



# Annual Progress Report 2008

Submitted by

The Government of

*Honduras*

Reporting on year: 2008

Requesting for support year: 2010 to 2011

Date of submission: May 12<sup>th</sup> 2009

**Deadline for submission: May 15<sup>th</sup> 2009**

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

and any hard copy could be sent to :

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## ICC Signatures Page

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

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dra. Lilian Reneau – Vernon	PAHO/WHO		25/03/09
Sr. Sergio Guimaraes	UNICEF		25/03/09
Sra. Enma Iriarte	USAID		25/03/09
Dr.. Fernando Tomé Abarca	Inter-American Children Institute		25/03/09

**Comments from partners:**

You may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
 All comments will be treated confidentially

As this report been reviewed by the GAVI core RWG: y/n Yes

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

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

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of ..... Honduras.....

**Minister of Health: Dr. Carlos Aguilar**

**Minister of Finance: Lic. Rebeca Santos**

Title: Minister of Health.....

Title: Minister of Finances.....

Signature: .....

Signature: .....

Date: 04/30/09.....

Date: 05/05/09.....



*This report has been compiled by:*

Full name: . Dr. Ida Berenice Molina.....

Position: .. Chief of EPI.....

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Full name: . Dr. Yaneth Aguilar.....

Position: .. Technical Officer, Unit of Management Planning and Evaluation.....

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## HSCC Signatures Page

*In the country is reporting on HSS, CSO support*

### 3.1.

We, the undersigned members of the National Health Sector Coordinating Committee, Carlos Aguilar, Raul Leitzelar, Belinda Montejo, Eduardo Villars, Kenya Bautista, Mirian Chavez, Selim Nazar, Jorge Sierra, Gregorio Gonzalez, Jessica Ayes, Leonardo Villeda, endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal)

		Signature	Date
			4/05/09
			7/05/09
			7/05/09
			7-5-09
			5/05/09
Leonardo Villeda	FONAC		
Jessica Ayes	COHEP		

Agency/Organisation

Carlos Aguilar Pineda

Minister of health

Raul Leitzelar

Colegio Químico  
Farmaceutico /

Belinda Montejo

Colegio de  
Enfermeras  
Profesionales

Eduardo Villars Appel

Colegio de Cirujanos  
Dentistas

Kenia Bautista

OPS/OMS Honduras

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Selim Nazar

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Comments from partners:

You may wish to send informal comment to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

Jorge Sierra

UPEG/Secretaria  
Salud

Gregorio Gonzalez

Colegio de Psicologos

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

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NOT APPLICABLE

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

Name: .....  
 Post: .....  
 Organisation:.....  
 Date: .....  
 Signature: .....

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

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: .....  
 Post: .....  
 Organisation:.....  
 Date: .....  
 Signature: .....

We, the undersigned members of the National Health Sector Coordinating Committee, ..... (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....


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

## GLOSSARY

<p>A/E: Auxiliary Nurse</p> <p>AIEPI: Integral Care of Prevalent Diseases of Infancy</p> <p>AINC: Integral Care of Children based on the Community</p> <p>AMHON: Association of Honduran Municipalities</p> <p>ATA: Ambulatory Care Registry</p> <p>COHEP: Honduran Private Enterprise Council</p> <p>CONSALUD: National Health Council</p> <p>FONAC: National Convergence Forum, a civil society organization</p> <p>HSS/GAVI: Health Service Strengthening within the Global Alliance of Vaccines and Immunization framework</p> <p>IHSS: Honduran Social Security Institute</p> <p>LINVI: Integrated Surveillance Children List</p> <p>LISEM: Pregnant Women List</p> <p>LISMEF: Women of Fertile Age List</p> <p>LINVAC: Vaccination List</p> <p>MI: Maternal-child</p> <p>OPS/OMS: Pan-American Health Organization / World Health Organization</p> <p>EPI: Expanded Program on Immunization</p> <p>PBSS: Health Service Basic Kit</p> <p>RAMNI: Accelerated Reduction of Maternal and Newborn Mortality</p> <p>TSC: Superior Court of Audit</p> <p>UPEG: Management Planning and Evaluation Unit</p> <p>US: Health Unit</p> <p>MRC: Rapid Coverage Monitoring</p>
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*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provide*



**Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)**

Number	Achievements as per JRF	Targets							
	2008	2009	2010	2011	2012	2013	2014	2015	
Births	180677	199900	200506	201611	202534	203269	203807	204345	
Infants' deaths	4155	4598	4611	4637	4658	4675	4688	4700	
Surviving infants	176522	195302	195895	196974	197876	198593	199119	199645	
Pregnant women	212561	235176	235889	237189	238275	239140	239772	240405	
Target population vaccinated with BCG	182547	181909	184466	185482	186331	187007	187502	187997	
BCG coverage*	100%	91%	92%	92%	92%	92%	92%	92%	
Target population vaccinated with OPV3	168801	177911	180455	181450	182281	182942	183426	183,911	
OPV3 coverage**	93%	90%	90%	90%	90%	90%	90%	90%	
Target population vaccinated with DTP (DTP3)***	168744	177911	180455	181450	182281	182942	183426	183,911	
DTP3 coverage**	93%	90%	90%	90%	90%	90%	90%	90%	
Target population vaccinated with DTP (DTP1)***	173049	179910	182460	183466	184,306	184975	184975	185954	
Wastage rate in base-year and planned thereafter	5%	5%	5%	5%	5%	5%	5%	5%	
<b>Duplicate these rows as many times as the number of new vaccines requested</b>									
Target population vaccinated with 2 <sup>rd</sup> dose of Rotavirus		178910	180909	182458	183293	183,958	184,445	184,932	
..... Coverage**		90%	90.5%	90.5%	90.5%	90.5%	90.5%	90.5%	
Target population vaccinated with 1 <sup>st</sup> dose of		179910	182460	183466	184306	184975	184975	185954	
Wastage <sup>1</sup> rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%	
Target population vaccinated with 3 <sup>rd</sup> dose of Pneumococcus		88777	180455	181450	182281	182942	183426	183911	
..... Coverage**		44%	90%	90%	90%	90%	90%	90%	
Target population vaccinated with 1 <sup>st</sup> dose of Pneumococcus		89955	182460	183466	184306	184,975	184,975	185,954	
Wastage <sup>1</sup> rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%	
Target population vaccinated with 1 <sup>st</sup> dose of Measles	167841	175353	175771	176305	177276	178088	178733	179207	
Target population vaccinated with 2 <sup>nd</sup> dose of Measles	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Measles coverage**	95%	90%	90%	90%	90%	90%	90%	90%	
Pregnant women vaccinated with TT+	N/A	35276	35383	35578	35741	35871	35965	36060	
TT+ coverage****	N/A	15%	15%	15%	15%	15%	15%	15%	
Vit A supplement	Mothers (<6 weeks from delivery)	130316	141106	141533	142343	142965	143484	143863	144243
	Infants (>6 months)	157748	179910	180455	181450	182280	182942	183426	183964
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	2.5%	1%	1%	1%	1%	1%	1%	1%	
Annual Measles Drop out rate (for countries applying for YF)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

**Table B: Updated baseline and annual targets**

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	180677	179571	178197	177733	178220	181459	178745	178754
Infants' deaths	4155	4130	4098	4088	4099	4174	4111	4111
Surviving infants	176522	175441	174099	173645	174121	177285	174634	174634
Pregnant women	212561	211260	209643	209097	209671	213481	210288	210300
Target population vaccinated with BCG	182547	175960	174633	174178	174656	177830	175170	175176
BCG coverage*	100%	98%	98%	98%	98%	98%	98%	98%
Target population vaccinated with OPV3	168801	170592	169287	168846	169309	172386	169808	169816
OPV3 coverage**	93%	95%	95%	95%	95%	95%	95%	95%
Target population vaccinated with DTP (DTP3)***	168744	170592	169287	168846	169309	172386	169808	169816
DTP3 coverage**	93%	95%	95%	95%	95%	95%	95%	95%
Target population vaccinated with DTP (DTP1)***	173049	170394	171069	170623	171091	174200	171595	171604
Wastage rate in base-year and planned thereafter	5%	5%	5%	5%	5%	5%	5%	5%
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 2 <sup>rd</sup> dose of Rotavirus		170763	169287	168846	169309	172386	169808	169816
..... Coverage**		95%	95%	95%	95%	95%	95%	95%
Target population vaccinated with 1 <sup>st</sup> dose of Rotavirus		172388	171069	170623	171091	174200	171595	171604
Wastage <sup>1</sup> rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%
Target population vaccinated with 2 <sup>rd</sup> dose of Pneumococcus		85299	169287	168846	169309	172386	169808	169816
..... Coverage**		47.5%	95%	95%	95%	95%	95%	95%
Target population vaccinated with 1 <sup>st</sup> dose of Pneumococcus		89788	171069	170623	171091	174200	171595	171604
Wastage <sup>1</sup> rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%
Target population vaccinated with 1 <sup>st</sup> dose of Measles	167841	167695	166669	165394	164962	165415	168420	165902
Target population vaccinated with 2 <sup>nd</sup> dose of Measles	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Measles coverage**	95%	95%	95%	95%	95%	95%	95%	95%
Pregnant women vaccinated with TT+	N/A	31689	31446	31364	31450	32,022	31543	31545
TT+ coverage****		15%	15%	15%	15%	15%	15%	15%
Vit A supplement		130316	128882	127882	127549	127899	130223	128275
		157718	160614	160377	159959	160398	163313	160870
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	2.5%	1%	1%	1%	1%	1%	1%	1%
Annual Measles Drop out rate (for countries applying for YF)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

## 1. Immunization Programme Support (ISS, NVS, INS)

### 1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

In order to prepare the Annual Income and Expense Budget of the Ministry of Health, the EPI prepares an Operative Annual Plan (POA or Plan Operativo Anual) which specifies the contributions made by foreign cooperation agencies based on the 2006-2010 Five-Year Plan, including the funding provided by GAVI. The POA is consolidated and included in the budget of the Department of Health Promotion of the Ministry of Health for 2008.

At the same time, the Investment and Project Analysis Department, dependent on the Management Planning and Evaluation Unit (UPEG) of the Ministry of Health, sends a quarterly executive record of foreign projects to the Department of Public Investments of the Ministry of Finance, which reflects this information in the Integrated Financial Management System (SIAFI) kept by the State.

#### 1.1.1 Management of ISS Funds

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).*

*Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

**Background**

On February 15<sup>th</sup> 2007, GAVI notified the Ministry of Health that they have approved the project "Immunization Services Support" (ISS) for a total amount of US\$ 93,000, divided into two disbursements during 2007 (combined of US\$ 46,500) and a third disbursement of US\$ 46,500 during 2008.

On November 19<sup>th</sup> 2008, GAVI's Executive Secretary sent to the Minister of Health Letter No. GAVI/08/408/bw by which he notified the decision to temporarily suspend the disbursement of investments and bonuses for the support of immunization services until the problems related to the measurement of performance identified during some studies conducted in several GAVI eligible countries have been solved satisfactorily.

On February 18<sup>th</sup> 2009, GAVI's Executive Secretary sent a letter to the Ministers of Health which notifies the resumption of GAVI's of ISS funding.

**Mechanism**

The Pan-American Health Organization (PAHO) manages funds with exemption from any administrative fees.

For the execution of financing, the EPI (by means of the Ministry of Health) presents requests to PAHO for disbursements programmed according to the annual plan of action (2008); the funds are allocated to the Administrative Management of the Ministry of Health and deposited into a checking account of the Ministry of Health. Upon official request of the EPI, PAHO issues a check payable to EPI that is deposited into a checking account registered on behalf of Expanded Program on Immunization – Pan-American Health Organization – Minister of Health. The elapsed time between the request of the funds and their availability is on average 35 days.

On November 2008, PAHO notified EPI about a modification in the requests of funds for activities that are not related to training by means of an Agreement signed by the Ministry of Health, the Expanded Program on Immunization and the Pan-American Health Organization / World Health Organization. The elapsed time between the request and the availability of funds is now of three months.

**Role of the ICC**

EPI keeps the Inter-Agency Coordinating Committee on Health informed through meetings and technical documents about the situation of the program and the execution of the projects, including GAVI financing.

**Problems presented**

Due to partial and late allocation of funds as established by the new mechanism contained in the agreement signed with PAHO, EPI has had to re-schedule certain activities.

## 1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: \$ 46,500.

Remaining funds (carry over) from 2007: \$22,062.11

Balance to be carried over to 2009: \$ 49,760.87

Table 1.1: Use of funds during 2008\*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision	3689.32	3689.32			
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Vaccination Operations	15000.00			15000.00	
Translation	613.76	613.76			
Printing of material	1973.94			1973.94	
<b>Total:</b>	<b>21277.02</b>	<b>4303.08</b>		<b>16973.94</b>	
<b>Remaining funds for next year:</b>	<b>49,760.87</b>				

### 1.1.3 ICC meetings

How many times did the ICC meet in 2008? Two

**Please attach the minutes (DOCUMENT N°:01...) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.**

Are any Civil Society Organizations members of the ICC: **[Yes/No]**  
if yes, which ones?

**Yes**

List of civil society organizations that are part of the ICC.

Association of Honduran Municipalities, Medical College of Honduras, Pediatric Association of Honduras, Military Health, Nurses College, Auxiliary Nurses Association, Federation of Private Development Organizations (FOPRIDE).

NGOs: American Red Cross, Canadian Red Cross, Save The Children, Plan International, World Relief, Project Hope, CARE,

(Cooperation Agencies: PAHO/WHO, UNICEF, USAID, IIN, Canadian International Development Agency, Church of Jesus Christ of the Latter Day Saints.)

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

*During 2008, the following activities were conducted with GAVI/ISS funds:*

1. *Supplementary vaccination operations in municipalities of the departmental Regions that have coverage <95% for third dose of pentavalent vaccine. The following departments were prioritized: Olancho, Metropolitan Region of San Pedro Sula, El Paraiso, Yoro and Choluteca.*
2. *National meeting with departmental teams for evaluation of the EPI.*
3. *Supervision of the situation of EPI in all components of Departmental Regions at risk, included execution of Rapid Coverage Monitoring (MRC or Monitoreo Rápido de Cobertura) within at-risk municipalities of prioritized departmental Regions*
4. *Printing of charts for local monitoring of vaccination coverage in children <2 years.*
5. *Translation of Progress Report 2007 and annexes sent to GAVI.*

### Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°...02...) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°...03...) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°...04...) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

### 1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:



An International EPI Evaluation was conducted by PAHO in August 2007. The Immunization Data Quality Audit included five Departmental Regions: Atlántida, Comayagua, Olancho, Santa Barbara and Yoro. The verification factor was 97% for Pentavalent 1 y 98% for Pentavalent 3 and the main recommendations were the following:

1. Each Department shall ensure that all Health Units have sufficient and updated documentation (forms, coverage charts and other EPI documents, which shall indicate the date of the last update) concerning the population they serve.
2. Strengthen the appropriate use of LINVI by better training and supervision. It would be important to standardize the management of vaccinated people out of the area.
3. Provide computing equipment and SIVAC to the intermediate administrative level as well as internet to each Departmental Region so that they could send information.
4. Establish guidelines concerning the local use of maps and diagrams for monitoring vaccination and surveillance coverage.
5. Enforce the compliance of MRC of the sustained program at different levels. The minimum number of MRC to be conducted per year could be standardized.
6. Strengthen the monitoring of the number of first, second and third doses of pentavalent and re-evaluate how to make operational the use of the drop-out rate indicator at health units. The use of charts on the first and second doses of pentavalent could also be considered.
7. Train more human resources in the use of SIVAC at the central level.

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Recommendations were addressed in different components of the National Plan of Action of the Expanded Program on Immunization (EPI) for 2008 in Honduras; other recommendations were implemented through technical guidelines. Below you will find the status of each recommendation and the progress made in its implementation:

#### **Status of Progress in Implementation of DQA Recommendations**

1. Complied with annually. Each year, EPI provides all 20 Departmental Regions with sufficient supplies for information system registry, except for registration forms given that Regions are no longer responsible of this activity.
2. Re-scheduled. This recommendation is in process of execution during 2009 due to logistic and financing problems.
3. (a) Not executed; (b) Executed. Included in EPI Action Plan 2008 within the component of Biologicals, equipment and infrastructure without financing. All 20 Regions have hired internet service paid with national funds.
4. In process. Guidelines for the departmental level were established so that each departmental and municipal analysis unit strengthens the use of maps and diagrams. Supervisors have identified that there are still some problems.
5. Completed. The technical document was reviewed and the application of MRC was standardized at the local level through the supervision process.
6. Completed. The recommendation of using coverage monitoring charts at the local level was implemented.
7. In process. Statistics Department at the central level trained a person, but he presented his resignation. There is shortage of staff in this department.

#### **Annex 5**

The sheets containing the components where recommendations were included to EPI Action Plan 2008 are enclosed; such recommendations are in bold type.

**Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [08/2007]**

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List of studies conducted:

2008 **Verification of coverage of the Measles and Rubella Follow-up Campaigns through MRC, conducted by PAHO/WHO in June-July 2008; this study found coverage of 94%, above administrative data.**

Problems in the collection and notification of administrative data:

- Local monthly reports are delivered late to the municipal and departmental level. The rule establishes that monthly reports shall be submitted to the departmental level within the first five days of the following month.
- Monthly registries of vaccinated newborns are delivered late to the regional level.

## 1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

### 1.2.4. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

*In 2008, we did not introduce any new or under-used vaccine into the national schedule. In April 2008, we requested GAVI to change the requested liquid presentation that was approved in 2007 to a lyophilized presentation given that the introduction date was scheduled for July 2008 and up to that date the liquid presentation had not been pre-qualified by WHO and therefore could not be acquired using the Revolving Fund, as required by the Honduran Vaccine Law. Considering that the PAHO Revolving Fund now has the liquid form of the rotavirus (Rotarix) vaccine, at the same price of the lyophilized form, the country requests a change in GAVI support for this new presentation starting on the second semester of 2009.*

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Rotavirus	One dose	120,400	February 16 <sup>th</sup> 2009	December 12 <sup>th</sup>

Please report on any problems encountered.

*We present below the problems encountered in different components of the Introduction Plan during the introduction of the rotavirus vaccine:*

#### **Program**

- The National Statistics Institute (INE) adjusted the population <1 year and the population aged 1 to 4 years for the period 2004-2015; these age groups were reduced significantly in comparison with the projections established according to the Population and Housing Census of 2001. This prompted an adjustment of vaccine requirements.*

#### **Acquisition of the vaccine**

- Even though Honduras transferred the co-financing for the rotavirus vaccine to the Revolving Fund in January 2008, GAVI disbursed NVS-rotavirus funds (in December) after the programmed introduction date; this situation delayed the arrival of the rotavirus vaccine to Honduras.*

#### **Training**

- The training plan was re-scheduled and financing allocated by UNICEF for 2008 was lost.*

#### **Information, Education and Communication (IEC)**

- No official letter was sent by GAVI to the Ministry of Health explaining the reasons for the delay in the arrival of the rotavirus vaccine or the non-delivery of the 7-valent pneumococcal vaccine.*
- The credibility of the Ministry of Health and EPI before the population was negatively affected given that the introduction of the rotavirus vaccine was first announced for July 2008, then changed to the end of 2008 and finally postponed to 2009 without a definite launch date given the lack of clarifications from the GAVI Secretariat.*

### 1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

These are the main activities that have been undertaken for the introduction of rotavirus and pneumococcal vaccines within the framework of the Strategic Plan for the Introduction of Vaccines:

- Assessment of the storage capacity of the cold chain;
- Equipping of the cold chain at the local level;
- Preparation and implementation of the children communication strategy with comprehensive approach for the prevention of diarrhea, at the national level;
- Production of communication material: radio spots, radio serial, flyers, brochures, scheme posters;
- Review and adaptation of EPI manual and computerized information system (Vac1, Vac2, LINVI, SIVAC, cards, programming booklets, coverage monitoring diagram); then, printing and distribution of rotavirus and pneumococcal material;
- Programming of □valuative and supplies according to target population an vaccination schedule;
- Payment of the national co-financing and follow-up of the acquisition of rotavirus vaccine with the Revolving Fund;
- Reception of the rotavirus vaccine at the central level and quarterly distribution to Health Departmental Regions;
- Preparation of the manual of operating guidelines for the introduction of the rotavirus vaccine and the surveillance of intestinal □valuative□n□ons;
- Preparation of the National Training Plan for the introduction of the rotavirus vaccine;
- Training of health staff at the national level, social security staff, NGOs, professional associations, and trainers of health staff at schools;
- Radio campaigns and distribution of informative material;
- National assessment of progress in the introduction of rotavirus vaccine;

**Strengthening of immunization services, main activities were:**

- Strengthening of the EPI Information, Education and Communication Plan through radio and television spots, brochures, and provision of megaphones and loudspeakers;
- Assessment of vaccination data quality in 55% health regions in coordination with the Epidemiology Diplomate;
- Vaccination campaigns in municipal health units located in communities at risk;
- Monthly monitoring of vaccination coverage at all levels;
- Systematic supervision of EPI at all levels;
- Biannual assessment of EPI at the national, departmental and municipal level;

**Problems encountered:**

- Logistic problems in vaccination and supervision activities at all levels;
- Health units closed due to lack of human resources in rural areas;
- Shortage in the supply of fuel for vehicles;
- Labor strikes of the health staff at the local level;
- Nationwide increase of crime levels and insecurity which limits systematic extramural vaccination activities.

### 1.2.3 Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: *[26/03/2008]*

*Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	\$200,000	Several dates according to each activity: from June 2008 to January 2009	\$127,503	- Printing of technical guidelines; - Printing of surveillance forms; - Training of health staff; - Supervision	Cooperation requests for training activities were re-scheduled due to the delay in the arrival of the vaccine.

### 1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

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

***No assessment was conducted given that the vaccine was introduced in February 2009 and according to the guidelines, the assessment shall be conducted the year after the new vaccines is introduced (2010).***

*If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.*

[List major recommendations]

Was an action plan prepared following the EVSM/VMA? Yes/No

*If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.*

[List main activities]

When will the next EVSM/VMA\* be conducted? *[mm/yyyy]*

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

**Table 1.2**

<b>Vaccine 1: .... Rotavirus.....</b>	
<b>Anticipated stock on 1 January 2010</b>	..... <b>89,800</b> .....
<b>Vaccine 2: ....Pneumococcal.....</b>	
<b>Anticipated stock on 1 January 2010</b>	..... <b>83,530</b> .....
<b>Vaccine 3: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....

Injection Safety

**1.1.1 Receipt of injection safety support (for relevant countries)**

Are you receiving Injection Safety support in cash or supplies?..... **NO**.....

*If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).*

<b>Injection Safety Material</b>	<b>Quantity</b>	<b>Date received</b>

*Please report on any problems encountered.*

[List problems]

**1.1.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.**

*If support has ended, please report how injection safety supplies are funded.*

Honduras received support from GAVI for the implementation of the National Injection Safety Plan in its vaccination services. The acquisition of supplies for injection safety such as AD syringes and safety boxes is still financed with national funds.

*Please report how sharps waste is being disposed of.*

Health establishments dispose of syringes and needles used in vaccination services using safety boxes; solid vaccination wastes are destroyed through different methods: portable needle destroyer devices, burial in safety pits or municipal dumpsites in the case of large cities.

*Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.*

Considering that Honduras introduced AD syringes and safety boxes in the 1990s, we consider that problems have already been overcome.

**1.1.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)**

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

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

## **Vaccine Immunization Financing, Co-financing, and Financial Sustainability**

**Table 2.1: Overall Expenditures and Financing for Immunization**

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year 2009	Reporting Year 2010
	Expenditures	Budgeted	Budgeted
<b>Expenditures by Category</b>			
Traditional Vaccines	\$9,724,225	\$8,058,100	\$8,543,207
New Vaccines	\$108,500	\$6,365,000	\$6,171,500
Injection supplies	\$70,875	\$87,800	\$246,193
Cold Chain equipment	\$666,700	\$1,331,500	\$441,300
Operational costs	\$996,700	\$1,795,300	\$1,100,000
Other (please specify)	\$1,777,800	\$1,440,800	\$1,544,700
<b>Total EPI (includes state health services)</b>	<b>\$13,345,800</b>	<b>\$19,078,500</b>	<b>\$18,046,900</b>
<b>Total Government Health</b>			

<b>Exchange rate used</b>	Lempiras 18.89 per US\$
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

When analyzing immunization expenditures trends for period 2008-2010, we observe a decrease in the total budget and traditional vaccines but an increase in new vaccines; it shall be mentioned that the line item for new vaccines considers the amount approved by GAVI to support the introduction of the 7-valent pneumococcal vaccine is considered under the, not the real price of the vaccine which is now of \$21.75 which would increase the expenditures to more than \$20 million. The expenditures in supplies also will increase for 2010, as reserve stocks are utilized. An irregular trend of the cold chain related to the construction and equipping of 3 biologicals storages in 2009. Other components with similar trend are included in other expenditures. In relation to the expenditures budgeted in the Plan of Action and the actual expenditures in 2008, there is a deficit of 16% related to lack of financing for certain activities programmed for training, communication and social mobilization, execution and research. Such deficit is handled by the management of projects.

The perspective of short and mid-term financial sustainability in the EPI depends on national funds for the rotavirus vaccine, at the current price, but not for the conjugate pneumococcal or other new vaccines. Strategies in process are the amendment of the national Vaccine Legislation to incorporate some priority components of the EPI and the permanent advocacy before the Ministry of Finance.



## Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ....)

**Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)**

<i>1<sup>st</sup> vaccine: Rotarix, Liquid form</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.40	0.46	0.53	0.61	0.70	0.70
Number of vaccine doses	#	16300	18700	21600	25400	28600	28600
Number of AD syringes	#	0	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0	0
<b>Total value to be co-financed by country</b>	<b>\$</b>	<b>144,000</b>	<b>165,000</b>	<b>191,000</b>	<b>224,500</b>	<b>252,500</b>	<b>252,500</b>

**Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)**

<i>2<sup>nd</sup> vaccine: .7-valent conjugate pneumoccal vaccine: Prevnar.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.17	0.20	0.23	0.26	0.30	0.35
Number of vaccine doses	#	3800	4500	5100	5900	6700	7800
Number of AD syringes	#	4000	4700	5400	6300	7100	8300
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	75	75	75	100	100
<b>Total value to be co-financed by country</b>	<b>\$</b>	<b>92,000</b>	<b>107,500</b>	<b>124,500</b>	<b>143,500</b>	<b>162,500</b>	<b>189,500</b>

**Table 2.3: Country Co-Financing in the Reporting Year (2008)**

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in Reporting Year</b>	<b>Actual Payments Date in Reporting Year</b>	<b>Proposed Payment Date for Next Year</b>
	(month/year)	(day/month)	
1 <sup>st</sup> Awarded Vaccine (Rotarix)	01/2008	23/01/2008	04/2009
2 <sup>nd</sup> Awarded Vaccine ( Pprevnar)			04/2009
3 <sup>rd</sup> Awarded Vaccine (specify)			

<b>Q. 2: How Much did you co-finance?<sup>1</sup></b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
1 <sup>st</sup> Awarded Vaccine (Rotarix)	\$111,303	13,543
2 <sup>nd</sup> Awarded Vaccine (specify)		
3 <sup>rd</sup> Awarded Vaccine (specify)		

<b>Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?</b>
1. In 2008, the payment of the co-financing was made with remaining funds that Honduras had in the PAHO Revolving Fund which accelerated the payment.
2. Late approval of the General Income and Expenditure Budget of the Republic (April of every year) constitutes a threat to the prompt payment of funds. The budget for 2009 has not been approved to date.

If the country is in default please describe and explain the steps the country is planning to come out of default.

We have negotiated with the Ministry of Finances that the first payment to the PAHO Revolving Fund is made using a special mechanism; the co-financing of the rotavirus and pneumococcal vaccines will be made on the second week of May. Nevertheless, we shall emphasize that Honduras has a favorable balance in the Revolving Fund for 2009.

<sup>1</sup> Honduras paid its copayment for the introduction year in 2008; since the introduction had to be postponed to 2009, the payment will be credited towards the 2009 copay and the country will pay a complementary amount to cover the full copay requirements of 2009.

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

### 3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? **Yes**

If there are changes, please describe the reasons and justification for those changes below:

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

Every year, the Ministry of Health in Honduras, by means of the Department of Statistics, makes estimates of the target population for each health program based on official projections calculated by the National Statistics Institute (INE) using the 2001 Population and Housing Census. In 2008, INE made an adjustment of the population <1 year and population aged 1 to 4 years for the period 2004- 2015, based on a decrease of the fertility rate from the Census conducted in 2001 and the National Demography and Health Survey (ENDESA). Such data indicated that population <1 year declined 16% and population aged 1 to 4 declined 17%; therefore, all our birth targets have changed.

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

Given that the number of births has decreased, the number of surviving infants has also changed when applying the official mortality rate of 23/1000 births.

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

As the number of births has decreased, the targets for all vaccines have also changed.

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

The wastage rate by vaccine has not been modified.

#### Vaccine 1: **Rotavirus**

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

*(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)*

**Table 3.1: Specifications of vaccinations with new vaccine**

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	169287	168846	169309	172386	169808	169816
Target immunization coverage with the third dose	<i>Table B</i>	#	95%	95%	95%	95%	95%	95%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	171069	170623	171091	174200	171595	171604
Estimated vaccine wastage factor	<i>Excel sheet Table E – tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D – tab 4</i>	\$	0.40	0.46	0.53	0.61	0.70	0.70

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)**

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	343100	339700	338100	342200	331900	331900
Number of AD syringes	#	0	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0	0
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>3035000</b>	<b>3005500</b>	<b>2991000</b>	<b>3027500</b>	<b>2936500</b>	<b>2936500</b>

## Vaccine 2: **Pneumococcus**

**Table 3.3: Specifications of vaccinations with new vaccine**

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	169287	168846	169309	172386	169808	169816
Target immunization coverage with the third dose	<i>Table B</i>	#	95%	95%	95%	95%	95%	95%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	171069	170623	171091	174200	171595	171604
Estimated vaccine wastage factor	<i>Excel sheet Table E – tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D – tab 4</i>	\$	0.17	0.20	0.23	0.26	0.30	0.35

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#	535200	533100	534300	545300	533900	532800
Number of AD syringes	#	565700	563600	564800	576600	564400	563300
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	6275	6275	6400	6275	6250
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>13035500</b>	<b>12992500</b>	<b>13013500</b>	<b>13291000</b>	<b>13012500</b>	<b>12986500</b>

## Instructions for reporting on HSS funds received

1. As a Performance-based valuativen the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15<sup>th</sup> May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

#### 4.1 Information relating to this report:

- a) Fiscal year runs from **January** (month) to **December** (month).
- b) This HSS report covers the period from **September 2008** (month/year) to **December 2008** (month year) and **January-April 2009**.
- c) Duration of current National Health Plan is from **2006**(month/year) to **2010** (month/year).  
**With a long term plan from 2005-2021.**
- d) Duration of the immunisation cMYP: **2006-2010**
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

This report was prepared by the planning and evaluation unit of the Ministry of Health (UPEG) in coordination with the EPI with support from PAHO/WHO. The report was approved by the HSCC (CONSALUD) on March 10<sup>th</sup> 2009 (Minutes of the said meeting have been included as **annex 6** to this report). The GAVI HSS PAHO regional focal point also reviewed the report.

Name	Organisation	Role played in report submission	Contact email and telephone number
<b>Government focal point to contact for any clarifications</b>			
<a href="#">Dra. Janethe Aguilar Montano</a>	Ministry of Health/UPEG	Preparation	<a href="mailto:Janethe_aguilar@yahoo.com">Janethe_aguilar@yahoo.com</a> (504)238 0976 and 222 1656
<b>Other partners and contacts who took part in putting this report together</b>			
<a href="#">Dra. Mariela Alvarado Mendoza</a>	Ministry of Health/UPEG	Preparation	<a href="mailto:emalle@yahoo.com">emalle@yahoo.com</a> (504) 222 1656 and 238 0976
<a href="#">Dr. Mario Cruz Penate</a>	PAHO/WHO	Revision	<a href="mailto:cruzmari@paho.org">cruzmari@paho.org</a> +1 (202) 9743306

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

1. HONDURAS Application for: GAVI Alliance Health System Strengthening (HSS) December 2007 (approved proposal).
2. Operative plans from the implementing entity at the MOH central level (UPEG) (September 2008- August 2009).
3. Operative plans and technical and financial progress reports from 20 implementing entities nationwide (20 regional health directorates)
4. Liquidations with documentation of support from the executing units in the reported period.
5. Baseline Assessment Reports for HSS/GAVI proposal in 20 Health Regions.
6. Technical and financial reports from PAHO/WHO (managing the grant on behalf of the Government of Honduras).

**Relevant Problems:**

- PAHO/WHO Country Office defined a technical and financial reporting form for local, municipal, and regional teams involved in the implementation of the proposal. At the beginning there were some difficulties for the comprehension of the administrative procedures and the required forms for transfer of funds.
  - Outcome indicators have not been evaluated since the time for effective execution of activities was only two months (November and December 2008) after administrative arrangements for management and transfers of funds were established and understood.
  - Health teams at the local level conduct several activities when visiting the field or gathering for meetings, which hinders an exact separation of the funds invested in each activity.
  - Weak communication among the local, municipal, and regional teams by limiting factors, such as of geographical access, unavailability of electronic communications, telephone and others.
- a. Systematic steps for monitoring progress, supervision and evaluation at the national, departmental and local levels as defined in the proposal have not been performed.
  - b. The PAHO/WHO HSS focal point in Honduras was transfer to another country; in consequence the technical support that was continuous before was interrupted some weeks ago.
  - c. This is Honduras' first experience in the preparation of an APR to GAVI. The country's reporting system is based on the fiscal year going from January to December. Due to the different timings (approval and transfer of funds –second semester 2008-, delays due to administrative arrangements at the national level) the first operational plan was develop from August 2008 to September 2009 but activities only started in November 2008.

**Proposed Solutions:**

- UPEG technical support team for the implementation of the proposal is already staffed (besides the coordinator, another technician and an administrative officer are now following up the execution). Arrangements are been made to fulfill the different elements for monitoring and evaluation according to the proposal of HSS-GAVI, among the different levels of execution: a) monthly reports prepared by local levels, consolidated at the regional level and submitted to UPEG, b) forms used for reporting will be reviewed and standardized, using the APR form as a guide, c) equipment (PCs) that will be provided through activity 1.4 (September 2009) will also facilitate electronic communications (the MOH is making arrangements to provide connectivity to the implementing units).
- There is a need to regularize the execution of HSS/GAVI support with the fiscal year. Operational Plans will be reviewed and modified to cover the whole fiscal year 2009 (a workshop for this purpose will take place on June or July 2009).

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



Nevertheless it is desirable to have operational plans covering the fiscal year (January-December) it is essential to consider that APRs are presented to GAVI in May, and after the IRC and final approval for the transfer of the next tranche of funds several months of the actual fiscal year may have pass. This should be considered in the design of tables 4.3, 4.4 and 4.5 of the form.

Yearly assignments in the approval documents are based on the original programming of activities for a calendar year. A confusion rises when Table 4.4 ask for requests for 2009 when requiring at the same time up to date information on work taking place in the first part of the year when this report is being submitted.

Due to this situation and in order to avoid an interruption in the implementation of activities, Honduras requests for funds for 2009 will cover a calendar year (even though implementation will be reported from January to December 2009).

#### 4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year				Total
	2008	2009	2010	2011	
					2534639
Amount of funds approved	607000	1004639	574000	349000	
Date the funds arrived	\$ 487,000 (August 2008) and \$ 120,000 (December 2008)				
Amount spent	97281.29				
Balance	509718.71				
Amount requested		1004639			

Amount spent in 2008: Ninety seven thousand and two hundred and eighty one dollars.  
 Remaining balance from total: Five hundred nine thousand and seven hundred and eighteen dollars.

**Table 4.3 note:** This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

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

Table 4.3 HSS Activities in reporting year (2008)						
Major Activities	Planned Activity for reporting year	Report on progress (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	No activities were programmed for objective one in 2008					Activities for objective 1 were programmed to start on the second year of implementation. To make the implementation year coincide with the fiscal year, these activities will start on January 2010.
Objective 2:	<b>To guarantee the delivery of the maternal and infant basic package of health services (BPHS-MI), at least four times per year, in the 104 prioritized municipalities.</b>					
Activity 2.1:	Review the baseline of the maternal and infant health situation in the priority HU and consolidate the information at the departmental and municipal level.	11/ 20 Health Regions (55%) conducted the baseline survey and analysis.	55000	18654.66	36345.34	Original Budget \$60,000. Funds were transferred to all regions at the same time at the end of 2008, 11 conducted the analysis in the time reporting period (November-December 2008). At the time of the preparation of this APS 19/20 regions have accomplished this activity.
Activity 2.2:	Recruit personnel for the HU closed due to various reasons (subject to programming).	1/ 20 (5%)	59207.07	921.47	58285.60	Original Budget \$59,000. Initially the health regions received a transfer representing only 50% of the funds required for the first year of execution. Funds for this activity were only available for them on April 2009.

Table 4.3 HSS Activities in reporting year (2008)						
Activity 2.3	Prioritization, planning and identification of the towns per HU at the municipal level for the delivery of the BPHS, with the participation of the community and Municipal Governments.	10/20 (50%)	8000	4319.77	3680.23	Original Budget \$10,000. 247 communities were prioritized to receive the BPHS in 56 of the 104 selected municipalities. 885 health workers, 203 people from civil society organizations and 25 local governments were involved in the process.
Activity 2.4	Resume the implementation and monitoring of the application and use of the Integrated Surveillance Children List (LINVI), Pregnant Women List (LISEM) and Women of Fertile Age List (LISMEF) as local instruments for surveillance of maternal and infant care.	2/20 (10%)	13396.43	329.77	13066.66	Original Budget \$ 20,000 Only two regions were able to start implementing this activity in the last two months of 2008 when execution was effective. Regional health directorates have different capacities in terms of personnel; most of them were surpassed with the activities related to the baseline and the prioritization of municipalities and communities.
Activity 2.5	Delivery of the BPHS to the priority towns, according to local work plans, using as instruments the surveillance lists for each town.	114/247 (46%)	45396.50	2266.47	43130.03	Original Budget \$ 47,000 The delivery of the basic package of health services started in 46% of the 247 towns with at least one visit.

<b>Table 4.3 HSS Activities in reporting year (2008)</b>						
Activity 2.6	Organization of an annual maternal and infant care event at the department level as a mechanism to identify vulnerable groups (pregnant women, newborns, growth, development and immunization), with the participation of local governments.	Starts in the second year				
<b>Objective 3:</b>	<b>To extend and to complete the strategy of Integrated Care for Children in the Community (ICCEC), inside the 104 prioritized municipalities.</b>					
Activity 3.1:	Identify priority towns for intervention in the selected municipalities.	6/20 (33%)	15000	1670.39	13329.61	Original Budget \$22,000. 170 communities in 34 municipalities from the 104 prioritized were selected for this intervention in 2008.
Activity 3.2:	Recruitment, selection and training of leaders from the communities selected for ICCEC implementation	Starts in the second year				
Activity 3.3	Monitor the implementation of the ICCEC strategy.	Starts in the second year				
<b>Objective 4:</b>	<b>To provide the necessary basic equipment for the provision of maternal and infant services, as well as to strengthen the mobilization capacity of personnel and of transportation of the vaccines.</b>					
Activity 4.1	Acquisition, distribution and installation of basic equipment for maternal and infant PHC in selected HU	Starts in the second year				

<b>Table 4.3 HSS Activities in reporting year (2008)</b>						
Activity 4.2	Acquisition and transfer of 14 vehicles and 20 motorcycles to support monitoring and maintenance of the basic health equipment at the departmental level.	0%	321000	16960.37	304039.63	The bidding process was initiated in 2008 but the acquisition only took place in April 2009. The quantities purchase varied to keep the budget ceiling (9 vehicles and 11 motorcycles). \$16,960 was transfer for management of the proposal (starting costs for coordination unit).
Activity 4.3	Acquisition of 2 refrigerated vehicles for vaccine distribution in the selected departments, which will be kept at the National Center of Biological materials.	Starts in the second year				
Activity 4.4	Formulation and implementation of a maintenance plan for maternal and infant basic care equipment.	28% of implementing units (6/21) disbursed funds for maintenance.	22000	1792.11	20207.89	No funds were originally allocated for this activity in 2008. Due to urgent needs funds were re-programmed from other activities to cover this activity.
<b>Objective 5</b>	<b>To strengthen the monitoring, supervision and evaluation process of the maternal and infant health services at the different levels of the services network.</b>					
Activity 5.1	Revision, adaptation and application of instruments and standardized methodologies for monitoring, supervising and evaluating maternal and infant health services.	3/20 (15%) health regions have conducted test supervision visits to identify adaptation needs of available tools.	8000	402.79	7597.21	Original Budget: 10,000. The general revision and adaptation of the required tools to perform this activity is pending. It is schedule for late June 2009.

Table 4.3 HSS Activities in reporting year (2008)						
Activity 5.2	Formulation of the departmental and municipal annual plans for monitoring, supervising and evaluating institutional and community maternal and infant health services.	Starts in the second year				
Activity 5.3	Execution of supervision and monitoring visits every three months from the department to the municipality and every other month from the municipality to the HU and the community.	Starts in the second year				
Activity 5.4	Evaluation, at the departmental and municipal levels, of the goals of the maternal and infant health plan in the priority municipalities with the participation of technical personnel and municipal governments.	Starts in the second year				
<b>Support Functions</b>						
Management	Office supplies and equipment.		25000	41960.37	0	Original Budget \$25,000 Funds were reprogrammed from activity 4.2 to strengthen the coordination unit capacity to provide technical support and follow up the activities.

Table 4.3 HSS Activities in reporting year (2008)						
M&E	One financial officer contracted to support implementation in the UPEG (coordinating unit) and another administrative assistant for the PAHO/WHO country office.		12500	4247.82	8252.18	Original Budget \$12,500. It was decided that the Money for this activity would be splits to support administrative tasks both at the UPEG and PAHO/WHO Country Office. Contracts started on October, 2008.
Technical Support	One Technical officer contracted to support implementation at the PAHO/WHO country office.		22500	20715.67	1784.33	Original Budget \$22,500. This amount includes the contract of the technical officer (\$4,053.47) from October 2008 and expenses for Workshops with implementing units (operational programming and administrative procedures).
<b>TOTAL</b>			607000	97281.29	509718.71	

**Table 4.4 note:** This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal (this will not be the case because programming has been reviewed and adapted to make execution coincide with fiscal years).

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

<b>Table 4.4 Planned HSS Activities for current year (January-December 2009) and emphasise which have been carried out between January and April 2009</b>					
<b>Major Activities</b>	<b>Planned Activity for Current year (2009)</b>	<b>Planned expenditure in coming year</b>	<b>Balance available December 31<sup>st</sup>, 2008</b>	<b>Request for 2009</b>	<b>Explanation of differences in activities and expenditures from original application or previously approved adjustments**</b>
<b>Objective 1:</b>	<b>To develop the health management capacity at the local levels to strengthen maternal and infant care in the 104 prioritized municipalities.</b>				
Activity 1.1:	Provide training to health teams at the departmental and municipal level on technical and managerial issues.	0	0	40000	No balance from 2008 since this activity was schedule for the second year of implementation. The execution for this activity will start on January 2010. Original Budget for 2 <sup>nd</sup> year 40,000.
Activity 1.2:	Offer financial and technical support to the process of formulating the Maternal and Infant Health Plans at the local level with emphasis on promotion and prevention, and his incorporation to the health municipal plans.	5000	0	5000	No balance from 2008 since this activity was schedule for the second year of implementation. The execution for this activity will start as soon as funds are available. Original Budget for 2 <sup>nd</sup> year 5,000.
Activity 1.3:	Improve the adequacy of information subsystems in maternal and infant health and provide training for the management, analysis, and use of the data.	0	0	5000	No balance from 2008 since this activity was schedule for the second year of implementation. The execution for this activity will start on January 2010. Original Budget for 2 <sup>nd</sup> year 5,000.
Activity 1.4	Acquisition of hardware and software for the implementation of the maternal and infant information subsystem network, equipment inventory, and surveillance and control of medicines and supplies.	0	0	278639	No balance from 2008 since this activity was schedule for the second year of implementation. The Original Budget for 2 <sup>nd</sup> year 278,639 is requested in 2009 since the bidding process will be conducted in the last trimester of the year and the funds will be required at the beginning of 2010.
<b>Objective 2:</b>	<b>To guarantee the delivery of the maternal and infant basic package of health services (BPHS-MI), at least four times per year, in the 104 prioritized municipalities.</b>				



<b>Table 4.4 Planned HSS Activities for current year (January-December 2009) and emphasise which have been carried out between January and April 2009</b>					
Activity 2.1:	Review the baseline of the maternal and infant health situation in the priority HU and consolidate the information at the departmental and municipal level.	36345.34	36345.34	0	Original Budget for 2 <sup>nd</sup> year 0
Activity 2.2:	Recruit personnel for the HU closed due to various reasons (subject to programming).	90728	58285.60	57000	Original Budget for 2 <sup>nd</sup> year 57,000
Activity 2.3	Prioritization, planning and identification of the towns per HU at the municipal level for the delivery of the BPHS, with the participation of the community and Municipal Governments. (as well as programming visits)	3680.23	3680.23	4000	Original Budget for 2 <sup>nd</sup> year 4,000
Activity 2.4	Resume the implementation and monitoring of the application and use of the Integrated Surveillance Children List (LINVI), Pregnant Women List (LISEM) and Women of Fertile Age List (LISMEF) as local instruments for surveillance of maternal and infant care.	23066.66	13066.66	20000	Original Budget for 2 <sup>nd</sup> year 20,000
Activity 2.5	Delivery of the BPHS to the priority towns, according to local work plans, using as instruments the surveillance lists for each town.	73130.03	43130.03	100000	Original Budget for 2 <sup>nd</sup> year 100,000
Activity 2.6	Organization of an annual maternal and infant care event at the department level as a mechanism to identify vulnerable groups (pregnant women, newborns, growth, development and immunization), with the participation of local governments.	0	0	25000	Original Budget for 2 <sup>nd</sup> year 25,000. This activity will be implemented in the second trimester of 2010.
<b>Objective 3:</b>	<b>To extend and to complete the strategy of Integrated Care for Children in the Community (ICCEC), inside the 104 prioritized municipalities.</b>				

<b>Table 4.4 Planned HSS Activities for current year (January-December 2009) and emphasise which have been carried out between January and April 2009</b>					
Activity 3.1:	Identify priority towns for intervention in the selected municipalities.	13329.61	13329.61	0	Original Budget for 2 <sup>nd</sup> year 0.
Activity 3.2:	Recruitment, selection and training of leaders from the communities selected for ICCEC implementation	9000	0	35000	No balance from 2008 since this activity was schedule for the second year of implementation. Original Budget for 2 <sup>nd</sup> year 35,000.
Activity 3.3	Monitor the implementation of the ICCEC strategy.	0	0	20000	No balance from 2008 since this activity was schedule for the second year of implementation. Execution will start in 2010. Original Budget for 2 <sup>nd</sup> year 20,000.
<b>Objective 4:</b>	<b>To provide the necessary basic equipment for the provision of maternal and infant services, as well as to strengthen the mobilization capacity of personnel and of transportation of the vaccines.</b>				
Activity 4.1	Acquisition, distribution and installation of basic equipment for maternal and infant PHC in selected HU	0	0	201.000	No balance from 2008 since this activity was schedule for the second year of implementation. The Original Budget for 2 <sup>nd</sup> year 201,000 is requested in 2009 since the bidding process will be conducted in the last trimester of the year and the funds will be required at the beginning of 2010. Original Budget for 2 <sup>nd</sup> year 201,000.
Activity 4.2	Acquisition and transfer of 9 vehicles and 11 motorcycles to support monitoring and maintenance of the basic health equipment at the departmental level.	304039.63	304039.63	0	This activity is not scheduled for the second year. As mentioned in Table 4.3 the quantities were adjusted to keep expenditures within the budget ceiling for this activity.

**Table 4.4 Planned HSS Activities for current year (January-December 2009) and emphasise which have been carried out between January and April 2009**

Activity 4.3	Support for the strengthening of the cold chain at the national level for the introduction of new vaccines.	35000	0	70000	No balance from 2008 since this activity was schedule for the second year of implementation. Original Budget for 2 <sup>nd</sup> year 70,000. Original Activity 4.3 was: Acquisition of 2 refrigerated vehicles for vaccine distribution in the selected departments, which will be kept at the National Center of Biological materials. In 2008 EPI Honduras received two refrigerated vehicles as a donation. The government requests authorization to change this activity to support other needs of the program, such as: installation of 120 solar refrigerators, and 10 Bally Cooler (this equipment was donated but no funds for installation is available) and a vehicle to support vaccination campaigns. The country has received only \$93,000 in the ISS window for two years. The use of these funds for the installation will have a great impact in the overall objectives of the GAVI Alliance support.
Activity 4.4	Formulation and implementation of a maintenance plan for maternal and infant basic care equipment.	25207.89	20207.89	15000	Original Budget for 2 <sup>nd</sup> year 15,000. As mentioned before, funds were re allocated to this activity since the first year.
<b>Objective 5</b>	<b>To strengthen the monitoring, supervision and evaluation process of the maternal and infant health services at the different levels of the services network.</b>				
Activity 5.1	Revision, adaptation and application of instruments and standardized methodologies for monitoring, supervising and evaluating maternal and infant health services.	7597.21	7597.21	0	This activity is not scheduled for the second year. Implementation of the activity will be accomplished during 2009.
Activity 5.2	Formulation of the departmental and municipal annual plans for monitoring, supervising and evaluating institutional and community maternal and infant health services.	\$5000	0	\$5000	No balance from 2008 since this activity was schedule for the second year of implementation. But now it is intended to start in 2009 as soon as funds are available. Original Budget for 2 <sup>nd</sup> year 5,000.

<b>Table 4.4 Planned HSS Activities for current year (January-December 2009) and emphasise which have been carried out between January and April 2009</b>					
Activity 5.3	Execution of supervision and monitoring visits every three months from the department to the municipality and every other month from the municipality to the HU and the community.	10000	0	39000	No balance from 2008 since this activity was schedule for the second year of implementation. But now it is intended to start in 2009 as soon as funds are available.  Original Budget for 2 <sup>nd</sup> year 39,000.
Activity 5.4	Evaluation, at the departmental and municipal levels, of the goals of the maternal and infant health plan in the priority municipalities with the participation of technical personnel and municipal governments.	0	0	\$25000	No balance from 2008 since this activity was schedule for the second year of implementation. Execution will start the first semester of 2010.  Original Budget for 2 <sup>nd</sup> year 25,000.
<b>Support Functions</b>					
Management	Office supplies and equipment.	25000	0	25000	Original Budget for 2 <sup>nd</sup> year 25,000.
M&E	One Technical and one financial officer contracted to support implementation in the UPEG (coordinating unit).	12053.65	8252.18	12500	Original Budget for 2 <sup>nd</sup> year 12,500.
Technical Support	One Technical and one financial officer contracted to support implementation at the PAHO/WHO country office.	8199.32	1784.33	22500	Original Budget for 2 <sup>nd</sup> year 22,500.
<b>TOTAL COSTS</b>		686377.57	509718.71	1004639	Original Budget for 2 <sup>nd</sup> year 1,004,639.

**Table 4.5 Planned HSS Activities for next year (January-December 2010) this information will help GAVI's financial planning commitments.**

**Note:** as mention in the report programming has been reviewed and adjusted in order to make coincide implementation years with national fiscal years. Nevertheless, the country requires having enough cash to continue with execution for the first months of every year, while the APR is prepared, presented, reviewed and approved before the actual transfer of funds takes place.

Major Activities	Planned Activity for Current year (2009)	Planned expenditure in coming year(2009)	Balance available (December 2009)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
<b>Objective 1:</b>	<b>To develop the health management capacity at the local levels to strengthen maternal and infant care in the 104 prioritized municipalities.</b>				
Activity 1.1:	Provide training to health teams at the departmental and municipal level on technical and managerial issues.	0	40000	35000	Original Budget for 3 <sup>rd</sup> year 35,000
Activity 1.2:	Offer financial and technical support to the process of formulating the Maternal and Infant Health Plans at the local level with emphasis on promotion and prevention, and his incorporation to the health municipal plans.	5000	0	4000	Original Budget for 3 <sup>rd</sup> year 4,000
Activity 1.3:	Improve the adequacy of information subsystems in maternal and infant health and provide training for the management, analysis, and use of the data.	0	5000	4000	Original Budget for 3 <sup>rd</sup> year 4,000
Activity 1.4	Acquisition of hardware and software for the implementation of the maternal and infant information subsystem network, equipment inventory, and surveillance and control of medicines and supplies.	0	278639	0	Original Budget for 3 <sup>rd</sup> year 0.
<b>Objective 2:</b>	<b>To guarantee the delivery of the maternal and infant basic package of health services (BPHS-MI), at least four times per year, in the 104 prioritized municipalities.</b>				
Activity 2.1:	Review the baseline of the maternal and infant health situation in the priority HU and consolidate the information at the departmental and municipal level.	36345.34	0	0	Original Budget for 3 <sup>rd</sup> year 0

**Table 4.5 Planned HSS Activities for next year (January-December 2010) this information will help GAVI's financial planning commitments.**

**Note: as mention in the report programming has been reviewed and adjusted in order to make coincide implementation years with national fiscal years. Nevertheless, the country requires having enough cash to continue with execution for the first months of every year, while the APR is prepared, presented, reviewed and approved before the actual transfer of funds takes place.**

Activity 2.2:	Recruit personnel for the HU closed due to various reasons (subject to programming).	90728	24558	57000	Original Budget for 3 <sup>rd</sup> year 57,000
Activity 2.3	Prioritization, planning and identification of the towns per HU at the municipal level for the delivery of the BPHS, with the participation of the community and Municipal Governments.	3680.23	4000	4000	Original Budget for 3 <sup>rd</sup> year 4,000
Activity 2.4	Resume the implementation and monitoring of the application and use of the Integrated Surveillance Children List (LINVI), Pregnant Women List (LISEM) and Women of Fertile Age List (LISMEF) as local instruments for surveillance of maternal and infant care.	23066.66	10000	10000	Original Budget for 3 <sup>rd</sup> year 10,000
Activity 2.5	Delivery of the BPHS to the priority towns, according to local work plans, using as instruments the surveillance lists for each town.	73130.03	70000	95000	Original Budget for 3 <sup>rd</sup> year 95,000
Activity 2.6	Organization of an annual maternal and infant care event at the department level as a mechanism to identify vulnerable groups (pregnant women, newborns, growth, development and immunization), with the participation of local governments.	0	25000	25000	Original Budget for 3 <sup>rd</sup> year 25,000
<b>Objective 3:</b>	<b>To extend and to complete the strategy of Integrated Care for Children in the Community (ICCEC), inside the 104 prioritized municipalities.</b>				
Activity 3.1:	Identify priority towns for intervention in the selected municipalities.	13329.61	0	0	Original Budget for 3 <sup>rd</sup> year 0

**Table 4.5 Planned HSS Activities for next year (January-December 2010) this information will help GAVI's financial planning commitments.**

**Note: as mention in the report programming has been reviewed and adjusted in order to make coincide implementation years with national fiscal years. Nevertheless, the country requires having enough cash to continue with execution for the first months of every year, while the APR is prepared, presented, reviewed and approved before the actual transfer of funds takes place.**

Activity 3.2:	Recruitment, selection and training of leaders from the communities selected for ICCEC implementation	9000	26000	35000	Original Budget for 3 <sup>rd</sup> year 35,000
Activity 3.3	Monitor the implementation of the ICCEC strategy.	0	20000	20000	Original Budget for 3 <sup>rd</sup> year 20,000
<b>Objective 4:</b>	<b>To provide the necessary basic equipment for the provision of maternal and infant services, as well as to strengthen the mobilization capacity of personnel and of transportation of the vaccines.</b>				
Activity 4.1	Acquisition, distribution and installation of basic equipment for maternal and infant PHC in selected HU	0	201000	140000	Original Budget for 3 <sup>rd</sup> year 140,000
Activity 4.2	Acquisition and transfer of 14 vehicles and 20 motorcycles to support monitoring and maintenance of the basic health equipment at the departmental level.	304039.63	0	0	Original Budget for 3 <sup>rd</sup> year 0
Activity 4.3	Acquisition of 2 refrigerated vehicles for vaccine distribution in the selected departments, which will be kept at the National Center of Biological materials.	35000	35000	0	Original Budget for 3 <sup>rd</sup> year 0
Activity 4.4	Formulation and implementation of a maintenance plan for maternal and infant basic care equipment.	25207.89	10000	10000	Original Budget for 3 <sup>rd</sup> year 10,000
<b>Objective 5</b>	<b>To strengthen the monitoring, supervision and evaluation process of the maternal and infant health services at the different levels of the services network.</b>				
Activity 5.1	Revision, adaptation and application of instruments and standardized methodologies for monitoring, supervising and evaluating maternal and infant health services.	7597.21	0	0	Original Budget for 3 <sup>rd</sup> year 0

**Table 4.5 Planned HSS Activities for next year (January-December 2010) this information will help GAVI's financial planning commitments.**

**Note: as mention in the report programming has been reviewed and adjusted in order to make coincide implementation years with national fiscal years. Nevertheless, the country requires having enough cash to continue with execution for the first months of every year, while the APR is prepared, presented, reviewed and approved before the actual transfer of funds takes place.**

Activity 5.2	Formulation of the departmental and municipal annual plans for monitoring, supervising and evaluating institutional and community maternal and infant health services.	5000	0	5000	Original Budget for 3 <sup>rd</sup> year 5,000
Activity 5.3	Execution of supervision and monitoring visits every three months from the department to the municipality and every other month from the municipality to the HU and the community.	10000	29000	45000	Original Budget for 3 <sup>rd</sup> year 45,000
Activity 5.4	Evaluation, at the departmental and municipal levels, of the goals of the maternal and infant health plan in the priority municipalities with the participation of technical personnel and municipal governments.	0	25000	25000	Original Budget for 3 <sup>rd</sup> year 25,000
<b>Support Functions</b>					
Management	Office supplies and equipment.	25000	0	25000	Original Budget for 3 <sup>rd</sup> year 25,000
M&E	One Technical and one financial officer contracted to support implementation in the UPEG (coordinating unit).	12053.65	8699	12500	Original Budget for 3 <sup>rd</sup> year 12,500
Technical Support	One Technical and one financial officer contracted to support implementation at the PAHO/WHO country office.	8199.32	16085	22500	Original Budget for 3 <sup>rd</sup> year 22,500
<b>TOTAL COSTS</b>		<b>686377.57</b>	<b>827980</b>	<b>574000</b>	Original Budget for 3 <sup>rd</sup> year 574,000



#### 4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

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

1. It is very relevant that the GAVI-HSS Support has enabled the allocation of funds in a more equitable form to the health regions, in accordance with the objectives and activities of the proposal. The official assignation method for budget distribution was used, criteria include health status (impact selected indicators) demographics and access to health services.
2. Update of selected municipalities (This also represents a change of scope in comparison to the proposal, since the municipalities have been decreased from 119 to 104) and detailed selection of communities to be intervened. As mentioned before, the reduction in the number of municipalities originated specially in the results of the annual evaluation for 2008. 15 municipalities have improved some of the indicators used for prioritization. Neglected towns to be intervened were selected based on their vulnerability using a methodology that assigned priorities and relative weights to the Honduras GAVI HSS Proposal target indicators.
3. For the local level it has been really helpful to have this complementary and synergic support in addition to funds from other sources.
4. Baseline surveys and analysis have been conducted in the 104 municipalities for future evaluation of progress and impact. A first evaluation will be performed after 12 months.
5. Increments in the mandatory per-diem rates for the public sector will require adjustments in the number of towns that could be intervened with several activities (**See Annex 7**). The new regulations became effective November 18, 2008. (Official Journal La Gaceta 31,764)
6. The rise of the minimum wage impacted the basic salary for auxiliary nurses. The number and duration of Health personnel contracts considered in Activity 2.2 will decrease. (**See Annex7**)
7. Administrative arrangements for implementation produced delays in the first months. Mechanisms have been designed and clarified. The direct transfer of funds from PAHO/WHO to the Regional Health Directorates according to operational plans of operation will start on May 2009 avoiding unnecessary steps and reducing paperwork.

2008 *Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

Civil society organizations participate as partners at the local municipal level in the implementation of the ICCEC strategy and in health promotion but with their own resources, not as implementing partners of the GAVI-HSS Support. Honduras is not part of the piloting countries for CSO Type B funds.

#### 4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

**2008** *Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No*

*If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.*

Funds are not on budget yet. The budget approval process for 2010 starts in May 2009. It is intended to reflect the GAVI-HSS Support in the MOH budget for that year, the budget code to be used is BIP (integrated project bank for its acronym in Spanish).

**2008** *Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

An audit to GAVI HSS Support has not been conducted yet. National audit regulations define that audits to external funds are scheduled after six months of execution. The Minister of Health has already requested the audit to the competent authority (the National Comptroller Tribunal (Tribunal Superior de Cuentas)) since on April 30, 2009 the six months period was completed. Please refer to **Annex 8** for a copy of this communication.

#### 4.8 General overview of targets achieved

See detailed in the table following table 4.8. The execution period is two short. Data presented corresponds to baseline in selected municipalities.

Table 4.8 Progress on Indicators included in application										
Outcome Indicators										
Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets
2008 percent age of municipalities with maternal and infant health plans included in the municipal development plan. (Objective 1)	Number of priority municipalities with maternal and infant health plans included in the municipal development plan	Total of priority municipalities	Municipal Reports	NA	Municipality	2008	80%	2011		
2008 percent age of human resources at the local level trained in manag ement. (Objective 1)	Number of qualified employees	Total number of employees at the HU	Departmental and Municipal reports	NA		2008	900	2011		

<p>2008 percent age of human resources trained in health information systems and the use of forms for maternal and infant care. (Objective 1)</p>	<p>Number of employees qualified in information systems</p>	<p>Number of employees responsible for information systems and management of forms</p>	<p>Training Reports</p>	<p>NA</p>		<p>2008</p>	<p>900</p>	<p>2011</p>		
<p>2008 percent age of municipalities that received at least 4 BPMS per year in the 104 municipalities prioritized. (Objective 2)</p>	<p>Number of towns that received at least 4 BPMS per year</p>	<p>Number of towns scheduled to receive the BPMS</p>	<p>Reports from municipalities and departments</p>	<p>0</p>	<p>Reports from municipalities and departments</p>	<p>2008</p>	<p>100%</p>	<p>2011</p>		

2008 The proportion of pregnant women that received at least four prenatal control visits. (Objective 2)	Number of women that received more than three prenatal controls	Total of pregnant women	Ambulatory Care – Form 2	81%	Department of Statistics /SS	2006	90%	2011		
6. Percentage of communities implementing ICCEC/IMCI. (Objective 3)	Number of communities with ICCEC/IMCI implemented	Total of communities	Monitors monthly reports	0	Monthly Summary of community activities of ICCEC/IMCI	2008	Two communities by HU	2011		
2008 Percentage of children with growth and development monitoring. (Objective 3)	Number of children that received growth and development monitoring	Total of children under 5 years old in the municipality	Ambulatory Care – Form 2	NA	Ambulatory Care – Form 2	2008	80	2011		
2008 Percentage of HU providing services in a continuous manner throughout the year. (Objective 2)	Number of HU providing services in a continuous manner throughout the year	Total number of HU in the municipality	Reports from municipalities and Departmental Health Offices	75%	Reports from municipalities and Departmental Health Offices	2008	80%	2011		

2008 Percent age of HU superv ised at least 6 times per year. (Objective 5)	Number of health establis hments supervised 6 times per year	Total Number of establis hments	Municipal and departmen tal reports.	0	Health and Provision of Services Surveillan ce	2008	90%	2011		
10. Percentage of municipalities that carry out at least 4 evaluations per year. (Objective 5)	Number of municipalities that have carried out at least 4 evaluations per year	Total number of municipalities	Municipal and departmental reports	NA	Municipal and departmental reports	2008	90%	2011		
11. Proportion of HU at municipal level with the basic equipment necessary for delivering maternal and infant care (Objective 4).	Number of HU with basic equipment	Total of HU	Equipment Inventory	NA	National Inventory of Goods	2008	One HU per municipality	2009		

**Table 4.8 Progress on Indicators included in application**

**Impact Indicators**

Indicator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation
1. National coverage (%)	DTP3 SIVAC	87% (children under 1 year)	Department of Statistics/S	2009	95%	2011	93% (□valuative 2008)	
2. Number/% of municipalities achieving ≥80% DTP3 coverage	SIVAC	32%	Department of Statistics/S	2006	80%	2011	89%	
3- Coverage of MMR immunization in children 12-23 months	SIVAC	91%	Department of Statistics/S	2006	95%	2011	95% (□valuative 2008)	

4. Under-five Mortality Rate (per 1000)	ENDESA	26 x 1000	ENDESA	2006	20 x 1000	2011	26x1000	
5. Infant Mortality Rate (per 1000 LB)	ENDESA	23 x 1000	ENDESA	2006	19 x 1000	2011	23x1000	
6. Maternal Mortality Rate (per 100,000 LB)	IMMER	108 X 100,000 LB	IMMER	1997	82 100,000	x2011	108x100 ,000	

#### 4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form ( Annex 06 )
- b. Latest Health Sector Review report ( Annex 09 )
- c. Audit report of account to which the GAVI HSS funds are transferred to ( Annex 08 )
- d. Financial statement of funds spent during the reporting year (2008) ( Annex10 )
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to.

  
Financial Comptroller Ministry of Health

Name: Sigfredo Bustillo

Title / Post: Gerente Administrativo

Signature:

Date: May 8, 2009



Annual Progress Report 2008



2008

**Checklist**

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	May 12 <sup>th</sup>	
Reporting Period (consistent with previous calendar year)	2008 ISS, NVS 2008 y primer trimestre 2009 HSS	
Government signatures	X	
ICC endorsed	X	Annex 02
ISS reported on	X	
DQA reported on		
Reported on use of Vaccine introduction grant	X	
Injection Safety Reported on	X	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	X	
New Vaccine Request including co-financing completed and Excel sheet attached	X	Excel sheets for rotavirus and pneumococcal are enclosed
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	X	
ICC minutes attached to the report	X	Annex 01
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	X	Annex 06,08 and 09

## 6. Comments

*ICC/HSCC comments:*

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.

### **EPI Inter-Agency Cooperating Committee**

#### **CIDA / Canadian Red Cross**

They offered their logistic support to the National Vaccination Day in the Departments of Copan and Santa Barbara for 10 municipalities and 227 communities. They only requested that Health Units determine the target population and suggested that an acknowledgement certificate should be given to the communities. They congratulated the EPI and ratified their support. They also offered technical and financial support for EPI EIC and suggested a meeting with EPI at a date to be determined.

#### **Inter-American Children Institute (IIN)**

They acknowledged that the National Immunization Program is an essential pillar for improvement of health in Honduras, as well as a right for the survival of children; they also considered it an example of dedication and commitment. However, they identified lack of awareness of the population as a problem; given that now that vaccine-preventable diseases are not present, population is over-confident.

#### **Honduran Institute of Child and Family (IHNFA)**

They admitted that it is necessary to strengthen the information and education processes among the population so that they get vaccinated and do not miss their appointments.

#### **IADB (Inter American Development Bank)/ PROMESALUD Project**

They congratulated the EPI team and proposed that in order to strengthen the strategy of Renewed Primary Health Care, it is necessary to have a greater commitment from the community and local governments that allows broader social participation. They also offered their logistic support for the national vaccination campaigns and to expedite the construction of 3 cold rooms for Biologicals in the Departments of La Paz, Lempira and Intibucá.

#### **World Bank / AINC-C Project**

They explained the goals of the AINC-C strategy which includes EPI and committed to strengthen leadership in regions and suppliers for monitoring 6 Departmental Regions and 250 communities; in 2009 they will cover 1000 communities. They also offered logistic support in 2009.

#### **PAHO**

They expressed that they consider the Primary Health Care strategy as an option to strengthen the EPI and that the healthy municipality strategy shall be reintroduced. They also admitted that this is not an easy task and therefore they congratulated the EPI team and requested that the names of the municipalities at risk shall be provided at the next meeting.

~ End ~