (MOSAFC), 2) to strengthen civil society participation processes in health care responses to priority problems. 3) To strengthen the cold chain.

## **9. Use of non-HSS Cash Grants from GAVI**

N/A

## **10. Financial Management**

The 2013 audit report due on June 30, 2013 is still outstanding.

The Partnership Framework Agreement including Annex 6 on the Financial Management Requirement has been signed in May 2014. This Annex is governing the financial management of GAVI cash grants in Nicaragua.

## **11. NVS Targets**

For PCV13 the target for 2013 was 96.95% and it is planned to reach a 101.27% for years 2014 and 2015 with a 1.05% wastage rate. For rotavirus, the 2013 target was 102.05% with a planned 2014 and 2015 target of 101.27%. Vaccine wastage is reported and planned to be 1.05. Until the JRF is out during July 2014, it will not be possible to verify 2013 achievements.

It is important to note that during the ICC meeting where the APR was endorsed, UNFPA raised the issue of the HPV vaccine introduction in 2015.

## 12. EPI Financing and Sustainability

Nicaragua became a graduating country in 2014 based on the World Bank GNI p.c. published in July 2013. They meet their co-financing payments and expect to make payments for 2015 co-financing to UNICEF (for PCV) and PAHO (for Rotavirus) in October.

The country has met its financial co-payment obligations. The APR has no mention of sustainability either financial or programmatic. The country has been successful in securing new HSS funding to address the persistent gaps in capacity, access to remote municipalities, inventory controls and cold chain in order to sustain the gains made so far. The cMYP (2011-2015) however contains a strategy to guarantee sustainability of the PNI through the strengthening of legal frameworks, the multi sectoral and community coordination and advocating capacity. Specifically the cMYP calls to promote a legal framework for a consensual vaccine law to guarantee financial resources for the procurement of vaccines and incidentals and for the PNI operational plan. Development of a joint plan with the Interagency Coordination Committee, continue the National Committee of Immunisation Practices, keep the PNI staff at all levels with good technical and management capacity and strengthen advocacy of staff at all levels in order to be able to manage human resources and resources physical and financial for the successful functioning of the EPI programme beyond GAVI funding. While the plans are clear and the intent is shown in the cMYP, Nicaragua has now entered into graduation from GAVI support and the cMYP was developed in 2009. New plans would benefit the level of preparation for the programme to transition out of GAVI support and the Secretariat is prepared to conduct a joint assessment with partners to determine any bottlenecks impeding from a smooth process.

## 13. Renewal Recommendations

Topic	Recommendation
PCV 13	1 dose liquid. Renewal without a change in presentation
Rotavirus	1 dose vial. Renewal without a change in presentation

## 14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
<i>Data quality</i>	Data related issues raised by IRC should be addressed through coverage survey in addition to currently reported strategies	MOH	Q3-Q4 2014
<i>Civil society involvement</i>	Provide future evidence of CSO participation at municipal/local level.	MOH	Q2 2015
<i>APR Endorsement</i>	Document the endorsement of the ICC to the APR as no document was submitted to this effect.	MOH EPI	14 Aug 2014
<i>Graduation</i>	In line with the GAVI board decision of November 2013, Alliance partners should support Nicaragua develop a transition plan of action to access graduation catalytic funds.	PAHO/UNICEF and CRO	Q1 2015
<i>Target population 2015</i>	Clarify if downward revision in population for 2014 should be reflected in 2015 as well and clarify 2015 Rotavirus and PCV13 targets.	MOH EPI	14 Aug 2014
<i>HSS reporting</i>	Submit the 2013 audit report of the FONSALUD	MOH EPI	14 Aug 2014