[V1.15.4]

Gavi Alliance

Annual Progress Report 2014

Submitted by

The Government of

Bolivia

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **Not yet submitted**

Deadline for submissions: 27/05/2015:

Please submit the APR 2014 using the online platformhttps://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify the Gavi Alliance in its Annual Progress Report 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 this 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 this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform Gavi about:

Accomplishments using Gavi resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 doses/vial, liquid	Pneumococcal (PCV13), 1 doses/vial, liquid	2015
Routine New Vaccines Support	Rotavirus 2-dose schedule	Rotavirus 2-dose schedule	2015

DTP-HepB-Hib (pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilized formulation, to be used in a 3-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, although availability would need to be confirmed specifically.

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 doses/vial, Liquid	2016	2018
Routine New Vaccines Support	Rotavirus 2-dose schedule	2016	2016

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in {2014}	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
Health System Strengthening (HSS)	Yes	Next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; CSO Operational support for campaign

1.4. Previous IRC Monitoring Report

The IRC APR for 2013 can be viewed here.

2. Signatures

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

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

The Government of Bolivia

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

	Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)
Name	Dr Ariana Campero Nava	**Name**	Luis Arce Catacora
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted if the Gavi Secretariat has any queries regarding this document):

Full Name	Position	Telephone	Email
Dr Susana Solano Romero	National EPI Administrator	591 - 65345738 - 2442473	susolromero@gmail.com
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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr Carla Parada Barba, Deputy Minister of Health	Ministry of Health		

Dr Fernando Leaner, representative PAHO/WHO	WHO/PAHO		
Dr Marcoluigi Corsi, representative UNICEF	UNICEF		
Dr José Ignacio Carreño, Director PROCOSI	PROCOSI		
Dr María Felix Delgadillo Camacho, Executive Director UDAPE	UDAPE		
Dr Eddy Calvimontes Antezana, Director General of Health Services	Ministry of Health		
Dr Rodolfo Rocabado Benavides, Head of Epidemiology Unit	Ministry of Health		
Dr Susana Solano Romero, National EPI Administrator	Ministry of Health		
Dr Rosario Quiroga Morales, UNICEF Health Staffer	UNICEF		
Dr Raul Montesano Castellanos, EPI PAHO Advisor	PAHO/WHO		
Faris Hadad Zernos, Resident Representative	World Bank		
Patricia Álvarez, Project Staff	World Bank		
Jan Schollaert, Resident Representative	Belgian Technical Cooperation		

Dr Ana Angarita Noguera, UNFPA representative	UNFPA		
Hajime Tsuboi, EPI Representative Japan International Cooperation Agency (JICA)	JICA		
Dr Kadyr Ocaña Otalora, Administrator Epidemiology Head Office	National Health Fund		
Dr Janeth Orellana Sotomayor, Cabinet Manager	Ministry of Health		
Sofía Valentina Ascarrumz Martínez, International Relations	Ministry of Health		
Jhon Antonio Pardo Salas, Director General Administrative Affairs	Ministry of Health		
Dr Victoria Jackeline Reyes Maldonado, Director General for Planning	Ministry of Health		
María Cristina Delgadillo Oña, Gavi/Bolivia Coordinator	Ministry of Health		

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

Comments from Partners:

We were involved in the preparation of the 2014 APR. We are aware of the progress and challenges of the project and will support its implementation over the coming months.

We agree with and endorse the information contained therein.

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Technical Coordinating Committee, COCOTEC, endorse this report on the Health System 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 (TAP) is an integral part of Gavi Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the Gavi Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Dr Carla Parada Barba/ Deputy Minister for Health and Promotion	Ministry of Health		
Alberto Camaqui Mendoza/ Deputy Minister for Traditional Medicine and Intercultural Relations	Ministry of Health		
Dr Maria Janet Orellana Sotomayor / Head of Cabinet Office	Ministry of Health		
Dr Victoria Jackeline Reyes Maldonado, Director General for Planning	Ministry of Health		
Dr Eddy Calvimontes Antezana, Director General of Health Services	Ministry of Health		
Dr Marcelo Perez Rubin de Celis/ Director General for Health Insurance	Ministry of Health		
Natividad Choque Laura/ Director General for Health Promotion	Ministry of Health		
Victor Reynaldo Aguilar A./ Head of Public Insurance Unit	Ministry of Health		
Evelyn Cerruto Gutierrez/ Head of Nutrition Unit	Ministry of Health		
Adelaida Vila Aruni/ Head of Health Promotion Unit	Ministry of Health		
Juan Carlos Delgadillo Olivares/ Head of Community Health and Social Mobilization Unit	Ministry of Health		
Aurelio Cruz Uruchi/ Head of Disability, Rehabilitation and BioPsychoSocial Rehabilitation Unit	Ministry of Health		
Daniela André Borja Arnez/ Head of Child Early Development Unit	Ministry of Health		
Dr Erika Toledo Cuellar/ Head of Drugs and Health Technology Unit (UNIMED)	Ministry of Health		

Dr Rodolfo Rocabado Benavides, Head of Epidemiology Unit	Ministry of Health		
Dr Irma Carrazana Cabezas/ Head of Health Services Networks Unit	Ministry of Health		
Dr José Antonio Salas/ Technician, Office of the Deputy Minister of Health and Promotion	Ministry of Health		
Dr Susana Solano Romero/ National EPI Administrator	Ministry of Health		
Jhon Antonio Pardo Salas/ Director General Administrative Affairs	Ministry of Health		
Dr Sandra Ivone Beatriz Duran Canelas, Director General for Legal Affairs	Ministry of Health		
Maria Cristina Delgadillo Oña Gavi-HSS General Coordinator	Ministry of Health		

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

Comments from Partners:

Comments from the Regional Working Group:

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

Bolivia is not required to report on the use of CSO (Type A & B) fund utilisation in 2015.

3. Table of contents

This APR reports on Bolivia's activities between January - December 2014 and specifies the requests for January - December 2016

Sections

4. Baseline & annual targets

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

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Accomplishments as per JRF	Targets (preferred presentation)			
	2014	2015	2016	2017	2018

	Original Approved Target according to Decision Letter	Reported	Original Approved Target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	NA	289,865		261,886		256,648		251,515		246,485
Total infants' deaths	NA	20,225		18,273		17,908		17,549		17,198
Total surviving infants	NA	269,640		243,613		238,740		233,966		229,287
Total pregnant women	NA	331,582		299,576		293,584		233,966		229,287
Number of infants vaccinated or to be vaccinated		234,124		238,741		233,966		287,713		281,959
BCG coverage*[1]*	0 %	81 %	0 %	91 %	0 %	91 %	0 %	114 %	0 %	114 %
Number of infants vaccinated or to be vaccinated		207,805		231,432		226,804		229,287		224,701
OPV3 coverage*[2]*	0 %	77 %	0 %	95 %	0 %	95 %	0 %	98 %	0 %	98 %
Number of infants vaccinated/to be vaccinated*[3]*		207,907		231,432		226,804		222,268		217,822
Number of infants vaccinated/to be vaccinated*[3][4]*		207,907		231,432		226,804		222,268		217,822
DTP3 coverage*[2]*	0 %	77 %	0 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %
Wastage [5] rate in base-year and planned thereafter (%) for DTP		1		1		1		1		1
Wastage [5] factor in base year and planned thereafter for DTP	1.00	1.01	1.00	1.01	1.00	1.01	1.00	1.01	1.00	1.01
Number of infants vaccinated (to be vaccinated) with 1st dose of pneumococcal (PCV13)		281,457		238,741		233,966		229,287		224,701
Number of infants vaccinated (to be vaccinated) with 3rd dose of pneumococcal (PCV13)		136,890		231,432		226,804		222,268		217,822
Pneumococcal (PCV13) coverage*[2]*	0 %	51 %	0 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %
Wastage *[5]* rate in base-year and planned thereafter (%)		1		1		1		1		1
Wastage factor [5] in base year and planned thereafter (%)	1	1.01	1	1.01	1	1.01	1	1.01	1	1.01
Number	**Accomplishments as per JRF**		**Targets (preferred presentation)**							
	2014		**2015**		**2016**		**2017**		**2018**	

	Original Approved Target according to Decision Letter	Reported	Original Approved Target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Maximum wastage rate value for pneumococcal (PCV13), 1 dose(s) per vial, liquid	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of rotavirus		219,145		238,741		232,010				
Number of infants vaccinated (to be vaccinated) with 2nd dose of rotavirus		207,630		231,432		228,650				
Rotavirus coverage*[2]*	0 %	77 %	0 %	95 %	0 %	96 %	0 %	0 %	0 %	0 %
Wastage *[5]* rate in base-year and planned thereafter (%)		1		1		1				
Wastage factor [5] in base year and planned thereafter (%)	1	1.01	1	1.01	1	1.01	1	1	1	1
Maximum wastage rate value for rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of measles		210,064		229,739						
measles coverage *[2]*	0 %	78 %	0 %	94 %	0 %	0 %	0 %	0 %	0 %	0 %
Pregnant women vaccinated with TT+		413,322		500,000						
TT+ coverage*[7]*	0 %	125 %	0 %	167 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery		147,829		150,000						
Vit A supplement to infants after 6 months	NA	196,341	NA	200,000	NA	NA	NA	NA	NA	NA
Annual DTP Dropout rate [(DTP1 - DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please ensure that the DTP3 tables are correctly filled out

[5] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2014 must be consistent with those that the country reported in the WHO/UNICEF Joint Reporting Form (JRF) for 2014. The numbers for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those provided by the country to Gavi in previous APR or in the application for Gavi support or in the cMYP.

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

- Justification for any changes in **births**

Population projections from the 2012 census were used for 2014.

- Justification for any changes in surviving infants

Population projections from the 2012 census were used for 2014.

- Justification for any changes in vaccination targets. Please note that **targets in excess of 10% of previous years' achievements will need to be justified**. In the case of IPV, the support documentation must also be submitted as annexes to the APR to justify ANY change in the target population.

IPV introduction plan attached.

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

No changes in vaccine wastage factors

5.2. Monitoring the Implementation of Gavi Gender Policy

5.2.1. . At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **Yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Vaccination coverage survey (ENCOVA)	2013	95.0	94.3

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

There is no significant difference in gender-related coverage, so no action was taken.

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

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

From 2015 onwards, the National Health Information System has included information broken down by gender.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide Gavi understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 6.96

Enter the rate only; Please do not enter local currency name

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditures by Category	**Expenditure Year**	**Funding source**						
		Country	**GAVI**	**UNICEF**	**WHO**			
Traditional Vaccines*	66,460,909	66,460,909						
New and underused Vaccines**	19,185,936		19,185,936					
Injection supplies (both AD syringes and syringes other than ADs)	27,834,505	27,834,505						
Cold chain equipment	999,667	999,667						
Personnel	14,236	14,236		0				
Other routine recurrent costs	9,582,073	9,508,044		39,719	34,310			
Other Capital Costs	0							
Campaigns costs	0							
Total Expenditures for Immunisation	124,077,326							
Total Government Health		104,817,361	19,185,936	39,719	34,310			

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

5.4 Interagency Coordination Committee (ICC)

How many times did the ICC meet in 2014 **1**

Please attach the minutes **(Document no. 4)** from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.3. Overall Expenditures and Financing for Immunisation

Minutes of 2014 meeting attached.

Are any Civil Society Organisations members of the ICC?

No

If Yes, which ones?

List CSO member organisations:

5.5 Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016?

- To attain and maintain coverage rates of at least 95% for all vaccines in each of the country's municipalities, with particular emphasis on the 4th and 5th booster doses of polio and pentavalent in children aged 18 months and four years.
- To strengthen the Programme with human resources and EPI components, with particular emphasis on cold chain, supervision and monitoring, training, communication and social mobilization, epidemiological monitoring, laboratory, IT systems, investigation and evaluation.
- MMR follow-up campaign in children aged 2-4 years.
- To introduce the injectable polio vaccine (IPV) (single dose); effective transition from type A oral polio vaccine to single schedule with IPV.
- Introduction of HPV vaccine
- Incorporation of the MMR(2) vaccine into the national vaccination schedule.

- To achieve certification of the elimination of measles, rubella and congenital rubella syndrome.
- To achieve certification of the eradication of polio and the containment of the virus in laboratories.
- International assessment of the EPI (PAHO) 5-year plan.
- Assessment of effective EPI management (Gavi)
- Strategic alliances, cross sector coordination and coordination with civil society.
- Alliances and undertakings with municipal and regional governments.
- To strengthen the technical capacity of the Mi Salud and SAFCI teams in support of the EPI.
- To continue to strengthen intervention strategies, based on the results of the national Immunization Coverage Survey (ENCOVA).

5.6 Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding Sources for 2014
BCG:	0.1ml 27Gx3/8	National Exchequer
Measles		
TT		
Vaccine containing DTP	0.5ml 22Gx 1 1/2	National Exchequer
IPV		
Yellow fever	0.5ml 25Gx5/8	National Exchequer
Pentavalent (DTP+HB+HIB)	0.5ml 23Gx1	National Exchequer
Adult flu	0.5ml 22Gx 1 1/2	National Exchequer
Child flu	1ml 23Gx1	National Exchequer
Pneumococcal	0.5ml 23Gx1	B.Exch. - Gavi
Hepatitis B	1ml 22Gx1 1/2	National Exchequer
MMR	0.5ml 25Gx5/8	National Exchequer
MR	0.5ml 25Gx5/8	National Exchequer
BCG diluent	1ml 22Gx1 1/2	National Exchequer

Yellow fever diluent	5ml 22Gx1 1/2	National Exchequer
MMR diluent	0.5ml 25Gx5/8	National Exchequer
MR	0.5ml 25Gx5/8	National Exchequer

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

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

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

No obstacles were encountered during the implementation of the plan. However, problems with the elimination of vaccination waste persist in different areas (urban, rural); they are often burnt in the open or in pits.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

All used syringes have their needles capped or covered and are disposed of in sharps boxes acquired through the Revolving Fund in compliance with national biosafety standards and the EPI.

6 Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Bolivia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2 Detailed expenditure of ISS funds during the 2014 calendar year

Bolivia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3 Request for ISS reward

Request for ISS reward is not applicable to Bolivia in 2014

7 New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that Gavi communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	(A)	[B]	[C]	
Vaccine type	**Total doses for 2014 as per Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience any stock-outs at any level in 2014?**
Pneumococcal (PCV13)		673,200	0	Yes
Rotavirus		501,200	0	No

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

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

On schedule for infants aged under one year of age based 2013 (year introduced); on the other hand, the shipment that was to have been received in November 2013 was received in February 2014.

The Gavi/PAHO mission of September 2014 revised the necessary quantities and agreed to increase the number of doses from 812 965 to 1 016 206 for 2015 Q1. There was a further stock-out in 2014 4Q, and accordingly the Ministry of Health brought the co-financed procurement forward.

Delays in shipments.

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

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

The quantity of doses was increased so as to cover 2014 and build a reserve for 2015 1Q. The final shipment of 2014 was requested urgently; the 2014 co-financed order was listed and suppliers were urged to meet delivery deadlines.

The country is currently using the single-dose presentation.

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

No pneumococcal vaccine was available for a month at national level.

7.2 Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by Gavi to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Pneumococcal (PCV13), 1 doses/vial, liquid		
Nationwide introduction	Yes	30/01/2014:
Phased introduction	Yes	15/10/2013:
The time and scale of introduction was as planned in the proposal? If No, Why?	Yes	

When is the Post introduction evaluation (PIE) planned? **September 2014**

Rotavirus, 1 dose per vial, oral		
Nationwide introduction	No	
Phased introduction	Not selected	
The time and scale of introduction was as planned in the proposal? If No, Why?	Not selected	

When is the post introduction evaluation (PIE) planned?

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

Evaluation report on pneumococcal vaccine introduction process attached.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance

for: a. rotavirus diarrhoea? **Yes**

b. paediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**. Does your country perform special studies on: a. rotavirus diarrhoea? **Yes**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordination Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

7.3 New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	17,827,202	124,077,326
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	17,827,202	124,077,326
Total Expenditures in 2014 (D)	17,827,202	124,077,326
Balance carried over to 2015 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10.11) . Terms of reference for this financial statement are available in **Annex 1**. Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

The pneumococcal vaccine was introduced in 2014.

A refrigerated truck and equipment was purchased.

Funds remaining from other departments were rescheduled for the roll-out, which was authorized by the Gavi coordinator. (financial report attached).

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

1. Grant 387017 (Introduction of pneumococcal vaccine): Re-scheduling of the following items was authorized: Drafting of the EPI Social Communication and Personnel Training Plan

Design of materials for the Communication Plan

Support for the development of a nominal immunization record

Specific actions to increase PCV13 coverage in selected municipalities

Monitoring of Reasons for Failure to Vaccinate and Missed Opportunities; drafting of an intervention plan

2. Grant 387004 (Safe Injection): acquisition and equipping of refrigerated vehicle

3. Grant 387012 (Introduction of rotavirus vaccine): Support for rotavirus surveillance

4. Grant 387009 (Support for national EPI): To be defined, in accordance with Programme application

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

No balances expected to remain. If any, they will be used to schedule follow-up, monitoring and evaluation activities.

7.4 Report on country co-financing in 2014

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, liquid	2,255,400	644,400
Awarded Vaccine #2: Rotavirus, 1 dose per vial, oral	501,200	200,480
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	Bs. 11,018,397	
Donor	Bs. 19,185,936	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, liquid	0	0
Awarded Vaccine #2: Rotavirus, 1 dose per vial, oral	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, liquid	May	Transfer of specific resources
Awarded Vaccine #2: Rotavirus, 1 dose per vial, oral	May	Transfer of specific resources
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

	Financial analysis of the national vaccination schedule and exploration of national sources of funding.

*Note: co-financing is not mandatory for IPV

Is support from Gavi, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5 Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. Information on the EVM tool may be found at
http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? (effective vaccine storehouse management and vaccine management assessment) **June 2016** Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

Are there any change/s in the Improvement plan, with reasons? **Yes**

If yes, provide details

SALMI-SIAL logistics management is to be implemented for timely information on supplies.

When is the next Effective Vaccine Management (EVM) assessment planned? **August 2016**

7.6 Monitoring Gavi Support for Preventive Campaigns in 2014

Bolivia does not report on NVS Preventive campaign

7.7 Change of vaccine presentation

Bolivia does not require changing any of the vaccine presentation(s) for future years.

7.8 Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 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 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of Gavi support for these years for the following vaccines:

* **Pneumococcal (PCV13), 1 doses/vial, liquid**
* **Rotavirus 2-dose schedule**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

* **Pneumococcal (PCV13), 1 doses/vial, liquid**
* **Rotavirus 2-dose schedule**

The multi-year support extension is in line with the new cMYP for these years, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **Pneumococcal (PCV13), 1 doses/vial, liquid**
* **Rotavirus 2-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting, the minutes of which are attached to this APR. (Document N°**18**)

* **Pneumococcal (PCV13), 1 doses/vial, liquid**
* **Rotavirus 2-dose schedule**

7.9 Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 do the following:

Confirm here below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

Gavi's continued support for pneumococcal vaccine is requested, as per the terms of the current agreement.

Gavi's support is also requested for the new IPV and HPV vaccines, according to schedule.

7.10 Weighted average prices of supply and related freight cost

Table 7.10.1 Commodities Cost

Estimated supply prices are not entered

Table 7.10.2 Freight Cost

Vaccine Antigens	Vaccine Types	2008	2009	2010	2011	2012	2013	2014
Pneumococcal (PCV13) 1 dose per vial, liquid	Pneumococcal (PCV13) 1 dose per vial, liquid							5.90 %
Rotavirus 2-dose schedule	Rotavirus 2-dose schedule							3.90 %

Vaccine Antigens	Vaccine Types	2015	2016	2017	2018
Pneumococcal (PCV13) 1 dose per vial, liquid	Pneumococcal (PCV13) 1 dose per vial, liquid	6.00 %	5.90 %	6.00 %	6.10 %
Rotavirus 2-dose schedule	Rotavirus 2-dose schedule				

7.11 Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018	TOTAL:

	Number of surviving infants	Parameter	#	0	0	238,740	233,966	229,287	701,993
	Number of children to be vaccinated with the 1st dose of the vaccine	Parameter	#	0	0	233,966	229,287	224,701	687,954
	Number of children to be vaccinated with the 3rd dose of the vaccine	Parameter	#			226,804	222,268	217,822	666,894
	Immunisation coverage with the third dose	Parameter	%	0.00 %	0.00 %	95.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.00	1.00	1.01	1.01	1.01	
	Stock in Central Store Dec 31, 2014		#	75					
	Stock across second level Dec 31, 2014 (if available)*		#						
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	No. of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	0.00	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%			5.90 %	6.00 %	6.10 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Co-financing tables for pneumococcal (PCV13), 1 dose(s) per vial, liquid

Co-financing group	Graduating

	2014	**2015**	**2016**	**2017**	**2018**
Minimum co-financing	0.61	1.29	1.95	2.61	3.52
Recommended co-financing			1.95	2.61	3.52
Your co-financing					

Table 7.11.4 Calculation of requirements for: Pneumococcal (PCV13), 1 doses/vial, LIQUID

		Formula	2014	2015		
				Total	Government	Gavi
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the 1st dose of the vaccine**	*Table 4*	0	0		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	0	0		
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D x E*		0		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x*				
H	**Stock to be deducted**	*H2 for previous year - 0.25 x F for previous year*				
H 2	**Stock on January 1st**	*Table 7.11.1:*	0	75		
I	**Total vaccine doses needed**	*Summary ((F + G - H) / size of vaccine batch) x size of vaccine batch*		0		
J	**No. of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of Gavi supported proportion**	*U / T*				

Table 7.11.4 Calculation of requirements for: Pneumococcal (PCV13), 1 doses/vial, LIQUID

		Formula	2016		
			Total	Government	Gavi
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the 1st dose of the vaccine**	*Table 4*	233,966	0	233,966
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	701,898	0	701,898
E	**Estimated vaccine wastage factor**	*Table 4*	1.01		
F	**Number of doses needed including wastage**	*D x E*	708,917	0	708,917
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x*	177,230	0	177,230
H	**Stock to be deducted**	*H2 for previous year - 0.25 x F for previous year*	75	0	75
H 2	**Stock on January 1st**	*Table 7.11.1:*			
I	**Total vaccine doses needed**	*Summary ((F + G - H) / size of vaccine batch) x size of vaccine batch*	887,400	0	887,400
J	**No. of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	966,959	0	966,959
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	9,762	0	9,762
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,997,638	0	2,997,638
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	43,320	0	43,320
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	54	0	54
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	176,861	0	176,861
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,217,873	0	3,217,873
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of Gavi supported proportion**	*U / T*	0.00 %		

		Formula	2017		
			Total	Government	Gavi

Table 7.11.4 Calculation of requirements for: Pneumococcal (PCV13), 1 doses/vial, LIQUID

A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the 1st dose of the vaccine**	*Table 4*	229,287	0	229,287
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	687,861	0	687,861
E	**Estimated vaccine wastage factor**	*Table 4*	1.01		
F	**Number of doses needed including wastage**	*D x E*	694,740	0	694,740
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x*	173,685	0	173,685
H	**Stock to be deducted**	*H2 for previous year - 0.25 x F for previous year*			
H 2	**Stock on January 1st**	*Table 7.11.1:*			
I	**Total vaccine doses needed**	*Summary ((F + G - H) / size of vaccine batch) x size of vaccine batch*	869,400	0	869,400
J	**No. of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	947,701	0	947,701
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	9,564	0	9,564
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,889,886	0	2,889,886
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	42,458	0	42,458
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	53	0	53
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	173,394	0	173,394
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,105,791	0	3,105,791
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of Gavi supported proportion**	*U / T*	0.00 %		

		Formula	**2018**		
			Total	**Government**	**Gavi**
A	**Country co-finance**	*V*	100.00 %		
B	**Number of children to be vaccinated with the**	*Table 4*	224,701	224,701	0

Table 7.11.4 Calculation of requirements for: Pneumococcal (PCV13), 1 doses/vial, LIQUID

	1st dose of the vaccine				
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	674,103	674,103	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.01		
F	**Number of doses needed including wastage**	*D x E*	680,845	680,845	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x*	170,212	170,212	0
H	**Stock to be deducted**	*H2 for previous year - 0.25 x F for previous year*			
H 2	**Stock on January 1st**	*Table 7.11.1:*			
I	**Total vaccine doses needed**	*Summary ((F + G - H) / size of vaccine batch) x size of vaccine batch*	851,400	851,400	0
J	**No. of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	928,747	928,747	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	9,366	9,366	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,784,078	2,784,078	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	41,608	41,608	0
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	51	51	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	169,829	169,829	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,995,566	2,995,566	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of Gavi supported proportion**	*U / T*	100.00 %		

Table 7.11.1: Specifications for rotavirus, 2-dose schedule

ID		Source		2014	2015	2016	TOTAL:
	Number of surviving infants	Parameter	#	0	0	238,740	238,740
	Number of children to be vaccinated with the 1st dose of the vaccine	Parameter	#	0	0	232,010	232,010
	Number of children to be vaccinated with the 2nd dose of the vaccine	Parameter	#			228,650	228,650
	Immunisation coverage with the second dose	Parameter	%	0.00 %	0.00 %	95.77 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.00	1.00	1.01	
	Stock in Central Store Dec 31, 2014		#	142,983			
	Stock across second level Dec 31, 2014 (if available)*		#				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	No. of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%				

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Co-financing tables for rotavirus, 2-dose schedule

Co-financing group	Graduating		
	2014	**2015**	**2016**
Minimum co-financing	1.48	2.05	2.36
Recommended co-financing			2.36
Your co-financing			

Table 7.11.4 Calculation of requirements for: Rotavirus 2-dose schedule

		Formula	2014	2015		
				Total	Government	Gavi
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the 1st dose of the vaccine**	*Table 4*	0	0		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	0	0		
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D x E*		0		
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted** **Buffer on doses needed** = (D - D of previous year original approved) x 0,25 **Buffer on doses wasted** = (F - D) x [XXX] - ((F - D) of previous year current estimate) x*				
H	**Stock to be deducted**	*H2 for previous year - 0.25 x F for previous year*				
H 2	**Stock on January 1st**	*Table 7.11.1:*	0	142,983		
I	**Total vaccine doses needed**	*Summary ((F + G - H) / size of vaccine batch) x size of vaccine batch*		0		
J	**No. of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of Gavi supported proportion**	*U / T*				

Table 7.11.4 Calculation of requirements for: Rotavirus 2-dose schedule

		Formula	2016		
			Total	Government	Gavi
A	**Country co-finance**	*V*	100.00 %		
B	**Number of children to be vaccinated with the 1st dose of the vaccine**	*Table 4*	232,010	232,010	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	464,020	464,020	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.01		
F	**Number of doses needed including wastage**	*D x E*	468,661	468,661	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x*	117,166	117,166	0
H	**Stock to be deducted**	*H2 for previous year - 0.25 x F for previous year*	142,983	142,983	0
H 2	**Stock on January 1st**	*Table 7.11.1:*			
I	**Total vaccine doses needed**	*Summary ((F + G - H) / size of vaccine batch) x size of vaccine batch*	444,000	444,000	0
J	**No. of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,001,664	1,001,664	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,001,664	1,001,664	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of Gavi supported proportion**	*U / T*	100.00 %		

8 Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014.** All countries are expected to report on: a. Progress achieved in **2014**

   b. HSS implementation during January – April 2015 (interim reporting)

   c. Plans for 2016

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start-up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the Gavi Alliance before **15th May 2015.** For other countries, HSS reports should be received by the Gavi Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2015, the HSS reports are expected by Gavi Alliance by September 2015.

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

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

5. If you are requesting a new tranche of funding, please make this clear in Section 8.1.2.

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

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2014

   b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report.

   c. The latest Health Sector Review report

   d. Financial statement for the use of HSS funds in the 2014 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

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

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the Gavi HSS investment in the coming year

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

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

For countries that have already received the last disbursement of all Gavi HSS funds approved and no longer have funds to apply for: has implementation of the HSS grant been completed? (YES/NO). If NO, please indicate the anticipated date for completion of the HSS grant. **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

Ends Dec 2015

Please attach the studies or assessments related to or financed with the HSS grant.

Please attach data broken down by sex, rural or urban area, district or state whenever this information is available, particularly as regards immunisation coverage indicators. These data are of special importance in cases where Gavi HSS grants are addressed to specific populations or geographical areas of the country.

Where CSOs collaborate in the implementation of the HSS grant, please attach a list of participating CSOs, the funding they received in the context of the HSS grant, and the activities in which they participated. If CSO participation was included in the original proposal approved by Gavi but these were not provided with funds, please explain the reasons. For more information on Gavi's CSO implementation framework, please consult http://www.gavialliance.org/support/cso/.

Bolivia became a republic on 6 August 1825. It is a Unitary Social State of Plurinational Communitarian Law, free, independent, sovereign, democratic, intercultural, decentralized and with autonomous regions, according to Article 1 of its Constitution. Its form of government is a participative, representative, communitarian democracy, with equality of conditions for men and women.
Bolivia is structured politically and administratively into nine departments, 112 provinces and 339 municipalities.

PRIORITY DEPARTMENTS, PROVINCES AND MUNICIPALITIES OF THE PLURINATIONAL STATE OF BOLIVIA

DEPARTMENT	AREA (KM^2)	No. PROVINCES	No. PROVINCIAL SECTIONS
Bolivia	1,098,581	112	339
La Paz	133,985	20	87
Oruro			

		53,588	
		16	
		35	
Potosí			
		118,218	
		16	
		40	
Cochabamba			
		55,631	
		16	
		47	
Chuquisaca			
		51,524	
		10	
		29	

SOURCE: INE (National Institute of Statistics of Bolivia) 2015

As per the country agreement, the Gavi-HSS project covers 37 municipalities, representing 11% of the national total, distributed along 31% of the provinces, over 5 departments, representing 55.5% of the national total.

List of priority municipalities:

Gavi-HSS PROJECT PRIORITY MUNICIPALITIES

DEPARTMENT	**No.**	**PROVINCE**	**No.**	**MUNICIPALITY**
			1	
LA PAZ			**1**	
Camacho				
			1	
Puerto Carabuco				
			2	
Larecaja				

2

Sorata

3

Quiabaya

3

Omasuyos

4

Achacachi

4

Los Andes

5

Pucarani

6

Puerto Pérez

5

Murillo

7

Batallas

8

Laja

9

Palca

10

Mecapaca

6

Ingavi

11

Tiwanacu

12

Guaqui

2

ORURO

1

Eduardo Avaroa

1

Challapata

2

Sebastián Pagador

2

Santiago de Huari

3

Sud Carangas

3

Santiago de Andamarca

4

Carangas

4

Corque

5

Cercado

5

El Choro

3

POTOSI

1

Cornelio Saavedra

1

Betanzos

2

Chaqui

2

Nor Chichas

3

Cotagaita

4

Vitichi

3

José María Linares

5

Puna

6

Ckochas

4

Rafael Bustillos

7

Uncia

8

Chuquihuta

9

Chayanta

4

COCHABAMBA

1

Mizque

1

Mizque

2

Alalay

2

Esteban Arce

3

Anzaldo

3

Carrasco

4

Pocona

5

Totora

5

CHUQUISACA

1

Azurduy

1	
Villa Azurduy	
2	
Tarvita	
2	To
mina	
3	So
pachuy	
4	To
mina	
5	
El Villar	
6	
Villa Alcalá	

SOURCE: Gavi-HSS PROJECT, 2015

Intervention is mostly focused in the La Paz and Potosí departments, which, between them, account for 57% of the regions.

The baseline data are the principal health problems affecting Bolivia, namely a high maternal mortality rate - 229 deaths for every 100,000 live births (ENDSA 2003), and an infant mortality rate of 50 per 1000 live births. For every 1000 children born in Bolivia, 63 die before they reach the age of five years; 50 die in their first year, 27 of these in their first four weeks. The overall fertility rate is 3.5 children per woman, dropping to 2.8 in urban areas and soaring to 4.9 in rural areas. 67.5% of childbirths occur in health establishments. In urban areas, this percentage rises to 87.7%, dropping to 43.7% in rural areas.

In the Plurinational State of Bolivia there are approximately 103 health service networks.
(network restructuring, 2013), covering 339 municipalities (INE 2014).
The Gavi-HSS project intervenes in 15.53% of these networks at national level, in the five departments where the priority municipalities are located.

According to the 2012 INE census, Bolivia has a population of 10,373,118. The population attended under the Gavi-HSS project accounts for 5.6% of the national population in 2014.

The Gavi Alliance funding provided through the Gavi-HSS project in Bolivia are applied to two strategic objectives:

STRATEGIC OBJECTIVE 1: Reorganize the Health Service Networks and improve quality of care and health management capacity in the 37 priority municipalities.

STRATEGIC OBJECTIVE 2: Strengthen interventions in promotion and prevention in mother-child healthcare through a community and intercultural approach, empowering communities with respect to their responsibility in healthcare in the 37 priority municipalities.

The Gavi-HSS project works on Strategic Objective 2 in collaboration with the Social Organizations, supporting the participative management and social oversight of health care component of the State's intercultural community family healthcare policy, strengthening the social health structure by participative planning.

The Social Organizations do not intervene in the application of Gavi-HSS funds, as they are not part of the Ministry of Health's administrative structure; nevertheless, they are the major beneficiaries of the activities

developed at local and municipal level.

Please see http://www.gavialliance.org/support/cso/ for Gavi's CSO Implementation Framework

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

Please attach the most recent national results reported/M&E framework of the health sector (with real reported figures for the most recent year available in the country).

8.1.1. Financial statement for the use of HSS funds in the **2014** calendar year

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency.

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and Table 8.1.3.b.

8.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

These funds should be sufficient to implement HSS aid until December 2016.

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets *(as per the originally approved HSS proposal)*	69926	698093	0	0	0	0
Revised annual budgets *(if revised by previous Annual Progress Reviews)*	697214	297926	698093	250000	363475	387679
Total funds received from Gavi during the calendar year (*A*)	0	349000	349231	698000	876222	718513
Remaining funds (carry over) from the previous year (*B*)	697000	613571	388291	248179	0	0
Total Funds available during the calendar year (*C=A+B*)	697000	962571	737522	946179	876222	718513
Total expenditure during the calendar year (*D*).	83429	573807	489102	85713	291459	290329
Balance brought forward to following calendar year (*E=CD*)	605648	443701	190910	860466	584763	428184
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	697926	349000	348305	698000	0	0

	2015	2016	2017	2018
Original annual budgets *(as per the originally approved HSS proposal)*	0			
Revised annual budgets *(if revised by previous Annual Progress Reviews)*	353546			
Total funds received from Gavi during the calendar year (*A*)	300214			
Remaining funds (carry over) from the previous year (*B*)	0			
Total Funds available during the calendar year (*C=A+B*)	300214			
Total expenditure during the calendar year (*D*).	129880			
Balance brought forward to following calendar year (*E=CD*)	170334			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0			

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets *(as per the originally approved HSS proposal)*	4864544	4844765	0	0	0	0
Revised annual budgets *(if revised by previous Annual Progress Reviews)*	4859582	2067606	4788918	1715000	2493436	2659480
Total funds received from Gavi during the calendar year (*A*)	0	2422060	2395725	4788280	6010885	4928996
Remaining funds (carry over) from the previous year (*B*)	4858090	4258183	2663676	1702508	0	0

Total Funds available during the calendar year (*C=A+B*)	4858090	6680243	5059401	6490788	6010885	4928996
Total expenditure during the calendar year (*D*).	581500	3982221	3355240	587991	1999409	1991657
Balance brought forward to following calendar year (*E=CD*)	4221367	3079285	1309643	5902797	4011476	2937339
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	4864544	2422060	2389372	4788280	0	0

	2015	**2016**	**2017**	**2018**
Original annual budgets *(as per the originally approved HSS proposal)*	0			
Revised annual budgets *(if revised by previous Annual Progress Reviews)*	2425323			
Total funds received from Gavi during the calendar year (*A*)	2059469			
Remaining funds (carry over) from the previous year (*B*)	0			
Total Funds available during the calendar year (*C=A+B*)	2059469			
Total expenditure during the calendar year (*D*).	890979			
Balance brought forward to following calendar year (*E=CD*)	1168490			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0			

Report of Exchange Rate Fluctuation

Please indicate in Table 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	6.97	6.97	6.94	6.86	6.86	6.86
Closing on 31 December	6.97	6.94	6.86	6.86	6.86	6.86

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year. *(Terms of reference for this financial statement are attached in the online APR Annexes).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January — April 2015 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? Yes

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

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

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

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Percentage of activity completed (annual)** (if applicable)	Source of information (if relevant)
Activity 1.1	Strengthen structure (basic medical equipment) to improve the response capacity of the different categories of health establishments, and improve municipal management, optimising the immunization cold chain.	92	State procurement system (SICOES) Handover certificate Documents C 31 Handover certificate medical equipment Graphic testimony
Activity 1.2	Consolidate the implementation of the Quality Management System in the networks of the 37 priority municipalities, with quantifiable results and social oversight.	67	Workshop Reports and graphic documentation.

Activity 1.3	Supervise, monitor and evaluate compliance with mother-and-child and immunization-related multi-programme activities in the 37 municipalities, including follow-up of Municipal Action Plans and their implementation in the Annual Operating Plan (AOP).	80	Activity reports Graphic testimony Supervision forms
Activity 1.4	Provide continuous training to health personnel to improve response capacity at local level, including supervision of operations.	94	Technical report on training in ongoing health care Graphic testimony
Activity 2.1	Validation, printing and implementation of strategic health promotion guidelines.	100	Applications for the acquisition of promotion material Documents C 31
Activity 2.2	Develop Municipal Health Boards, to reach management agreements.	100	Technical reports, graphic testimony Approved Strategic Municipal Plans and/or proposals Certificates
Activity 2.3	Consolidate training processes in the participatory social structure for health care in the 37 municipalities.	100	Technical reports Graphic testimony Certificates
Activity 3.1	Coordination and technical support for implementation of Gavi-HSS project activities.	80	Documents C-31 SICOES

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

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

Progress:

In 2014, we acquired medical equipment for priority municipalities under the Gavi-HSS project, achieving 92% progress. Medical teams were equipped in accordance with the needs of the health services and the level of health care offered.

The following medical equipment was acquired:

Electrocardiographs (2)
Doppler foetal monitors (12)
Infant warming systems (2)
Stationary ultrasound units (3)
Intensive care ventilators (1)
Vital signs monitor with capnography (2)
Syringe pumps (2)

A total of Bs 1,177,372 was invested, 96% of the amount budgeted for the purchase of equipment for the year.

Part of the biomedical equipment was allocated to Viedma Clinical Hospital in the city of Cochabamba, which offers 3rd level care. This hospital is the reference centre for priority municipalities in the department of Cochabamba and other departments, when this level of response is required.

In this regard, the hospital was allocated: One neonatal/paediatric/adult intensive care ventilator, one basic neonatal multiparametric monitor (vital signs monitor with capnography) and two neonatal syringe pumps, strengthening the hospital's response capacity.

The priority municipalities in the department of Cochabamba have no hospital of these characteristics in their territory. Accordingly, Viedma Clinical Hospital must necessarily attend to their demand.

The equipment is used to treat patients in intensive care - one of the leading causes of maternal death in Bolivia is pre-eclampsia, with all its complications; in the case of neonatal mortality, premature newborns require treatment with sophisticated equipment.

The equipment was delivered in a public ceremony by Evo Morales Ayma, President of the Plurinational State of Bolivia, and the Minister for Health, Dr Ariana Campero Nava, before representatives from the different authorities - national, departmental
(Autonomous Government of the Department of Cochabamba), Municipal
(Municipal Corporation of Cochabamba) - and from social organizations. Technical training in the use and care of the extremely complex equipment was also provided to healthcare personnel at the centre.

The project also delivered:

EQUIPMENT AND CLOTHING

LA PAZ

1. Stethoscopes, sphygmomanometers and a Doppler foetal monitor were provided to the Services and Quality Unit in the Health Networks Area, by the Head Office of the Health Networks and Services Unit, on 14 May this year, as per the handover certificate, attending to the request made by the beneficiary. Total investment Bs. 14,165.50

2. On 12 May this year, 15 packages of childbirth scrubs and two (2) packages of caesarean section scrubs were delivered to the Hospital de la Mujer, as per the handover certificate and the requests submitted (Hospital de la Mujer, or the Women's Hospital, is a reference centre for priority municipalities in the department of La Paz). Total investment Bs. 18,532.80

3. On 12 May this year, 15 packages of childbirth scrubs and two (2) packages of caesarean section scrubs were delivered to Hospital Municipal Los Andes, as per the handover certificate and the requests submitted (Hospital Municipal Los Andes is a reference centre for priority municipalities in the department of La Paz). Total investment Bs. 18,532.80

4. On 12 May this year, 15 packages of childbirth scrubs, two (2) packages of caesarean section scrubs and a neonatal/paediatric/adult intensive care ventilator were delivered to Hospital Municipal Boliviano Holandés, as per the handover certificate and the requests submitted (Hospital Municipal Boliviano Holandés is a reference centre for priority municipalities in the department of La Paz). Total investment Bs. 471,332.80

5. On 12 May this year, 15 packages of childbirth scrubs and two (2) packages of caesarean section scrubs were delivered to the Hospital La Paz, as per the handover certificate and the requests submitted (Hospital La Paz is a reference centre for priority municipalities in the department of La Paz). Total investment Bs. 18,532.80

6. Medical equipment and surgical apparel for caesarean sections were delivered to the municipality of Achacachi in the department of La Paz on 28 August 2014, in the presence of the Mayor, the Chairman of the Municipal Council, the Municipal Health Coordinator, the President of the Municipal Health Council and the Director for Health and Sports of Achacachi Municipal Corporation and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 22,133.66

7. On 1 September this year, in order to support the distribution of information to Gavi-HSS project priority municipalities, the Directorate for Health Promotion was presented with 25,000 legal size leaflets and 10 giant posters (3 x 4 m) with the legends "Buen trato en saludo para la prevención de violencias" (Good health practices to prevent violence) and "Con buen trato a niños y niñas avanzamos como país" (When we treat children well we advance as a country). Total investment Bs. 23,450.00

SUMMARY OF MEDICAL EQUIPMENT DELIVERED IN DEPARTMENT OF LA PAZ
SOURCE DESCRIPTION UNITS TOTAL DELIVERED
Gavi-HSS Electric refrigerator for vaccines and others (Consul brand, Brazil) 6 units 18,900
Gavi-HSS Adult suction resuscitation equipment 7 units

7,581

Gavi-HSS Neonatal suction resuscitation equipment 5 units 4,215
Gavi-HSS Double head stethoscopes 35 units 8,120
Gavi-HSS Adult aneroid sphygmomanometers19 units 2,024
Gavi-HSS Neonatal aneroid sphygmomanometers 15 units 6,450; 87 47,290

ORURO

1 On 10 July this year, the Authorities of the department of Oruro were presented with five refrigerators to be distributed among Gavi-HSS project priority municipalities, as per the handover certificate and the requests submitted. Total investment Bs.
15,750.00

POTOSI

1. On 24 April 2014, medical equipment was presented to the municipality of Ckochas in the department of Potosí, in the presence of the Mayor, the surgeon of the health centre and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs.
29,026.00

2. On 10 July this year, the Authorities of the department of Potosí were delivered five refrigerators to be distributed among Gavi-HSS project priority municipalities, as per the handover certificate and the requests submitted. Total investment Bs.
15,750.00

3. On 16 July 2014, medical equipment was delivered to the municipality of Ckochas in the department of Potosí, in the presence of the President of the Municipal Council, a municipal councillor, the Secretary of
the Municipal Council, the manager of the health centre and a surgeon from the health centre, as per the handover certificate and the requests submitted. Total investment Bs.
25,242.50

4. On 17 July this year, the
integrated health centre of the municipality of Betanzos in the department of Potosí, represented by the Mayor, the coordinator of Intercultural Community Family Health (SAFCI) for the municipality, the manager of Betanzos Integrated Health Centre and a staff doctor, were delivered childbirth scrubs, as per the handover certificate and the requests submitted. Total investment Bs. 4,392.00

5. On 16 July 2014, medical equipment was presented to the municipality of Cotagaita in the department of Potosí, in the presence of the Mayor, a representative from the Social Health Council, the Municipal Health Coordinator, the manager of the health centre, a surgeon from the health centre and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs.
37,440.50

6. On 16 July 2014, medical equipment was presented to the municipality of Vitichi in the department of Potosí, in the presence of the Mayor, a representative from the Health Service Network and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 28,207.00

7. On 21 August 2014, medical equipment was presented to the municipality of Chaqui in the department of Potosí, in the presence of the Mayor, the President of the Municipal Council,

the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 14,505.16

SUMMARY OF MEDICAL EQUIPMENT DELIVERED IN THE DEPARTMENT OF POTISÍ
SOURCE DESCRIPTION UNITS TOTAL DELIVERED
Gavi-HSS Electric refrigerator for vaccines and others (Consul brand, Brazil) 13 units 40,950.00 Gavi-HSS Adult suction resuscitation equipment 25 units 27,075.00
Gavi-HSS Adult suction resuscitation equipment 29 units 24,447.00
Gavi-HSS Double head stethoscopes 55 units 12,760.00
Gavi-HSS Adult aneroid sphygmomanometers30 units 3,195.00
Gavi-HSS Neonatal aneroid sphygmomanometers 23 units 9,890.00 175 118,317.00

COCHABAMBA

1. On 29 May 2014, medical equipment was presented to the municipality of Totora in the department of Cochabamba, by the Executive Secretary of the Federation of the Tropic of Cochabamba and the Gavi-HSS project General Coordinator, as per the handover certificate.

2. On 03 September 2014, medical equipment and childbirth scrubs were presented to the municipality of Alalay in the department of Cochabamba, in the presence of the surgeon from the health centre and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 11,190.88

SUMMARY OF MEDICAL EQUIPMENT DELIVERED IN THE DEPARTMENT OF COCHABAMBA
SOURCE DESCRIPTION UNITS TOTAL DELIVERED
Gavi-HSS Adult suction resuscitation equipment 2 units 2,166.00
Gavi-HSS Adult suction resuscitation equipment 2 units 1,686.00
Gavi-HSS Double head stethoscopes 8 units 1,856.00
Gavi-HSS Adult aneroid sphygmomanometers 8 units 852.00
Gavi-HSS Neonatal aneroid sphygmomanometers 2 units 860.00 22 7,420.00

CHUQUISACA

1. On 23 May 2014, on Chuquisaca local holiday, San Mauro Health Centre in the municipality of Tomina, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal council, the Medical Coordinator of the municipality of Tomina and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 144,361.00

2. On 23 May 2014, on Chuquisaca local holiday, Fuerte Rua Health Point in the municipality of Tomina, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council, the Medical Coordinator of the municipality of Tomina and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 37,361.50

Activity 1.1

3. On 23 May 2014, on Chuquisaca local holiday, Punamayu Health Point in the municipality of Tomina, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the

Municipal Council, the Medical Coordinator of the municipality of Tomina and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,217.00

4. On 23 May 2014, on Chuquisaca local holiday, Kuri Health Point in the municipality of Tomina, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council, the Medical Coordinator of the municipality of Tomina and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,217.00

5. On 23 May 2014, on Chuquisaca local holiday, Pucara Health Point in the municipality of Tomina, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council, the Medical Coordinator of the municipality of Tomina and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,217.00

6. On 23 May 2014, on Chuquisaca local holiday, Tarabuquillo Health Centre in the municipality of Tomina, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council, the Medical Coordinator of the municipality of Tomina and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 37,361.50

7. On 23 May 2014, on Chuquisaca local holiday, Santa Rosa Health Centre in the municipality of Azurduy, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor
the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 47,921.50

8. On 23 May 2014, on Chuquisaca local holiday, Duraznal Health Centre in the municipality of Azurduy, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor,
the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 48,361.50

9. On 23 May 2014, on Chuquisaca local holiday, Dr Gustavo Haase Azurduy Health Centre in the municipality of Azurduy, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 137,774.50

10. On 23 May 2014, on Chuquisaca local holiday, Collpa Mayo Health Point in the municipality of Azurduy, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,117.00

11. On 23 May 2014, on Chuquisaca local holiday, San Roque Health Point in the municipality of Azurduy, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 6,767.00

12. On 23 May 2014, on Chuquisaca local holiday, Huancarani Health Point in the municipality of Azurduy, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,117.00

13. On 23 May 2014, on Chuquisaca local holiday, Segura Health Centre in the municipality of El Villar, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 37,361.50

14. On 23 May 2014, on Chuquisaca local holiday, Rodeito Health Unit in the municipality of El Villar, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council, the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,217.00

15. On 23 May 2014, on Chuquisaca local holiday, San Blas Health Point in the municipality of El Villar, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council, the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 10,461.50

16. On 23 May 2014, on Chuquisaca local holiday, El Villar Health Centre in the municipality of El Villar, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council, the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 59,047.00

17. On 23 May 2014, on Chuquisaca local holiday, El Dorado Health Point in the municipality of El Villar, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the President of the Municipal Council, the Municipal Health Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,217.00

18. On 23 May 2014, on Chuquisaca local holiday, Virgen de Concepción Health Centre in the municipality of Villa Alcalá, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Health Coordinator, the surgeon from the health centre and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 14,716.00

19. On 23 May 2014, on Chuquisaca local holiday, Matela Alta Health Point in the municipality of Villa Alcalá, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Health Coordinator, the surgeon from the health centre and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,217.00

20. On 23 May 2014, on Chuquisaca local holiday, Padilla Municipal Hospital in the municipality of Padilla, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Health Network Coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 52,500.00

21. On 23 May 2014, on Chuquisaca local holiday, La Sillada Health Point in the municipality of Tarvita, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Health Coordinator, the Chief Administrative Staffer, the Medical Coordinator of the Health Point and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 16,217.00

22. On 23 May 2014, on Chuquisaca local holiday, San José de Alisos Health Centre in the municipality of Tarvita, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Health Coordinator, the Chief Administrative Staffer, the Medical Coordinator of the Health Point and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 48,361.50

23. On 23 May 2014, on Chuquisaca local holiday, Virgen del Rosario Hospital in the municipality of Tarvita, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Health Coordinator, the Chief Administrative Staffer, the Medical Coordinator of the health point and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 142,274.50

24. On 23 May 2014, on Chuquisaca local holiday, Pampas de Leque Health Centre in the municipality of Tarvita, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Health Coordinator, the Chief Administrative Staffer, the Medical Coordinator of the Health Point and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 48,361.50

25. On 23 May 2014, on Chuquisaca local holiday, Virgen de Remedios Hospital in the municipality of Sopachuy, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Health Coordinator, the municipal SAFCI coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 142,274.50

26. On 23 May 2014, on Chuquisaca local holiday, Sipicani Health Centre in the municipality of Sopachuy, in the department of Chuquisaca, was presented with medical equipment, in the presence of the Mayor, the Health Coordinator, the municipal SAFCI coordinator and the Gavi-HSS project General Coordinator, as per the handover certificate and the requests submitted. Total investment Bs. 37,361.50

SUMMARY OF MEDICAL EQUIPMENT DELIVERED IN THE DEPARTMENT OF CHUQUISACA
SOURCE DESCRIPTION UNITS TOTAL DELIVERED
Gavi-HSS Electric refrigerator for vaccines and others (Consul brand, Brazil) 33 units 103,950.00 Gavi-HSS Neonatal pulse oximeter (with software)
8 units 36,000.00

	Gavi-HSS Charger for oximeter (part of neonatal pulse oximeter equipment) 8 units 0.00 Gavi-HSS Neonatal syringe pump 3 units 37,500.00 Gavi-HSS Basic neonatal multiparameter monitor (vital signs monitor) 5 units 262,500.00 Gavi-HSS Medium-sized oxygen tanks (with full accessories) 18 units 63,000.00 Gavi-HSS Resuscitation equipment case 19 units 193,800.00 Gavi-HSS Mechanical neonatal scales 19 units 53,200.00 Gavi-HSS Digital neonatal scales 20 units 56,000.00 Gavi-HSS Medicinal oxygen concentrator generator 8 units 84,000.00 Gavi-HSS Mercury foot sphygmomanometer 4 units 7,200.00 Gavi-HSS Doppler foetal heartbeat detector 14 units 66,500.00 Gavi-HSS Adult suction resuscitation equipment 27 units 29,241.00 Gavi-HSS Adult suction resuscitation equipment 25 units 21,075.00 Gavi-HSS Steel trays (large) 21 units 1,260.00 Gavi-HSS Steel trays (small) 20 units 800.00 Gavi-HSS Double head stethoscopes 116 units 26,912.00 Gavi-HSS Adult aneroid sphygmomanometers 86 units 9,159.00 Gavi-HSS Neonatal aneroid sphygmomanometers 47 units 20,210.00 Gavi-HSS Childbirth kit or equipment Instrum 20 units 187,000.00 Gavi-HSS digital scales (scale case) 7 cases 3,500.00 528.00 1,262,807.00 The equipment distributed was acquired in 2014 and previous years, and much of the equipment was languishing in warehouses waiting to be distributed. Constraints: The remaining medical equipment is scheduled for distribution to municipalities in the departments of La Paz, Oruro, Cochabamba and Chuquisaca between May and October 2015, following a specially-constructed timeline.

Activity 1.2	Progress: In 2014 there was 67% progress in training workshops for health personnel, with four of the six scheduled workshops taking place. The following Quality Management activities were performed: 1. "National evaluation of mother and child healthcare quality improvement cycles", strengthening integral mother and child health care. This strategy forms part of the NNAC Guidelines for Clinical Care, Guide for Lifelong Integrated Healthcare, held in Santa Cruz de la Sierra from 7-9 May 2014. 65 participants from the National Health Service (SEDES). An organized effort to share learning experiences in work teams, attaining important results in short periods, at minimal cost. Tailoring best evidence-based practices to local conditions, to address specific priority problems. By this means, the expected results are expressed in decreased maternal and neonatal mortality, by complying with ongoing healthcare quality improvement cycle standards in the 37 priority municipalities. Investment Bs. 106,584. 2. "Training to strengthen and comply with PRONACS primary healthcare centre self-assessment and accreditation standards". Held in the city of Oruro over 25 and 26 June 2014. 60 participants (healthcare personnel and representatives from municipal corporations) from priority municipalities, 10 of which were funded by the Gavi-HSS project. Investment Bs. 7,567. 3. "Training in quality management in the municipalities of Betanzos and Chaqui". 28-31 July 2014. 90 participants from priority municipalities. Investment Bs. 26,202. 4. "Training in quality management in the municipalities of Cotagaita and Vitichi". 14-16 July 2014. 50 participants from priority municipalities. Investment Bs. 51,324. The workshops explored patterns for the development and production of operating plans for quality management bodies, and informed on the composition of the quality management and oversight bodies that provide operative function in each health establishment. Constraints: In many health establishments, difficulties still arise with regard to establishing a quality management system, as the subject involves many factors and must also comply with SACFI policy and conform to the structure of the functional services network. The aim of establishing quality management systems is to improve hospital care for the beneficiary population. At present,2nd and 3rd level hospitals are not fully integrated into the health network and accordingly are not operating a referral and counter-referral system. This fragmentation of the system makes it difficult to offer the desired quality of health, as response capacity is constrained by administrative, equipment and infrastructure factors. However, the Ministry of Health and the corresponding units are working hard on this matter.

Activity 1.3	Progress: In 2014 progress in Gavi-HSS planning with regard to raising awareness and training healthcare personnel in integral mother-and-child health in the 37 priority municipalities. It was implemented in four of the five priority departments, covering much of the schedule for the year. The following activities were developed: "Workshops on dissemination and implementation of maternal homes in Gavi-HSS project priority departments" (Group 1: Chuquisaca, 38 participants, 14-15 August 2014; Group 2: Potosí, 29 participants, 21-22 August 2014; Group 3: Cochabamba, 30 participants, 28-29 August 2014; Group 4 Oruro, 38 participants, 14-15 September 2014; Investment Bs. 99,632. "Workshop on dissemination and implementation of maternal homes" in Department of Potosí, held in the Gavi-HSS project priority municipality of Betanzos, with 31 participants over 2-3 October 2014. Investment Bs. 16,229. Constraints: Health personnel receive insufficient feedback on the training from attendees in the municipalities, as would be necessary to analyse how subject matter was implemented thereafter. Delays in informing the municipalities of the standards - municipalities cannot implement standards on time as they do not receive them on time. The duration of the training is not sufficient to obtain the required results, the day or days scheduled for each training session is not sufficient for in-depth analysis of the subject matters addressed.

Activity 1.4	Progress: In 2014, training was scheduled in workshops for the dissemination and implementation of maternal homes for 168 health staff in priority municipalities. These events were held in the departments of Chuquisaca, Potosí, Cochabamba and Oruro, with progress of 94% with regard to scheduling for 2014. Training was provided in workshops on dissemination and implementation of maternal homes in Gavi-HSS project priority departments in the following priority municipalities: Chuquisaca (14-15 August 2014), 38 participants El Villar Villa Alcala Tomina Azurduy Tarvita Potosí (21 & 22 August 2014) 29 participants Uncía Chuquihuta Llallagua Sacaca Chayanta Cochabamba (28 & 29 Agosto 2014), 30 participants Mizque Anzaldo Alalay Pocona Totora Cliza Oruro (14 & 15 September 2014), 38 participants El Choro Andamarca Challapata Corque Santiago de Huari Potosí (2 & 3 October 2014), 31 participants Ckochas Betanzos Chaqui Puna Cotagaita 158 persons received training. Constraints: When trying to prioritize response capacity in health establishments, there are several subjects cannot be addressed due to the limited time that participants may be absent from their workplaces. However, the aim is to cover complex situations that may arise in health establishments to be dealt with by healthcare personnel. The activity was scheduled by SEDES Potosí, so fewer professionals attended. Insufficient support material such as reanimation models, pelvic models, etc. for practical training activities.

Activity 2.1	Progress: In 2014 there was 100% progress in the scheduling of printing of support documents for the implementation of the strategic health promotion guidelines. Documents were printed to be distributed and disseminated in Gavi-HSS project priority municipalities because of the updating and the drafting of new technical-regulatory documents by the Ministry of Health to coincide with Gavi-HSS guidelines. The following documents were printed: Guide on procedures in participatory local healthcare management (3500 units) Guide on procedures in participatory municipal healthcare management (3500 copies) Documents printed in coordination with the Community Health and Social Mobilization Unit. These documents are used as tools to develop joint management processes between the health sector, social organizations and municipal corporations, for planning, implementation, administration and social oversight; as well as contributing to the processes to build integrated collective proposals to guide actions, solve problems and address determining factors, all as part of the "Live Well" approach, established in Bolivia Digna (Decent Bolivia). Also printed: Basic guide to clinical conduct (20,000 copies) The printed document was requested by the Ministry of Health Quality and Auditing Department, which supports improvements in professional medical performance. It is accessible and of great use and is complemented by a series of practical cases, inspired on a series of social values, providing health personnel with training in values. On 1 September this year, in order to support the distribution of information to Gavi-HSS project priority municipalities, the Directorate for Health Promotion was presented with 25,000 legal size leaflets and 10 giant posters (3 x 4 m) with the legends "Buen trato en saludo para la prevención de violencias" (Good health practices to prevent violence) and "Con buen trato a niños y niñas avanzamos como país" (When we treat children well we advance as a country). Total investment Bs. 23,450.00 These items all strengthen technical and management capacity in health establishments in priority municipalities. Constraints: No constraints which could hinder the acquisition of the planned materials are foreseen for this activity.

Activity 2.2	Progress: In 2014, 100% of the preparatory meetings for the Municipal Health Board sessions were held (development of the Municipal Health Boards, to reach management agreements in Gavi-HSS project priority municipalities); 37 Gavi-HSS project priority municipalities took part. The following Municipal Health Board sessions were held: A workshop on "Developing Municipal Health Boards in the department of La Paz", with priority municipalities. Held in Sorata over 3-4 June 2014. 71 participants. Investment Bs. 31,420. A workshop on "Developing Municipal Health Boards in the departments of Potosí and Chuquisaca", with priority municipalities. Held in Sucre over 10-11 June 2014. 86 participants. Investment Bs. 74,474. A workshop on "Developing Municipal Health Boards in the departments of Oruro and Cochabamba", with priority municipalities. Held in Cochabamba city over 12-13 June 2014. 64 participants. Investment Bs. 31,385. The second Municipal Health Board Session held for the purpose of reaching management agreements and strengthening municipal health management took place in the municipality of Achacachi in the department of La Paz, over 27-29 August 2014. A total of 116 persons attended, between participants and technicians. Investment Bs. 116,058. The second Municipal Health Board session held for the purpose of attaining management agreements and strengthening municipal health management took place in the municipality of Sopachuy in the department of Chuquisaca, over 13-14 April 2015. A total of 120 persons attended, between participants and technicians. Investment Bs. 78,550. Constraints: The scheduled activities were put at risk by institutional bureaucracy problems. Nevertheless, steps taken by Gavi-HSS project general coordination made it possible to make the most of economic resources and technical-administrative aspects in order to proceed with the events, with huge participation in priority municipalities.

Activity 2.3	Progress: The social structure participated in the announcement made regarding the development of the Municipal Health Board session, held with the aim of reaching management agreements in Gavi-HSS project priority municipalities, optimizing spaces to make the most of technical and administrative resources, as economic resources are limited. It was also possible to optimize the benefits with regard to integrating health personnel into the social structure. Accordingly, progress was 100% of scheduled activities, with regard to training of the social structure in dynamic and active planning. As SACFI policy is being implemented, it is important to strengthen management capacity in the two structures that make up the policy (State structure and social health structure). By consolidating both, it has been possible to deliver training in participatory health management. This has made it possible to make the most of the Municipal Health Board sessions, where information was provided to the social structure to strengthen their understanding of the functions they need to perform when making decisions regarding planning, implementation, follow-up and, in general, all aspects of social oversight. They were provided with tools to allow them to participate in developing the municipal health strategy, allowing them to identify problems, causes, needs and proposals, in order to implement corrective actions via the municipal health plans. Constraints: Rotation among health personnel in local and health authorities, the Local Health Authority, the Local Health Committee and the Municipal Social Health Council make it impossible to continue to implement plans, as municipal health plans are drawn up for the medium and long term. In the short term, as there is no continuity between the authorities and the personnel involved from the beginning, and in some cases the plans are not sustainable with new focuses or dynamics. However, we need to ensure that trained personnel provide support in the transfer of knowledge and experiences to strengthen the actions undertaken by new team members.
Activity 3.1	Improved coordination between Ministry of Health agencies, making it possible to address a range of administrative situations. Constraints: The Gavi-HSS project administrative team had not been made up in the first quarter of 2014. This provoked delays in certain actions, having a direct influence on the implementation of plans. In the fourth quarter of 2014 certain administrative steps were made easier due to the fact that accounting processes were carried out from within the project, bypassing bureaucratic processes in the Ministry of Health at central level. This allowed great progress in the implementation of processes.

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

The technical personnel of the Gavi-HSS project were appointed in the first quarter of 2014, with a considerable delay in the hiring of new members. Accordingly, activities began to function more normally from the second quarter onwards.

On the other hand, coordination with the different stages of the health sector (SEDES, municipal level) was not optimal. This affected activities, delaying planning and influencing implementation percentages in certain activities.

The fact that the project is centralized in the city of La Paz, with the limited personnel available to the Gavi-HSS project, places constraints on encompassing a greater number of priority municipalities at the technical-functional level. Nevertheless, once the team had been made up, all activities scheduled at national level were rolled out (training in lifelong integrated healthcare, technical consultancy in Municipal Health Boards, delivery of medical equipment to priority municipalities, etc.)

Turnover among health personnel in health establishments and changes in municipal authorities have made it difficult to coordinate activities at local level.

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

Under the Constitution and the Andres Ibáñez Framework Act for the Autonomous Regions and Decentralization, human resources in the public health system are supervised and governed by the Departmental Health Services in each department, who are responsible for the oversight and technical monitoring of the personnel under their control. In this regard, the Gavi-HSS project offers no specific incentives. Nevertheless, certain strategies were found to motivate human resources, conducting activities to strengthen response capacity. To this end, the following activities were put in place:

- Delivery of basic mother and child and immunization medical equipment, strengthening response capacity. This has led to improvements in attending to demand for human resources in health establishments. This, however, does not mean reducing the duties of the autonomous municipal corporations, who are obliged to strengthen infrastructures, equipment and human resources in the health establishments under their jurisdiction, as provided in legislation.

- Support has been offered for the development of decision-making spaces alongside health personnel and local communities, articulated in the form of the Municipal Boards. This has made it possible to strengthen participatory health planning, where the two structures that make up SAFCI policy (state structure and social health structure) have improved their management capacity, allowing the social structure to form part of health planning, for inclusion in Municipal Development Plans (PDM) and subsequent implementation through municipal AOPs. This leads to improvements in health establishment and the services they provide, which are thence focussed on society itself.

- Fieldwork backpacks were delivered to help health personnel to transport perishable vaccination material, particularly in cases where home visits are made. This forms part of the Community and Intercultural Family Health Policy (SAFCI) currently in force in Bolivia, bearing in mind that Gavi-HSS project priority municipalities are often difficult to reach.

The application of incentive strategies has made it possible to respond to the demands of health personnel, the main one being to improve healthcare capacity. This has led to the improved and strengthened response capacity of healthcare establishments.

8.3 General overview of targets achieved

Please complete Table 8.3 for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
1. Coverage in fourth pre-natal check-up	58%	ENDSA 2003	70%	70%	58.2%	58.5%	45.9%	51.3%	60.76 %	SNIS-VE/MS	The main problem here is the migratory population, as families move seasonally to other departments or countries to find work.
2. Reduction of early pregnancy	13%	ENDSA 2003	10%	10%	22%	21.6%	23.34 %	27.1%	20.89 %	SNIS-VE/MS	Although this target was not reached, there was progress in 2014, in the form of a 6.1% reduction in early pregnancies compared to 2013, significant progress for the Plurinational State of Bolivia.
3. Institutionalised childbirth coverage	61%	ENDSA 2003	70%	70%	69.9%	72.2%	69.53 %	63.4%	72.45 %	SNIS-VE/MS	

4 Pentavalent drop-out rate	5%	ENDSA 2003	1%	1%	8%	8%	6.3%	6.9%	9.4%	EPI/MH	Bolivia's EPI, at both national and departmental level, makes a great effort to achieve at least 95% vaccination coverage (effective vaccination coverage) with quality vaccines, free to the population. According to ENCOVA 2013, reasons for failure to vaccinate included the fact that mothers could not explain or remember why their children had not had Penta3. 20% had no time or did not remember which doses their children needed and 6% did not vaccinate their children because they (the children) were ill at the time.
5. No. of trained health personnel applying integrated maternal and child care standards with emphasis on immunisation and quality management in the 37 prioritized municipalities	0%	Gavi-HSS records	80%	80%	-	-	0	48%	68%	Gavi-HSS records	The Ministry of Health is strongly committed to making continued progress in the training of health personnel, increasing job security and strengthening response capacity, with an intercultural approach and universal access, attaining progress of 20% compared to the previous year (48%).

6. Percantage of municipalities conducting Health Board sessions	0%	Gavi-HSS records	90%	90%	-	-	16%	43%	100%	Gavi-HSS records	In 2014, induction workshops were held in 37 Gavi-HSS project priority municipalities. The 2nd Municipal Health Board session was held in the municipality of Achacachi in the department of La Paz.
7. Percantage of management agreements between municipalities, SEDES and the Ministry of Health to support the integrated healthcare activities of the health service network, with emphasis on immunization	2%	Gavi-HSS records	100%	100%	-	-	13%	80%	100%	Gavi-HSS records	
8. Percantage of network establishments with basic equipment for integrated healthcare with emphasis on immunization	38%	Gavi-HSS records	100%	100%	-	-	42%	45%	46%	Gavi-HSS records	Although the established target was not reached, an investment of Bs 6,646,551.90 was made in procuring equipment to strengthen the response capacity of healthcare establishments in priority municipalities. The amount involves assigning 46% of resources applied for the purchase of medical equipment for primary level health care, out of all funding granted for the Gavi-HSS project.

8.4 Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunization programme.

Gavi-HSS contemplates two strategic objectives to guide project actions. Accordingly, the achievements of 2014 are described in accordance with each strategic objective.

Strategic Objective 1: Reorganize the Health Service Networks and improve quality of care and health management capacity in the 37 priority municipalities.

2014 saw the following achievements:

1. Medical equipment and surgical apparel for childbirth and caesarean sections were delivered to most of the Gavi-HSS priority municipalities at national level, strengthening the response capacity of health establishments and obtaining the commitment of health authorities and personnel.

2. In order to raise public awareness in Gavi-HSS project priority municipalities, the Directorate for Health Promotion was presented with 25,000 legal size leaflets and 10 giant posters (3 x 4 m) with the legends "Buen trato en saludo para la prevención de violencias" (Good health treatment to prevent violence) and "Con buen trato a niños y niñas avanzamos como país" (When we treat children well we advance as a country).

3. High-tech medical equipment was acquired, consisting of:

✓ Electrocardiographs (2)

✓ Doppler foetal monitors (12)

✓ Infant warming systems (2)

✓ Stationary ultrasound units (3)

✓ Intensive care ventilators (1)

✓ Vital signs monitor with capnography (2)

✓ Syringe pumps (2)

This equipment is to be used to treat critically-ill patients in the reference health establishments for the priority municipalities, strengthening the capacity to respond to serious obstetric and neonatal morbidity.

4. Quality interventions are essential in the health sector. Bolivia's National Health Quality Project contains a series of standards to guide application processes and continuous quality improvement. The interventions performed in health establishments are a response to unmet internal and external user demands. Results are expected in the long term, although continuous improvement makes tangible, measurable changes possible in the short term.

The following events to foster improving healthcare quality in health establishments were held:

✓ "National evaluation of mother and child healthcare quality improvement cycles", strengthening integral mother and child health care. This strategy is part of the NNAC Guidelines for Clinical Care, Guide for Lifelong Integrated Healthcare.

✓ "Training to strengthen and comply with PRONACS primary healthcare centre self-assessment and accreditation standards", strengthening the self-assessment and accreditation process in 34 primary level health establishments in the health network. Cuenca Poopó SEDES/Oruro

✓ "Training in quality management in the municipalities of Betanzos and Chaqui", assuring the implementation and sustainability of the new assessment and accreditation system, contributing to continuous and sustained improvement in quality of health care, promoting traditional knowledge and re-evaluating interculturalism, as part of the framework of the SAFCI Intercultural Community Family Health Policy.

✓ "Training in quality management in the municipalities of Cotagaita and Vitichi", helping to improve the quality of care in health services, by means of implementing the health quality management system, principally in maternal, neonatal and child care, in health establishments in the municipalities of Cotagaita and Vitichi.

5. "Workshops on dissemination and implementation of maternal homes in Gavi-HSS project priority departments", presenting and disseminating national legislation for the categorization, organization and operation of maternal homes before the social structure authorities in the Gavi-HSS priority municipalities for its implementation, providing quality, effective and integral health care to all pregnant women and newborn infants in a timely manner, thus contributing to reducing maternal and neonatal mortality.

Strategic Objective 2: Strengthen interventions in promotion and prevention in mother-child healthcare with a community and intercultural approach, empowering communities as regards their responsibility in healthcare in the 37 priority municipalities

2014 saw the following achievements:

A major challenge in the priority municipalities is developing the municipal health boards, whose principal task is to draw up the strategic municipal health plans, to be included in the municipal development plans. These will guide the activities of the autonomous municipal governments, in consensus with all sectors.

The work carried out by the Gavi-HSS project is a permanent part of the guidelines of the Ministry of Health sector development plan, the results obtained in a baseline study, and an in-depth analysis of the situation of the health services network. These are critical elements for the improvement of health service management.

In this framework, the General Directorate of Health Promotion, in collaboration with the Gavi-HSS project Community Health and Social Mobilization Unit, has provided technical support for a training workshop on the drawing up of municipal health plans, with public participation in the form of representatives from the social structure in health.

The municipal health boards are places for dialogue, consultation, coordination, decision and consensus. Their aim is to make decisions in the process of constructing SACFI strategy.

The municipal health plans are laid down in a five-year plan which guides health actions in favour of healthy living, analysing the needs and the reality of the municipality and involving a range of agents. They are included in municipal development plans and, accordingly, in the AOP for each municipality.

In 2014, 100% of the preparatory meetings for the Municipal Health Board sessions were held (development of municipal health seminars, to reach management agreements in Gavi-HSS project priority municipalities); 37 Gavi-HSS project priority municipalities took part.

The following Municipal Board sessions were held:

- ✓ "Developing Municipal Health Boards in the department of La Paz". 71 attendants from all municipalities prioritized by the project in the department of La Paz, held in the municipality of Sorata over 3-4 June 2014.
- ✓ "Developing Municipal Health Boards in the departments of Postosí and Chuquisaca". 86 attendants from all municipalities prioritized by the project, held in the city of Sucre over 10-11 June 2014.
- ✓ "Developing Municipal Health Boards in the departments of Oruro and Cochabamba". 64 attendants from all municipalities prioritized by the project, held in the city of Cochabamba over 12-13 June 2014.
- ✓ The second Municipal Health Board Session held for the purpose of reaching management agreements and strengthening municipal health management took place in the municipality of Achacachi in the department of La Paz, over 27-29 August 2014. A total of 116 persons attended, between participants and technicians.
- ✓ The second Municipal Health Board Session held for the purpose of reaching management agreements and strengthening municipal health management took place in the municipality of Sopachuy in the department of Chuquisaca, over 13-14 April 2015. A total of 120 persons attended, between participants and technicians.

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

Problem:

Monitoring Gavi-HSS project expenditure and revenue records.

Solution:

The Ministry of Health Internal Audit department conducted a reliability and monitoring exam on the accounts and statements for 2014 and previous years, as a result of the implantation of recommendations. The time line was found to have been implemented correctly. Gavi-HSS project management undertook actions in response to recommendations made for the resolving of incidents. Gavi Alliance also conducted an external audit on 2014 Q4.

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

Ministry of Economy and Finance: budgets items for each fiscal year and monitors and evaluates financial execution.

Ministry of Health:

- General Directorate of Administrative Affairs: monitors financial execution under the administrative regulations of the Ministry of Health, Law 1178 on Government Administration and Oversight (SAFCO), Supreme Decree 181 Administration of Goods and Services (SABS)

- General Directorate of Health Services surveillance, monitoring and operative authorization for activities programmed in the AOP.

- General Directorate of Planning: surveillance and monitoring of physical HSS execution.

- General Directorate of Health Promotion: coordination of joint activities with the HSS project.

- Project Management Unit (UGESPRO): oversight of administrative processes in accordance with current regulations.

- Network of Quality and Health Services Units: coordination and implementation of Strategic Objective 1 activities at local level.

- Community Health and Social Mobilization Unit: coordination and execution of Strategic Objective 2 activities at local level.

- Family, Community and Intercultural Expanded Programme on Immunization: coordination in health system strengthening, with emphasis on immunization.

Departmental Health Services - SEDES:

- Networks Unit: Ongoing Care and Rural Networks Area
- Unit for Maternal Health, Sexual and Reproductive Health, and Neonatal, Child, School and Adolescent Healthcare. Departmental EPI

These units develop Strategic Objective 1 and 2 activities at local level in cooperation with the HSS and Ministry of Health technical team.

Network Coordination: calls for and assures the implementation of scheduled activities in priority municipalities of its Health Service Network, in close coordination with the SEDES and HSS.

Autonomous Municipal Corporation: the maximum authority in health at local level. Through the municipal councils, it signs inter-institution management and cooperation agreements with the HSS for implementation, to ensure and strengthen overall health services in integral mother-and-child care and immunization.

- Municipal Health Network

- Municipal Social Health Council

- Maximum authority in health at local level

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

As described in the 2013 APR, the Gavi Alliance HSS grant to Bolivia is subject to the administrative and legal regulations of Bolivia and the Ministry of Health, while the General Directorate of Planning and the

General Directorate of Administrative Affairs monitor and report on the physical and financial execution of the AOP by each of the directorates, units, programmes and projects under the domain of the Ministry of Health.

Follow-up and monitoring of physical and financial implementation is conducted quarterly, and evaluated at the end of each year. Gavi-HSS reports on the status of execution of Source 80 - Gavi Alliance funds, and source 42 - Funding, Transfer of Specific Resources (Own Revenues), this being the Country's counterpart funding), likewise reporting on progress and constraints.

The Sector Plan for 2010-2020 contains the priority guidelines for the health sector, including HSS in its structure, processes and results, and contemplating support in the implementation of SAFCI. These coincide with the actions addressed by Gavi-HSS, focussing their activities on integral mother-and-child health and immunization, contributing to the following indicators:

Policy 1: Single Intercultural Health System

Strategy: Providing universal access to the Single Intercultural Community Health System.
Programme: Community and Intercultural Family Health.
Projects: i) strengthening health networks; ii) quality management, intercultural, gender and generational factors; iii) extension of coverages:

- Investment in infrastructure and primary, secondary and tertiary care equipment.
- Percentage of health networks with access to technology and communications.
- Community health agents working with health networks.
- Percentage of accredited level I establishments.
- Number of cases attended in rural areas by mobile health brigades.
- Pentavalent coverage in < 1 year.

- Institutionalized childbirth coverage.

Policy 2: Governance

Strategy: recovery and consolidation of sovereignty in health care.
Programme: channelling, regulation, oversight and timing of funding.
Projects: 1) strengthening management capacity; ii) quality surveillance in the production of goods and services; iii) implementation of universal health insurance; iv) technology management and investigation.

- % of hospitals managing solid waste according to standard.
- % of cold chain with systems not harmful to the ozone layer.
- % of SEDES in permanent communication with the Ministry of Health.
- Personnel trained in health management with positive performance evaluations.

Policy 3: Social mobilization

Strategy: Raising the priority on health among Bolivian men, women, communities and families.
Program: social management, social mobilization and social oversight.
Projects: 1) active, participative and responsible citizenry with regard to health; ii) alliances with social movements; iii) national, departmental and municipal health councils.

- Percentage of municipal health plans drawn up with social participation
- Alliances with social movements.
- Number of local health committees coordinating with health establishments.
- Number of municipal health councils set up per management area.
- Number of community leaders trained and working in health.

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

Ministry of Health:

- General Directorate of Planning
- General Directorate of Administrative Affairs
- General Directorate of Health Services
- General Directorate of Health Promotion
- Network of Quality and Health Services Unit:
- Community Health and Social Mobilization Unit

These draw up health policies, standards and guides for implementation in their respective areas.

Departmental Health Services - SEDES:

- Networks Unit:
- Health Promotion Unit
- Neonatal, Child, School and Adolescent Healthcare Unit
- Departmental EPI Unit
- Maternal, Sexual and Reproductive Health Unit.
- Health Service Network Coordinators.

These develop operating strategies, apply health policies and conduct surveillance and control at department level.

Autonomous Municipal Corporations: Municipal Council and maximum authority in health at local level

They implement compliance with health policies, draw up municipal health plans and perform regular analyses of improvements and progress in health.

Social oversight: Promulgated by the Act 341 of 5 February 2014 on Social Participation and Oversight, which supervises all levels of the Plurinational State of Bolivia.

- National Health Council
- Departmental Health Council
- Municipal Health Council
- Local Health Committee
- Local Health Authority

These organizations implement participatory health management means of planning, executing, administering, monitoring and social oversight in the taking of health decisions, based on local demands addressed in decision-making spaces (municipal health boards, departmental health boards, national health assembly), and take part alongside the State health structure in the creation of strategies.

Gavi-HSS implements the strategic objectives, in coordination and implementation of activities at all levels, supporting, supervising, monitoring and evaluating all technical and financial levels. Civil society participates in all the activities implemented by Gavi-HSS at local level, being active in decision-making processes and sharing responsibility.

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

Civil society organisations do not receive Gavi-HSS funding, but, as beneficiaries, they are active participants throughout the implementation process.

SACFI, the health policy of the Plurinational State of Brazil, exemplifies a new way of understanding health. It complements and articulates, being in turn complemented and articulated by, healthcare personnel and traditional medicinal providers from the indigenous nations and peoples, with persons, families, communities, the motherland and the cosmos participating in management and oversight processes and integral intercultural health care.

Integral Intercultural Healthcare is the means by which to articulate health teams, persons, families and communities on the basis of health promotion, prevention, treatment and rehabilitation of diseases and injuries, in an appropriate, timely, efficient and effective manner, respecting and valuing the feelings, knowledge, understanding and practices of the population, complementing and sharing with traditional medicine.

Participatory Management and Social Oversight in Health is the co-responsible and joint taking of decisions between social and institutions, with regard to the material resources of the community, autonomous governments and other sectors (education, production, basic sanitation, etc.) in an efficient, harmonious and balanced manner. Its aim is to:

- x Transform social health factors
- x Reorient health services
- x Strengthen traditional medicine
- x Foster healthy habits

These actions are implemented by means of planning, implementation-management and monitoring-social oversight. Social organizations are essential agents in overseeing HSS actions, not only in the decision-making spaces afforded by the municipal health boards, but also in strengthening health systems, by means of the free provision of medical equipment and training aimed at improving health care and response capacity in each of the health establishments in a given municipality.

Co-responsible health decisions are made in a process known as Participatory Health Management. In order for this to work, SAFCI proposes that:

1. The population participates in health management, through the Social Health Structure, an emerging and inherent part of the underlying social organizations, and one which accepts, respects and values different organizational forms at all management levels, ensuring legitimate social representation at each level, interacting with the State in the decision-making process.
2. The State and the State's health sector are articulated to allow cross-sector decision making in the State Health Structure, at all management levels (local, municipal, departmental, national), ensuring that the people are involved in co-responsible decision-making processes at all levels.
3. To consolidate Participatory Health Management, the social health structure and the State health structure interact horizontally in the decision-making process, in cross-sector decision-making spaces in health management. These spaces enable dialogue, consultation, coordination, agreement, consensus, dissent and decision-making with regard to health actions.

They operate at each level of health management, so that public health policies, plans and programmes are defined and implemented in a participatory manner.

Achievements of the Municipal Health Boards:

- Autonomous municipal and indigenous rural corporations developed cross-sector actions to transform social health factors and foster healthy living, by means of drawing up and implementing municipal and indigenous rural health plans.
- Organized civil society has consolidated the actions of the social health structure and participated in social oversight processes in health.
- The social health structure has deepened the implementation of participatory health management processes, by means of ordered, systematic decision-making processes in health management.

Health personnel working in indigenous rural municipalities or territories are implementing actions to transform the health system on the basis of participatory health management processes.

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

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

- Whether the management of HSS funds has been effective: There were no liquidity problems in FY 2014, which facilitated the administration of the Gavi-HSS project. Funds were executed effectively and efficiently, in compliance with current regulations based on national budget implementation oversight policies; accounting records, complying with the AOP.

- Constraints to internal fund disbursement: There were no constraints in FY 2014.

- Actions taken to address any issues and to improve management: Gavi-HSS has embarked on processes to improve coordination and has requested support from the technical and administrative authorities to expedite processing and to comply with planning for FY 2014. These processes include changes in the technical-administrative team and to stability in its members, for improved efficiency and effectiveness.

- Any changes to management processes in the coming year In FY 2014 actions were taken to improve technical-administrative aspects, to ensure the efficient and effective management of funding, continuing into FY 2015. The Gavi-HSS team is in the process of closing FY 2015.

8.5 Planned HSS Activities for 2015

Please use Table **8.4** to provide information on progress of activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.4: Planned activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past APR reviews)	**2015 actual expenditure** (to April 2015)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)

Activity 1.1	Strengthen the structure of health establishments to improve their response capacity, by delivering basic medical equipment.	941395	539775	0	-	
Activity 1.2	Create spaces in which to develop Municipal Health Boards, in order to reach management agreements	509918	84691	0	-	
Activity 1.3	Evaluate compliance with multi-programme activities relating to integral mother and child health and immunization in the 37 municipalities	44346	0	0	-	
Activity 2.1	Evaluate compliance with multi-programme activities relating to integral mother and child health and immunization in the 37 municipalities	153642	121631	0	-	
Activity 2.2	Coordination and technical support for the implementation of Gavi-HSS project activities	776022	144882			
		2425323	890979			0

8.6. Planned HSS Activities for 2016

Please use Table **8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	**Planned Activity for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during past APR reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2016** (if relevant)
		0			

8.7. Revised indicators in case of reprogramming

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

8.8 Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

Donor	Amount US$	Duration of support	Type of activities funded
Inter-American Development Bank	350000	5 years	Infrastructure, equipment
World Bank (APL III project)	1850000	3 years	Strengthening of infrastructure, medical equipment and response capacity.
FORTALESS funds accepted by the Ministry of Health	350000	3 years	Health systems and services

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

8.9 Reporting on the HSS grant

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

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

Table 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Document C 31	Integrated System for Administrative Management and Upgrading (SIGMA)	
Technical reports (on all activities undertaken)	With the approval of Gavi-HSS authorities	
Strategic Municipal Health Plan	Validated by the Ministry of Health/ Gavi-HSS	
Municipal Health Development Plans	Validated by the Municipal Health Boards (autonomous municipal corporations, social health structure)	
SNIS-VE	Ministry of Health National Health Information System, as recognized in its organic structure.	
Graphic testimony	Official validation of activities performed	

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

Partial SNIS-VE information is available for FY 2014. Changes in operating personnel makes it difficult to compile information. Multi-programme activities while this report was being drawn up (Vaccination Week in the Americas) made it difficult to process information in a timely manner.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?

Please attach:

1. Minutes of HSCC meetings in 2015 endorsing this report **(Document No: 6)**
2. The latest Health Sector Review report

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

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

Bolivia has not received Gavi TYPE A CSO support

Bolivia is not reporting on Gavi TYPE B CSO support for 2014

9.2 TYPE B: Support for CSOs to help implement the Gavi HSS proposal or cMYP

Bolivia has not received Gavi Type B CSO support

Bolivia is not reporting on Gavi TYPE B CSO support for 2014.

10 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

11 Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus Gavi will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, Gavi requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from Gavi during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year.

e. Closing balance as of 31 December 2014.

f. A detailed analysis of expenditures during 2014, based on **your government's own system of economic classification**. This analysis should summarize total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages and salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the US exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the Gavi Alliance in its review of the financial statements.

V. Although accounts do not have to be audited/certified before being submitted to Gavi, it will be understood that accounts will be examined exhaustively during each of the country's external audits for 2014. Audits for ISS are due to the Gavi Secretariat 6 months following the close of each country's financial year.

11.2 Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS AND VACCINE INTRODUCTION GRANT** FINANCIAL STATEMENTS

Example statement of income & expenditure

Summary of income and expenditure – Gavi ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31 December 2013*)	25,392,830	53.000
Summary of income received during 2014		
Income received from Gavi	57,493,200	120.000
Income from interest	7,665,760	16.000
Other income (fees)	179.666	375
Total Income	38,987,576	81.375
Total expenditure during 2014	30,592,132	63.852

Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – Gavi ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in US$**
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance & overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

11.3. Annex 3 – Terms of reference HSS

Terms of Reference:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEM STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus Gavi will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, Gavi requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from Gavi during 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year.

e. Closing balance as of 31 December 2014.

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the Gavi Alliance in its review of the financial statements.

V. Although accounts do not have to be audited/certified before being submitted to Gavi, it will be understood that accounts will be examined exhaustively during each of the country's external audits for 2014. Audits for HSS are due to the Gavi Secretariat 6 months following the close of each country's financial year.

11.4 Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS**

Example statement of income & expenditure

Summary of income and expenditure – Gavi HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31 December 2013*)	25,392,830	53.000
Summary of income received during 2014		
Income received from Gavi	57,493,200	120.000
Income from interest	7,665,760	16.000
Other income (fees)	179.666	375
Total Income	38,987,576	81.375
Total expenditure during 2014	30,592,132	63.852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - Gavi HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in US$**
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance & overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

11.5. Annex 5 – Terms of reference CSO

Terms of reference

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus Gavi will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, Gavi requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interests, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014.

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages and salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the Gavi Alliance in its review of the financial statements.

V. Although accounts do not have to be audited/certified before being submitted to Gavi, it will be understood that accounts will be examined exhaustively during each of the country's external audits for 2014. Audits for CSO 'Type B' are due to the Gavi Secretariat 6 months following the close of each country's financial year.

11.6 Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B' FINANCIAL STATEMENTS** *Example statement of income & expenditure*

Summary of income and expenditure – Gavi CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31 December 2013*)	25,392,830	53.000
Summary of income received during 2014		
Income received from Gavi	57,493,200	120.000
Income from interest	7,665,760	16.000
Other income (fees)	179.666	375
Total Income	38,987,576	81.375
Total expenditure during 2014	30,592,132	63.852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125.523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - Gavi HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in US$**
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance & overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditures						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

12. Attachments

#	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Firma Ministra de Salud.pdf **File desc:** **Date/Time:** 15/05/2015 06:08:00 **Size:** 1 MB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Firma Ministro de Economia y Finanzas Públicas.pdf **File desc:** **Date/Time:** 03/06/2015 09:08:08 **Size:** 1 MB
3	Signatures of members of HSCC	2.2	✓	Firmas Cómite Interagencial.pdf **File desc:** **Date/Time:** 03/06/2015 09:37:10 **Size:** 4 MB
4	Minutes of ICC meeting in 2015 endorsing APR 2014	5.4	✓	acta CCI 2015.pdf **File desc:** **Date/Time:** 03/06/2015 09:32:34 **Size:** 955 KB
5	HSCC signatures page	2.3	✓	2.3 Firmas del COCOTEC.pdf **File desc:** **Date/Time:** 15/05/2015 04:25:26 **Size:** 3 MB

6	Minutes of 2015 HSCC meeting endorsing 2014 APR	8.9.3.	✓	Acta de reunión del COCOTEC.pdf **File desc:** **Date/Time:** 15/05/2015 04:29:59 **Size:** 3 MB
7	Financial statement for ISS grant (FY 2014) signed by the Chief Accounting or Permanent Secretary in the Ministry of Health	6.2.1.	✗	GAVI portfolio 2014 financial reports.pdf **File desc:** **Date/Time:** 29/06/2015 05:39:54 **Size:** 3 MB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3.	✗	GAVI portfolio 2014 financial reports.pdf **File desc:** **Date/Time:** 29/06/2015 05:40:09 **Size:** 3 MB
9	Post Introduction Evaluation Report	7.2.1.	✗	GAVI portfolio 2014 financial reports.pdf **File desc:** **Date/Time:** 29/06/2015 05:40:27 **Size:** 3 MB
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1.	✓	GAVI portfolio 2014 financial reports.pdf **File desc:** **Date/Time:** 29/06/2015 05:40:39 **Size:** 3 MB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditure in 2014 is greater than US$ 250,000	7.3.1.	✓	GAVI portfolio 2014 financial reports.pdf **File desc:** **Date/Time:** 29/06/2015 05:40:51 **Size:** 3 MB

12	Evaluation reports on effective vaccine storage management/ vaccine management/ effective vaccine management	7.5	✓	Evaluación de la gestión eficaz de las vacunas del PAI.DOCX **File desc:** **Date/Time:** 29/06/2015 05:41:16 **Size:** 387 KB
13	Latest EVSM/VMA/GEV improvement plan	7.5	✓	Latest EVSM-VMA-EVM report - 1 - SP.docx **File desc:** **Date/Time:** 29/06/2015 05:41:29 **Size:** 387 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Latest EVSM-VMA-EVM improvement plan - 1 - SP.pdf **File desc:** **Date/Time:** 29/06/2015 05:41:44 **Size:** 1 MB
16	Valid cMYP if extension of grant requested	7.8	✗	Valores 2016_2018 para Informe Progreso 2014.xlsx **File desc:** **Date/Time:** 29/06/2015 05:42:11 **Size:** 13 KB

17	Valid tool to calculate cost of cMYP if extension of grant requested	7.8	✗	Valores 2016_2018 para Informe Progreso 2014.xlsx **File desc:** **Date/Time:** 29/06/2015 05:42:21 **Size:** 13 KB
18	Minutes of ICC meeting endorsing extended funding for vaccines, if applicable	7.8	✗	Firmas Cómite Interagencial.pdf **File desc:** **Date/Time:** 29/06/2015 05:42:40 **Size:** 4 MB
19	Financial statement for HSS grant (fiscal year 2014) signed by the Chief Accounting or Permanent Secretary in the Ministry of Health	8.1.3.	✓	Estados Financieros del 01 de enero al 31 de diciembre de 2014.pdf **File desc:** **Date/Time:** 15/05/2015 04:44:51 **Size:** 27 MB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3.	✓	Estados Financieros del 01 de enero al 30 de abril de 2015.pdf **File desc:** **Date/Time:** 15/05/2015 04:52:40 **Size:** 11 MB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3.	✓	Bolivia_Informe_Auditoria Gavi_Preliminar.docx **File desc:** **Date/Time:** 15/05/2015 05:02:29 **Size:** 177 KB
22	HSS Health Sector review report	8.9.3.	✓	Audiencias de Evaluación de Gestión.rar **File desc:** **Date/Time:** 15/05/2015 05:12:37 **Size:** 23 MB
23	Yearly inventory report for CSO Type A	9.1.1.	✗	2.3 Firmas del COCOTEC.PDF **File desc:** **Date/Time:** 29/06/2015 05:43:14 **Size:** 3 MB
24	Financial statement for CSO Type B funding (fiscal year 2014)	9.2.4.	✗	2.3 Firmas del COCOTEC.PDF **File desc:** **Date/Time:** 29/06/2015 05:43:25 **Size:** 3 MB
25	External audit report for CSO Type B (fiscal year 2014)	9.2.4.	✗	2.3 Firmas del COCOTEC.PDF **File desc:** **Date/Time:** 29/06/2015 05:43:35 **Size:** 3 MB

26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1 January and (kk) 31 December 2014	0	✓	GAVI portfolio 2014 financial reports.pdf **File desc:** **Date/Time:** 29/06/2015 05:45:08 **Size:** 3 MB
27	Actas_ reunión_ Comité de Coordinación Interagencial_ cambio _de_presentación_vacunas	7.7	✗	Firmas Cómite Interagencial.pdf **File desc:** **Date/Time:** 29/06/2015 05:45:20 **Size:** 4 MB
28	Justification for changes in target population	5.1	✗	APR_2014_BOL.2015.06.25.docx **File desc:** **Date/Time:** 29/06/2015 05:45:39 **Size:** 283 KB
	Other Document		✗	ACTAS EQUIPO MEDICO.rar **File desc:** **Date/Time:** 15/05/2015 05:50:49 **Size:** 90 MB Adquisición de Guía de Conducta.rar **File desc:** **Date/Time:** 15/05/2015 06:05:00 **Size:** 4 MB Adquisición de mochilas de campo.rar **File desc:** **Date/Time:** 15/05/2015 06:12:09 **Size:** 5 MB AGRADECIMIENTOS.rar **File desc:** **Date/Time:** 15/05/2015 06:16:27 **Size:** 1 MB Auditoría de Confiabilidad 2014.pdf **File desc:** **Date/Time:** 15/05/2015 05:15:19 **Size:** 5 MB Banners, Tripticos, Gigantografias resized.rar **File desc:** **Date/Time:** 27/05/2015 04:25:03 **Size:** 45 MB

	Other Document		✗	Gestión de Calidad Betanzos y Chaqui.rar **File desc:** **Date/Time:** 19/05/2015 04:55:05 **Size:** 22 MB

				Gestión de Calidad Cotagaita y Vitichi.rar **File desc:** **Date/Time:** 19/05/2015 05:04:08 **Size:** 19 MB
				Gestión de Calidad P´RONAC´S Oruro.rar **File desc:** **Date/Time:** 19/05/2015 04:36:55 **Size:** 15 MB
				Guías de procedimientos municipal y local.pdf **File desc:** **Date/Time:** 15/05/2015 05:56:55 **Size:** 6 MB
				Mesas Municipales.rar **File desc:** **Date/Time:** 20/05/2015 10:30:27 **Size:** 148 MB
				Proceso bombas de infusión.pdf **File desc:** **Date/Time:** 15/05/2015 06:01:31 **Size:** 7 MB
				Solicitud Auditoria Especial.pdf **File desc:** **Date/Time:** 15/05/2015 06:02:18 **Size:** 713 KB
				Taller cancer de cuello uterino.rar **File desc:** **Date/Time:** 20/05/2015 08:57:10 **Size:** 17 MB
				Taller de capacitación en Santa Cruz.rar **File desc:** **Date/Time:** 20/05/2015 09:06:33 **Size:** 40 MB