Annual Progress Report 2009

Submitted by

The Government of

HONDURAS

Reporting on year: 2009

Requesting for support year: 2011

Date of submission: May 14th, 2010

Deadline for submission: May 15th, 2010

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

and any hard copy could be sent to :

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

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

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, and Annual

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about :

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

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

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of [*Name of Country*] **HONDURAS REPUBLIC**

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

Minister of Health (or delegated authority):

Arturo Bendaña Pinel, Medical Doctor.

Signature: .....

Date: April, 21, 2010

Minister of Finance (or delegated authority):

William Chong-Whong, Lic. Financial

Signature:

Date: April, 21,2010.

This report has been compiled by:

Full name: Ida Berenice Molina Position Chief EPI Telephone (504) 221 3901 to 221 3903 E-mail paihondurasahoo.com Full name: Nombre: Marla Palma Rios Position: Sub Chief EPI Telephone: (504) 246 7463 y 221 3901 E-mail:paihonduras@yahoo.com	Full name: Mariela Alvarado Mendoza Position: Asistant HSS/GAVI/UPEG Health Ministry Teléfono (504) 238 0976 y 222 1656 Correo electrónico: emalle@yahoo.com
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ICC Signatures Page

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

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

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

Name/Title	Agency/Organisation	Signature	Date
Dra. Lilian Reneau-Vernon	PAHO/WHO		21/04/10
Sr. Sergio Gimaraes	UNICEF		21/04/10
Dra. Emma Iriarte	USAID		21/04/10
Dr. Fernando Tome Abarca	Inter-American Children Institute		21/04/10

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

Comments from partners:

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.....

Comments from the Regional Working Group:

.....

.....

.....

HSCC Signatures Page

If the country is reporting on HSS

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), CONSALUD *[insert name]* endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organisation	Signature	Date
Dr. Arturo Bendaña Pinel	Minister Of Health		
Lic. Belinda E. Montejo Presidenta	Colegio de Enfermeras. Profesionales		21 abril 2010
Dr. Eduardo Villars Appel Presidente	Colegio de Cirujanos Dentistas		21 abril 2010
Dra. María del Socorro Interiano Directora de UPEG	Secretaria de Salud		21 abril 2010
Dra. Neyde Garrido Asesora Sistemas de Salud	OPS/OMS Honduras		21 abril 2010
Dra. Mirian Chávez Rivera Directora Medica	IHSS		21 abril 2010
Dr. Selim Nazzar Medicina ocupacional	Secretaria de Trabajo		21 abril 2010

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

Comments from partners:

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Comments from the Regional Working Group:

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

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.

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This APR reports on activities between January - December 2009 and specifies requests for the period January - December 2011

ABBREVIATIONS AND ACRONYMS THAT APPEAR IN THIS REPORT:

A/E	Auxiliary Nurse
AIEPI	Integral care of prevailing diseases in infants ICPDI
AIN-C:	Integral care to children in the community ICCEC
AMHON	Association of Honduran Municipalities
ATA	Registry of ambulatory attention.
COHEP	Honduran Private Enterprise Council.
DSIF	Family Health Department.
FONAC	National Convergence Forum (Civil Society organization)
IHSS	Honduran Social Security Institute.
LINVI	Integrated Surveillance Children List
LISEM.	Pregnant Women List.
LISMEF:	Women in fertile age list
M/C or MI	Mother/child or Mother/infant
LINVAC	Listing of immunized children
OPS/OMS	Pan American Health Organization/World Health Organization
PAI	Extended Program of Immunizations EPI
EPIM	Program for the Integral attention to women.
EPIN.	Program for the integral attention to children
PBSS	Basic health services BPHS
RAMNI	Accelerated decline of mother/child mortality
TSC	Tribunal Superior de Cuentas (Public Accounting Authority)
TICS	Technology for information and communication in the health field
UPEG	Planning and Monitoring (evaluation) unit of the Ministry of Health
US	Health Unit

List of Tables in 2009 APR

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List of supporting documents attached to this APR

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

Document N°	Title	APR Section
1	Calculation of ***Honduras*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 3.6
2	Minutes of all the ICC meetings held in 2009	1.5
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9	Minutes of the Technical Support Team of HSS	5.1.8
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12A-12B	Financial statement for the use of HSS funds in the 2009 calendar year	5.6
13	External audit report for HSS funds during the most recent fiscal year (if available)	5.6

1. General Programme Management Component

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

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

Provide justification for any changes ***in births****:*
Population changes shown in Table 1 (Annex) presented in 2009 APR coincide with the ones presented in the 2008 APR, which are in concordance with population under 1 and from one to four children all over the country for the period 2004-2015, as indicated by the Instituto Nacional de Estadística. (INE) (National Statistics Institute)

Provide justification for any changes ***in surviving infants****:*
No modification was made in the number of surviving infants since the official child mortality rate continues to be 23 for a thousand births.

Provide justification for any changes ***in Targets by vaccine****:*
No modifications were made to the targets of different vaccines. However, it is important to point out that when comparing the applied doses in 2009, in relation to 2008, an increase of 4% was observed for DPT3 and similar for the other vaccines and much more for BCG; beyond the number of estimated births. Since in 2009 intensive vaccination actions were carried out in endangered towns because of external support (PAHO, UNICEF), received because of the political situation in the country, the targets of infants to be immunised was not changed, until the achievements for 2010 are evaluated.
Regarding the p**neumococcal vaccine, it was decided not to change the targets for 2010, as the reception date is not known yet.**

Provide justification for any changes ***in Wastage by vaccine****:*
No modification in the rate of wastage of vaccines has been established.

1.2 *Immunisation achievements in 2009*

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

Among the main achievements:

- ✓ **Since 1991 the coverage in vaccines from EPI in infants under 1 exceeds 90% for all vaccines in the national vaccination scheme (measles, rubella and mumps)**
- ✓ **In 2009 the achieved coverage is superior to the one in 2008 and a coverage of 100% was reached for BCG; 98% for Sabin and Pentavalent and MMR, in an average of 6000 children for each of the vaccines.**

In 2009 the vaccine for Rotavirus is institutionalized in the National Vaccination Scheme. Some health regions started the application of this vaccine in February and others in March, since the first doses of vaccines were received until December 2008 and prior to the application, the health personnel had to be trained. The target was estimated according to the starting time of the vaccination for first doses 10.5 months and for second doses 8.5 months. The coverage reached for first doses was of 93.5%. However, for second doses, only 82% of the expected target was immunized.

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

The target for Rotavirus was not reached because of:

- ✓ **Age limits in the application of the first and second doses; since it is a new vaccine that appears in the National Vaccination Scheme, a systematic process of information, education and communication has to be done with the population, in order to allow mothers to go to the health centers on time to protect their children appropriately.**
- ✓ **Another reason was the strike of the health staff for more than 3 months in some storage areas (biologicals) and health centers because of the political crisis in the country (curfews, protests from workers, vandalism, citizen's insecurity, etc) in most important cities, which did not allow children who had received the first dose to get the second.**

The following was done to solve the problem:

- ✓ **Support from the Insituto Hondureño de Seguridad Social (Honduran Social Security Institute), private clinics (ASHONPLAFA) (Honduran Family Planning Association), firelighters, as collection centers for vaccines and acting as vaccination centers as well.**
- ✓ **People in the areas where health centers were closed for three months were informed about this situation.**
- ✓ **Use of external financial resources for vaccination actions,**
- ✓ **Execution of special vaccination actions in high risk areas.**
- ✓ **Prompt diffusion of the change recommended by the PAHO Immunization Technical Advisory Group regarding the change in the application of the first dose up to 3.5 months and the second up to 7.5 months old.**

In general, if we analyze the political situation that our country faced in 2009 and we compare the reached coverage with Rotavirus, the efforts of the health staff were extraordinary.

1.3 *Data assessments*

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

Official estimations of vaccination coverage of the country match the ones estimated by WHO and UNICEF. No national surveys were done in 2009 and comparisons cannot be made.

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

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

In June and July 2008, PAHO/WHO verified coverage of the Measles and Rubella (MR) vaccines in children 1-4 through the Rapid Coverage Monitoring (MRC). In the first monitoring, coverage of 94% in the 298 towns in the country was found, which is far beyond the official data.

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

As the country reported by 2007 negative data for the application of vaccines, since 2008 several actions have been undertaken, and some of them are:

- ✓ **Incorporation in EPI's supervision guide the data quality control, comparing different sources at the local level: vaccination lists, registry forms, registry of births, etc.**
- ✓ **Support of human resources from CEAL (Curso de Epidemiología Aplicada Local) (Applied Local Epidemiology Course) for the evaluation of the quality of data in 55% of the regions.**
- ✓ **Request for support from different donors through the Statistics Office and EPI for the design of vaccination software**
- ✓ **Systematic supervision from the central to the department level regarding the functioning of the information system.**

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

According to the 2010 Plan (EPI Plan 2010), these are the main activities:

- ✓ **Monitoring the functioning of software of the Sistema de Información de Vacunas (SIVAC) (Vaccine Information System)**
- ✓ **Start the design of EPI information sub system**
- ✓ **Preparation of manual for the use of LINVI for children under 2**
- ✓ **Continue with the supervision of EPI's Information system and data quality component**

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

1.4 *Overall Expenditures and Financing for Immunisation*

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

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

Expenditures by Category	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines[2]	7845,646	7,565,634	7,625,045
New Vaccines	3451,300	12,87,300	4,810,000
Injection supplies with AD syringes	137,354	295,266	315,655
Injection supply with syringes other than ADs	0	0	0
Cold Chain equipment	242,200	238,200	347,400
Operational costs	1,699,700	1,369,300	1,319,700
Training	212,500	219,300	422,500
Social mobilization	361,600	195,600	381,500
Supervision	158,100	165,600	169,500
Epidemiologic Surveillance	120,200	231,500	213,000
Research	36,000	36,000	45,000
Evaluation	65,100	111,200	71,000
Others: coordination, political priority, planning, other biologicals activities, cold chain and information system	653,900	1,471,530	1,236,900
TOTAL EPI	14,983.5	24,686,430	16,957,200
Total Government Health	9,079,750,046	10,032,846,511	11,036,131,162

Exchange rate used	L18.90 per US$

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

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

By analyzing the tendency of the immunization expenses from 2009 to 2011, meaningful variations for 2010 are observed, in relation to years 2009 and 2011, associated to the introduction of the A H1N1 vaccine.

For 2009, when analyzing the tendency bv category of the expenses in traditional vaccines, the expense is kept with slight differences. In new vaccines a growing tendency is observed, associated to the PVC 10 pneumococcal vaccine, approved by GAVI, considering the price of US$ 3.50 per a two-dose bottle and to the introduction of the A H1N1 vaccine in 2010, purchased with national funds and a donation from WHO. In injection supplies with AD syringes, the tendency is growing, associated in 2010 to the introduction of the A H1N1 and the possible introduction of pneumococcal PVC 10 vaccine by mid-year. In 2011 it is superior, as the needs for the year for pneumococcal are considered. The category of cold chain equipment keeps the expense, with emphasis to the acquisition of thermos, thermometers and cold chambers to replace equipment that is no longer useful. Operational costs increased in 2009 because of the intensification of the vaccination actions, with external support from PAHO and UNICEF, due to the political crisis that the country faced.

In the category training, an increase is expected for 2010, associated to the training process of the health staff in EPI updated guidelines.

In social mobilization the tendency is variable, associated to the introduction of new vaccines (Rotavirus in 2009 and EPI guidelines for 2011)

The expense in the components supervision and epidemiologic surveillance are kept and in evaluation it showed an increase, associated to the evaluation of the campaign with two phase pandemic influenza. In other categories the increase for 2010 is associated to the introduction of the pandemic influenza.

In relation to the expenses provided in the 2010 plan of action, there is a gap in some categories, associated to the introduction of the pandemic influenza vaccine and a sustainable program. In the components training, communication and social mobilization, evaluation and research—the deficit is manageable through a management of projects.

EPI'S financial sustainability perspective for its functioning in the short and medium term is by means of national funding, including the Rotavirus vaccine at the current price, but not the Pneumococcus or other new vaccines. The in-process strategies are the reformulation of the Vaccination Law to incorporate some components that are a priority to EPI and the permanent advocacy to the Ministry of Finance.

1.5 *Interagency Coordinating Committee (ICC)*

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

These were the general recommendations given according to the limitations outlined by EPI:

- ✓ **Political authorities request an accountability report to the health**

regions that don't achieve targets in a sustainable manner ✓ **Strengthen the information, education and communication component of EPI at the institutional and community level** ✓ **The Ministry of Health resumes the "Healthy Town" strategy** ✓ **Inform donors of the towns at risk, with the purpose of supporting different projects**

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

List CSO member organisations:
Asociación de Municipios de Honduras (AMHON) Association of Honduran Municipalities
Federación de Organizaciones Privadas de Desarrollo (FOPRIDE) Federation of Private Development Organisations
Colegio Médico de Honduras Association of Honduran Doctors
Asociación Pediátrica Hondureña (APH) Association of Honduran Pediatricians
Consejo Consultivo Nacional de Inmunizaciones (CCNI) National Council of Immunizations
Colegio de Enfermería Nurses Association
Asociación de Auxiliares de la Enfermería (ANEAH) Auxiliary Nurses Association
Save The Children
Plan International
Project Hope
Honduran and American Red Cross

1.6 *Priority actions in 2010-2011*

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

The main objectives are oriented to the strengthening of EPI in all the components, with emphasis in the critical areas in towns and departments as well. **Among the priority actions are:** ✓ **Improvement of the control of biologicals and supplies at EPI** ✓ **Implementation of a nominal system of vaccines** ✓ **Reformulating of the National Plan for information, education and communication** ✓ **Monitoring, supervision and evaluation of all the levels of the system**

2. Immunisation Services Support (ISS)

2.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$.....0.....
Remaining funds (carry over) from 2008: US$ 70,831.00.....
Balance carried over to 2010: US$.....0.....

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

With the 2008 balance, transferred to 2009, these are the main activities that were conducted:

- ✓ **Supervision of EPI in all the components and regions at risk**
- ✓ **Execution of vaccination actions in 6/20 health regions (Gracias a Dios, Intibucá, Lempira, Olancho, Metropolitana DC, Cortés and Santa Bárbara), in health centers located in towns at risk with of a coverage under 95%, considering the Pentavalent vaccine as an indicator**
- ✓ **Evaluation of EPI in all components with the 20 department teams in February 2009**
- ✓ **Acquisition of information technology equipment for EPI central offices**
- ✓ **Translation of Progress Report and annexes sent to GAVI and their printing**

2.2 *Management of ISS Funds*

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

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

EPI has in the Multi Year Plan for 2006-2010 an annual plan that identifies the national and external financial sources, where GAVI funds are detailed.
The operating annual plan with national funds identifies external financing by source, which is a part of the consolidate at the Dirección General de Promoción de la Salud (General Direction for the Development of Health), dependant of the Ministry of Health.
As it has been described in previous reports (2007,2008) funds granted by GAVI for the HSS area are administered through the PAHO/WHO representation in the country and EPI makes, according to the plan, requests for agreements and cooperation following the guidelines established by PAHO/WHO
According to 2008 and 2009 internal audits reports, the management of funds has not revealed any action that demands any civil liability.
Clarification to GAVI about the financial status of 2009 ISS Funds:
Cash balance as of December 2009, sent in 2008 APR does not coincide with the datum that is sent in the 2009 APR, which is higher, due that part of the executed funds in 2008 are reflected in the report that PAHO sent to the MOH for 2009.

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process. *NOT APPLICABLE*

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

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

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached **(Document N° 4)**.

2.4 *Request for ISS reward*

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

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

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

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

According to the data of vaccinated infants with Pentavalent3 (DTP-HepB-Hib) in 2009 (165,470) in relation to the ones vaccinated in 2008 (168,744), the expected reward is US$ 135,000.00

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

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

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

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

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

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
Rotavirus	**382,300**	**8/09/2008**	**445,200**	**0**

* *Please also include any deliveries from the previous year received against this DL* ***120,400 doses received in December 2008 are excluded.***

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

What are the main problems encountered? *(Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)*	**There are differences between the approved and received Rotavirus vaccine because of these reasons:** • **The Ministry of Health of Honduras, by means of the Department of Statistics makes annual estimates of the target population for health programs, based on official projections given by the INE (National Statistics Institute) derived from the last Census of living population (2001). In 2008 INE made an adjustment of the population under 1 and from 1 to 4, nationwide, for the period 2004-2015, based on the decrease of the fertility rate between the one in 2001 and the Encuesta Nacional de Demografía y Salud (ENDESA) (National Survey of Health and Demographics). Based on this, population under 1 was meaningfully decreased (16%), which originated reprogramming of requirements for the new vaccines, based on the new population.** • **The country had anticipated the introduction of the Rotavirus vaccine for 2008, but the first 120,400 doses of the vaccine were received until December of that year; hence starting the vaccination for Rotavirus until February 2009. As a result, the anticipated quantities for that year were reduced.**
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	• **Start of vaccination until 2009 and decrease in number of doses of the vaccine based on the new population, which guarantees a reserve of at least 3 months.**

3.2 *Introduction of a New Vaccine in 2009*

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

Vaccine introduced:	NONE
Phased introduction [YES / NO]	Date of introduction .....
Nationwide introduction [YES / NO]	Date of introduction .....
The time and scale of introduction was as planned in the proposal? If not, why?	• **Honduras had to receive in 2009 Pneumococcocal PCV 7 vaccine (approved in 2007) for 2009.** • **To date, we continue expecting that vaccine, and the estimated date of arrival is unknown.** • **PAHO/WHO has informed us about the pre-qualifying situation for GAVI countries** • **GAVI has not sent our country any notification yet**

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received:	**US$ 20,000**	**Receipt date: March 26, 2008**

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

The 2008 APR detailed the activities undertaken on that year for the introduction of the vaccine. Following are the activities executed in 2009 for the introduction of the Rotavirus vaccine

- ✓ **Workshops with the health staff about technical guidelines for the introduction of the Rotavirus vaccine, nationwide with departmental teams; at the department level with municipal teams and at the municipal level with local teams.**
- ✓ **Strengthen the surveillance of Rotavirus**
- ✓ **Supervision of the introduction process of the new vaccine**

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

Rotavirus vaccine

- ✓ **Reprogramming of requests for cooperation in training due to delays in the sending of the vaccine**
- ✓ **Change, in the same year, of the presentation of the vaccine (from lyophilized to liquid), which demanded socialization of the new guidelines with the health personnel**

Pneumococcal vaccine US$ 100,000

- ✓ **The grant received for the introduction of this vaccine has not been used due that the vaccine has not been received yet. Its execution has been re scheduled to 2010**

Is there a balance of the introduction grant that will be carried forward? **[YES]** [NO]
If YES, how much? US$..... **127,590.33**

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

Following are the undertaken activities with balance of the grant:
Rotavirus vaccine for US$ 127,590.33:

- ✓ **Production of surveillance material, vaccination coverage, programming and information system: surveillance cards, local LINVI monitoring coverage graphs, programming booklet and vaccination cards.**
- ✓ **Technical-administrative evaluation meeting with all EPI components, including the plan for the introduction of new vaccines, with the participation of technical department teams, technical teams from the central level, IHSS and donors.**

These are the activities that will be undertaken with the grant:
Pneumococcal vaccine for US$ 100,000

- ✓ **Design and implementation of software for the control of biologicals and supplies at EPI**
- ✓ **Writing and translation of reports and other documents.**
- ✓ **Training of the health staff about guidelines for the introduction of the pneumococcal vaccine**
- ✓ **Design and production of IEC material to support the introduction of the new vaccine**
- ✓ **EPI Technical-administrative evaluation meeting with all its components, with emphasis in the introduction of the pneumococcal vaccine**

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N° 5).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (Rotavirus)	**April 2009**	**February 5**	**April**
2nd Awarded Vaccine (Pneumococcal)	**April 2009**	**Upon receipt**	**April**
3rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (Rotavirus)	**111,303**	**15,800**
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What sources of co-financing were used?

Funds from the National Budget of the Republic of Honduras.
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
The existence of credit balance from the previous year in the Revolving Fund facilitated the payment of the co financing on the scheduled time.

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

NOT APPLICABLE

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

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

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

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

NOT APPLICABLE

When is the next EVSM/VMA* planned? *[mm/yyyy]*
According to the guidelines, it should be done a year after the introduction, that is to say, in 2010

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

3.5 *Change of vaccine presentation*

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

Please specify below the new vaccine presentation:

NOT APPLICABLE

Please attach the minutes of the ICC meeting **(Document N°.....)** that has endorsed the requested change.

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

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

The country hereby request for an extension of GAVI support for **Rotavirus (2-dose scheme) and Pneumococcal PCV10 vaccine** for the years 2011-***2015.*** At the same time it commits itself to co-finance the procurement of **Rotavirus (2-dose scheme**) and

Pneumococcal PCV10 vaccine in accordance with the minimum GAVI co-financing levels as summarised in document **1, table 1, annex 1.**

The multi-year extension of **Rotavirus (2-dose scheme) and Pneumococcal PCV10 vaccine** support is in line with the new cMYP for the years **2011-2015**, which is attached to this APR **(Document N° 6.).**

The country ICC has endorsed this request for extended support of **Rotavirus (2-dose scheme) and Pneumococcal PCV10 vaccine** at the ICC meeting whose minutes are attached to this APR. **(Document N° 7)**

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

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

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

[YES, I confirm] / [NO, I don't]

If you don't confirm, please explain:

4. Injection Safety Support (INS)

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

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

Are you receiving Injection Safety support in cash *[YES/**NO**]* or supplies *[YES/NO]* ?

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

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

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

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

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

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	**Auto disable**	**National funds**
Measles	**Auto disable**	**National funds**
TT	**Disposable (PAHO Revolving Fund does not offer the syringes the country requires)**	**National funds**
DTP-containing vaccine	**Auto disable**	**National funds**
DPT, Hepatitis B, Influenza	**Auto disable**	**National funds**

Please report how sharps waste is being disposed of:

The following practices for safe injections have been implemented nationwide:

- ✓ **Disposal of syringes and needles used at the routine vaccination services and vaccination campaigns in safety boxes**
- ✓ **Destruction of needles and syringes used in the vaccination services using portable needle destroyers in hospitals, health centers and health posts that have electricity**
- ✓ **Final disposal of safety boxes in safety holes and burial (in rural health centers) and disposal in municipal dumps (in larger cities)**
- ✓ **In the second largest city in Honduras—San Pedro Sula—they are incinerated by means of a private company and in Puerto Cortés they are deposited in a landfill.**

Does the country have an injection safety policy/plan? [***YES*** */ NO]*

If YES: *Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)*

IF NO: *Are there plans to have one? (Please report in box below)*

The country has a National plan for safe injections of the waste originated in the vaccination services and those activities are integrated to the annual plan. For 2010 EPI will acquire, through the PAHO Vaccine Revolving Fund, auto disable syringes for the application of TT, following the recommendations of the WHO regarding the size of the syringe.

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

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

Fund from GAVI received in 2009 (US$): .....**0.00**.....
Amount spent in 2009 (US$):.....
Balance carried over to 2010 (US$):.....

Table 9: Expenditure for 2009 activities

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

Total	

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

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	**Budget in US$**
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

Background to the 2010 HSS monitoring section

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

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

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

5.1 *Information relating to this report*

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

5.1.1 Government fiscal year (cycle) runs from **January to December**.
5.1.2 This GAVI HSS report covers 2009 calendar year from **January to December 2009**
5.1.3 Duration of current National Health Plan is from **February 2006 to January 2010** and the new NHP is from 2010-2014 within the Vision of the Country 2010-2028.
5.1.4 Duration of the current immunization MYP is from **January 2006 to December 2010.**
5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on* ***May 6, 2010.*** *Minutes of the said meeting have been included as (****annex document 8*** *to this report.*']

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic clarifications:			
Dr. Janethe Aguilar Montano	Ministry of Health/UPEG	Preparation	janethe_aguilar@yahoo.com (504) 238 0976 y 222 1656
Focal point for any accounting of financial management clarifications			
Dr. Mariela Alvarado Mendoza	Ministry of Health/UPEG	Preparation	emalle@yahoo.com (504) 238 0976 y 222 1656
Other partners and contacts who took part in putting this report together:			
Dr. Neyde Garrido	PAHO/WHO Honduras	Preparation and revision	garridon@hon.ops-oms.org (504) 221 6091 ext. 2106
Dr. Mario Cruz Peñate	PAHO/WHO WDC	Revision	cruzmari@paho.org +1 (202) 9743306

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

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

1. HONDURAS Application for HSS/GAVI 2008-2011 (approved proposal).
2. Operating plans from the HSS/GAVI implementing entity at the MOH central level (Management, Planning and Evaluation Unit (UPEG)) (January-December 2009).
3. Operating plans and technical and financial progress reports from 20 implementing entities nationwide (20 regional health directorates)
4. Liquidations with support documentation 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)
7. Report on the monitoring and evaluation of the Accelerated Reduction of mother/child Mortality (RAMNI)

In order to improve the support data in the Annual Progress Report, to improve the quality of data and to standardize HSS/GAVI indicators with the health policy and technical guidelines for the mother/child attention, meetings were held with the advisors from the Program for Integral Attention to Women (PAIM), the Integral Attention to Child (PAIN)[5] and EPI

In the discussions it was identified the need to standardize methods to collect information and to build the indicator; these were the conclusions:

1. Consolidate the monitoring and evaluation process of HSS/GAVI to achieve standardization of these indicators with the ones given by DSIF and within the RAMNI National Policy.
2. Promote integral and integrated supervision.
3. Strength data audits.

A meeting with HSS/GAVI technical group was held later for the revision and discussion of the indicators of this initiative and the RAMNI policy, with the aim of defining operative strategies to improve the quality of data (in process).

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

We think this is a very friendly form for the preparation of the Annual Progress Report. Honduras requested in the 2008 Report a harmonisation in the execution period of HSS/GAVI and the fiscal and technical execution of the current system in the country; and it was approved at the 2009 Annual GAVI Alliance meeting in Bolivia.

5.1.8 Health Sector Coordinating Committee (HSCC)

CONSALUD, due to the political crisis in the country, has not met again since June 2009. Because of this, the technical-finance meetings have been held with HSS/GAVI Technical Team in the central level, which is now enlarged with the participation of the areas: UPEG's Information System, Studies and Finance and Technical Secretariat of RAMNI Policy..

On May 6, 2010 the HSS/GAVI financial and technical report was presented to CONSALUD and members of the Technical Support Team. (Minutes on Document 8)

During 2009 meetings with the Technical Support Team were held (minutes on Document 9). Evaluation of the Health Sector appears (Document 10)

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

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

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)	**0**	**607,000**	**1,004,639**	**574,000**	**349,000**	**0**	**0**	**0**	**2,534,639**
Revised annual budgets (if revised by previous Annual Progress Reviews)	**0**	**0**	**452,807.48**	**1,004,639***	**574,000**	**349,000**			
Total funds received from GAVI during the calendar year	0	**607,000**	**0.00**	**502,250.00**					
Total expenditure during the calendar year	**0**	**154,192.52**	**370,515.25**	65,450.35					
Balance carried forward to next calendar year	0	**452,807.48**	**82,292.23**						
Amount of funding requested for future calendar year(s)	0		**1,004,639**	***502,389**	**349,000**				

*Request for transfer of remaining portion before the second semester of 2010. **(Document. 11)**

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

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

According to the proposal, HSS/GAVI is scheduled to end in 2011, as shown on Table No. 11. This implementation must be made possible up to 2012, because of:

1. **In 2008 the allocation of funds was delayed, hence the disbursements to the Health Regions in the country were delayed too (in November), leaving only 33 working days, during which 25% of the funds was used for the first year.**
2. **The brought forward balance for next year (2009) was $ 452,407.48 and because of inconveniences already known, request for extension of the first year until December 2009, was made, with the aim of concluding the programmed activities.**
3. **In numerals 1 and 2, the HSS/GAVI Funds for 2009, 2010 y 2011 are requested to be transferred to the following years (see Table No. 11).**

Financial execution in 2009 was done with funds from 2008, and only 82% was used. The reason was because the 21 HSS/GAVI executing units had to

postpone the execution of the programmed activities for difficulties related to:

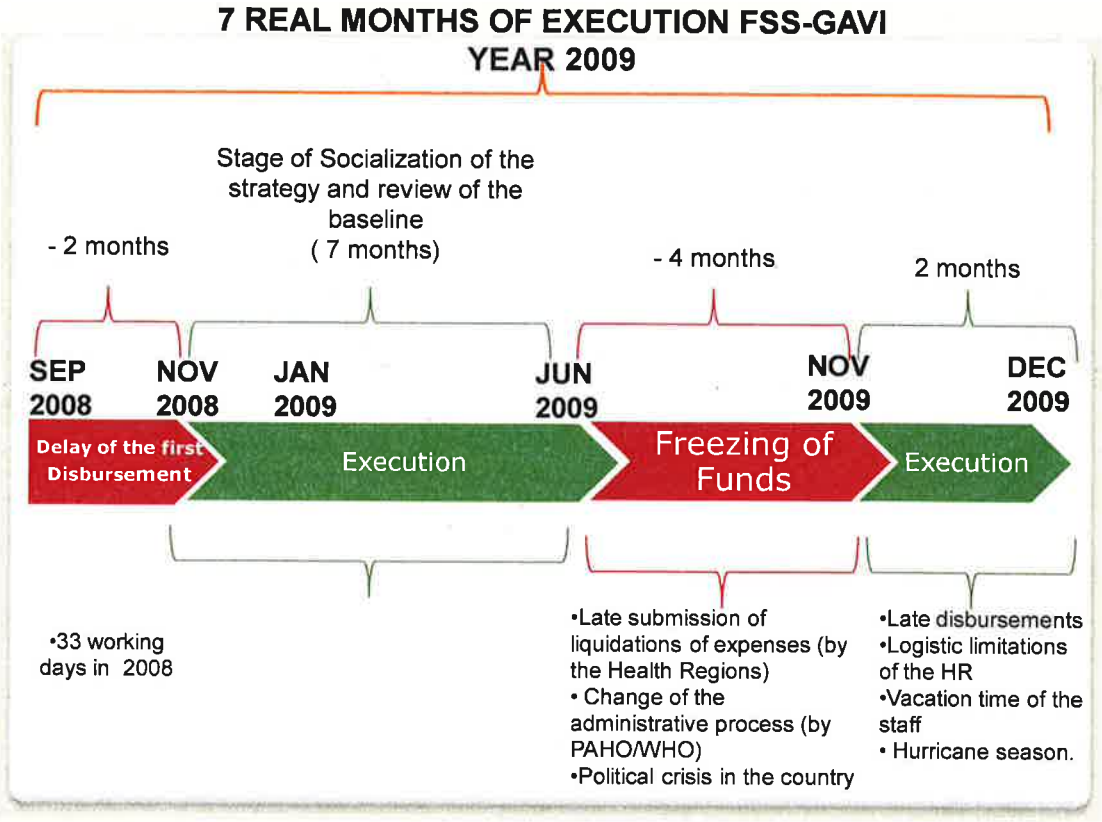
1. **Units were weak in accountability. When requested to submit liquidation of expenses, most of the units did not submit the supporting documentation as requested by the guidelines, delaying the submission of those liquidations even for 4 months. The elapsed time meant the temporary freezing of funds in all the units, since the management obliged them to comply with the liquidation of expenses simultaneously. This situation called for a re scheduling of the operating plans.**
2. **The administrative method was not the most appropriate for the execution of the liquidation of expenses for HSS/GAVI. For this reason, PAHO/WHO Honduras made, during the second quarter of the year, a change in the procedure for the allocation of funds to the executing units (From "Courses and Seminars" to "Letter of Agreement"). This measure facilitated the liquidation of expenses, but at the same time, it involved time for the preparation of the Letters of Agreement for each of the Health regions, delaying the disbursements for about 5 weeks after the scheduled date.**

1. **On the second quarter of the year Honduras had the political crisis after June 28, 2009. During the third and fourth quarter of the year, and as a consequence of this political crisis, continued strikes and protests took place, hence paralyzing the work on the health regions around the country.**
2. **New political, technical and administrative authorities in all levels of the MOH took charge, and as a result, the authorized signatures in bank accounts of executing units had to be changed.**
3. **As a consequence, only 13 out of 20 (65%) health regions submitted, in the last quarter of the year, in due time and form, a reschedule of activities; those were assigned funds through the letter of agreement.**

82% of the global execution of 2009 corresponds to the purchase of 9 cars and 11 motorcycles; the remaining was used in the operations of the Health regions.

Health Regions executed 61% of the allocated funds, as outlined on their work plans.

This operational capacity is directly related to the real execution time (seven months) in 2009;the most relevant factors that influenced this capacity appear on the following chart:



Conclusions:

1. **The administrative process *Letter of Agreement* is a dynamic mechanism that allows the Health Regions execute their operating plans more efficiently; and it facilitates the submission of the liquidations of expenses.**
2. **The PAHO/WHO and UPEG(MOH), analyzed and agreed on mechanisms to overcome the delays in the submission of operating plans, liquidation of expenses and allocation of funds.**
3. **Despite the difficulties encountered in 2009, Health Regions improved their operating capacity during the last quarter.**

Proposal for the concentration of geographic area (AGI) benefited with the GAVI grant for children for 2010-2012.

For 2010 and by means of negotiations for external funds, MOH will have the support of several cooperation agencies, which will work under the policies and technical supervision from RAMNI, which in turn, will be decentralized to specific health regions according to financing sources and the objectives in their agreements. This is the geographical distribution.

1. **HSS/GAVI: currently working with the 20 health regions in the country.**
2. **USAI funds: they will concentrate in four regions of the subsector plan,**
3. **Funds from Spanish Cooperation Agency (AECID) in six regions of the country, different from USAID'S**

The current political approach of the Government of Honduras seeks for efficiency and effectiveness in health investment, focused in the integral development of towns,

in accordance with the Plan and Vision of the Country 2010-2028, which looks for the complementation of national investment with external funds, and to maximize the impact of the actions and that these become sustainable,

For this reasons we are proposing the concentration of investment of the GAVI Funds for HSSGAVI for the period 2010-2012, in 10 health regions of the country which will not be benefited by these two financing sources, ones which will have funds for the execution of the five objectives of the proposal, as outlined.

The other 10 regions (using USAID and AECID funds) will have HSS/GAVI (from the UPEG central unit) support for the execution of activities in Objective No. 1 (Managerial Training) in activities 1.1 to 1.3 and in objective No. 2 (delivery of PBSS) in activity 2.4 .

The execution of activities No. 1.4 and 4.1 will be carried out only in the 10 regions selected for HSS/GAVI.

The concentration of the influence area calls for work in the 46 prioritized towns in these 10 regions, with the allocation of a major budget to invest in all the communities of these towns and to have a greater impact of their actions—not only in some of them for the available funds are insufficient to develop activities (in time and concentration) and to obtain the expected results.

With the AGI concentration work will be done in 10 health regions, 46 towns and 234 communities.

Map: Distribution HSS/GAVI 2010-2012

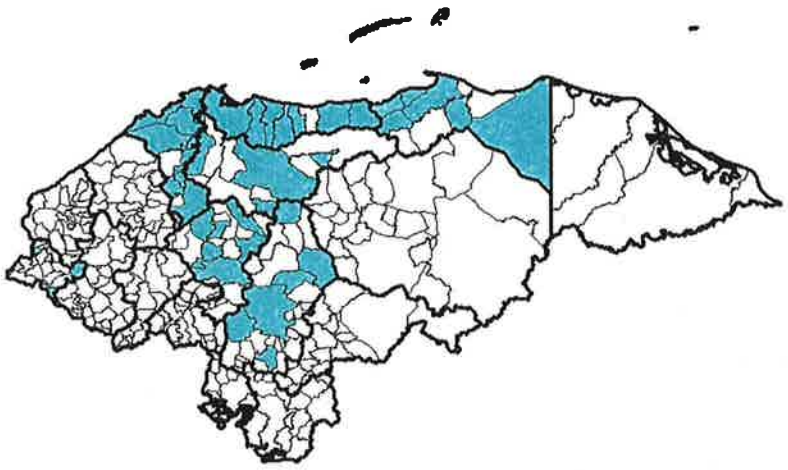


Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009		Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1: This objective is planned for the second year of the execution.			For Honduras the second year of execution is from January to December 2010
Objective 2: Guarantee the delivery of Mother/child basic health services (PBSS-MI) at least four times a year in the 104 prioritized towns Source of information: Technical and financial reports of the execution units			
Activity 2.1: Review of the baseline of the mother/child situation in the Health Units for intervention and consolidation (in the departmental and municipal level)		100%	9/20 health regions reviewed the baseline of the mother/child situation in the first quarter of 2009 and to date, 100% (20/20) have their baseline
Activity 2.2: Recruit personnel to cover closed Health Units due to different reasons (as planned)		84%	84% (16/19) executed funds for recruiting 40 auxiliary nurses for 45 health units in order to offer health services all year round 16% (3/19) of the Health Regions did not execute funds because of lack of qualified human resources.
Activity 2.3 prioritizing, planning and scheduling of the communities by Health Units for the delivery of the PBHS with the participation of the community and town governments		100%	94% of towns (98/104) scheduled the EPBHS with HSS-GAVI funds y and the remaining with another source (World Bank); 586 communities in the 98 prioritized towns were programmed (the Health Region in Copán did not prioritized communities)
Activity 2.4 Resume the implementation and monitoring of the application and use of the LINVI, LISEM and LISMEF instruments as local instruments for surveillance in child's health care		75%	(15/20) conducted this activity; (6/20) reported improvements in getting children under 2, as the registry of this age group in the instrument allows constant monitoring of vaccinated and pending children. (3/20) trained the health staff in the implementation of these instruments, making a total of 269 trained people. The 5 Health Regions that did not conduct this activity was because of difficulties in the implementation. Weaknesses found: Insufficient supply of the instruments

		a) Outdated instruments b) Weak use, analysis and monitoring of the instruments c) Insufficient time for the completion of the instruments. Comments: Instruments will be revised and updated for the second year, and an instruction manual will be issued for their completion. Also, monitors will be trained to reinforce this activity.

Report on HSS activities in 2009 reporting year

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

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

Activity 3.3 Monitor the implementation of the ICCEC strategy.		
Objective 3: To extend and complete the Integral attention to prevailing diseases in infants (ICPDI) strategy at the Metropolitan Health Regions		
Activity 3.1: Identify priority health units for intervention in the two Metropolitan Health Regions	**100% of the Health Regions**	**The two Metropolitan Health Regions selected a total of 28 Health Units to implement the AIEPI strategy**
Activity 3.2 Recruitment, selection and training of direct attention personnel in the health units prioritized for ICPDI		**This activity is scheduled for the second year of execution (2010)**
Activity 3.3: Monitor of ICPDI strategy in the two metropolitan regions		**This activity is scheduled for the second year of execution (2010)**
Objective 4: To provide the necessary basic equipment for the provision of mother/child services as well as to strengthen the mobilization capacity of the staff and transportation of the biologicals **Source of information: 2009 technical-financial reports of the execution units**		
Activity 4.1	**The acquisition, distribution and installation of basic child/mother equipment in the**	**Starts in 2010**

	health units of the prioritized towns applies	
Activity 4.2	Acquisition of 9 cars and 11 motorcycles to support monitoring and maintenance of the cold chain and basic equipment	Done and reported in 2008
Activity 4.3 Support for the strengthening of the cold chain at the national level for the introduction of new vaccines	Acquisition of 2 refrigerated vehicles for the distribution of vaccines in the selected departments and later storage at the National Center of Biologicals	Activity for the second year (2010), but it was substituted by the installation of solar panels, materials and supplies for the cold chain. To be executed by EPI. This change was requested in the 2008 APR and approved at the GAVI Evaluation Meeting in 2009 in Bolivia.
Activity 4.4: Formulation and implementation of a maintenance plan for mother/child basic care equipment	100%	Six HR were supported for activities: • Purchase of parts for the cars • Purchase of parts for the cold chain • Installation of refrigerators • Technician's assistance for the maintenance of the cold chain
Objective 5 To strengthen the monitoring, supervision and evaluation process of the mother/child health services in all the levels Source of information: Technical and financial reports of the regional units		
Activity 5.1: Revision, adaptation and application of instruments and standardized methodologies for monitoring, supervising and evaluating mother/child health services	71%	14 HR programmed this activity for 2009, 10 had monitoring trips to the selected HU and they evaluated ICCEC, ICPDI, surveillance instruments and delivery of BPHS. 4/10 validated and standardized the monitoring, evaluation and supervision instruments and two regionals held evaluation meetings with their selected towns. 4 of the HR did not comply with this activity due to delays in the execution of the previous activities. 6 of the HR did not schedule this activity.
Activity 5.2: Formulation of the departmental and municipal annual plans for monitoring, supervising and evaluating institutional and community mother/child health services.		Starts on 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 on the second year**
Activity 5.4: Evaluation, at the departmental and municipal levels, of the goals of the mother/child health plan in the priority municipalities with the participation of technical personnel and municipal governments.		**Programmed for the second year**

5.3 *Support functions*

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

5.3.1 Management

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

Management of HSS/GAVI Funds follows the guidelines for Honduras with the approved modifications on the request in the2008 APR, In the evaluation conducted in 2009 in Bolivia, under the PAHO/WHO administrative guidelines.

At present the procedure to allocate funds to the 21 units is by means of letters of agreement signed by each unit manager and PAHO/WHO. With this procedure, the administrative chain in the allocation of funds for the Health Regions will be shortened; for once the operating plans of each unit are revised and approved, PAHO/WHO Honduras will deposit the check with the financing directly to the health region, hence shortening time in about three weeks and in two administrative steps. This procedure was initiated in the last quarter 2009. We believe this kind of management is effective, as it allows each unit to be independent, avoiding general freezing when one or more units are late with the requirements for the allocation of funds; furthermore, this facilitates the submission of liquidations of expenses.

Regarding the submission of liquidations of expenses, visits to Sanitary Regions with weakness in accountability have been programmed for 2010, and funds have been allocated to the units so they can mobilize to the Central Unit in order to carry out joint revisions before the date of submission is due.

For the management and programming of the 10% of the funds from national sources for 2010 the Area of surveys and Financing (from UPEG) was integrated. At the same time, it will accompany the central unit in the execution of such national funds according to the guidelines for the operation of national funds. Within this joint work, the Plan for financial investment and purchases was

elaborated with the participation of the Advisory Committee. This unit and the Pre intervention unit of the Management office of the MOH, will include the 10% of the national funds in the draft for the 2011 budget--for the first year of execution of HSS/GAVI--which is pending, along with the amount for 2011.

It must be pointed out that in order to have an efficient technical and operating management of HSS/GAVI, the supporting technical committee has been enlarged in the areas of SIS, Surveys and Financing, and Planning, Monitoring and Evaluation (UPEG).

.3.2 Monitoring and Evaluation (M&E)

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

Monitoring and evaluation of HSS/GAVI Honduras follows the official technical and administrative guidelines of the MOH and PAHO/WHO.

1. **For monitoring the financial investment of the granted funds, the verification of accounts and accountability for each of the health regions is followed: revision by the Central Monitoring Unit (UPEG), then, revision by the Administrative office of the MOH and then, the revision by PAHO/WHO Honduras,**
2. **Request for audit of the funds before the Internal Audit Unit of MOH, which is currently undertaking the audit of executed funds in 2008 and 2009. (This APR contains a preliminary report of such audit).**
3. **A Central Technical Committee supports the HSS/GAVI and it participates in the programming, reprogramming and monitoring of the operations.**
4. **Re scheduling of activities and budgetary allocation for 2009 and 2010 was done with this committee.**
5. **This committee has also participated in the revision and updating of the supervision guide, the instrument for reviewing indicators and the HSS/GAVI plan for monitoring and evaluation,**
6. **Standardization of the HSS/GAVI indicators was drafted with the support of technical units (central level and RAMNI policy).**
7. **HSS/GAVI Semestral and annual evaluations are inside each region's programs, as part of the National Evaluation Process.**

For follow up, monitoring and evaluation of each health region by the HSS/GAVI and UPEG (MOH) central coordinating unit, funds had to be reprogrammed, since the programmed budget is insufficient to carry out continuous visits and meetings with the 20 units due to the high costs in mobilization. This difficulty is overcome for 2010 with the availability of 10% of funds from national sources.

Monitoring of the financial execution has been strengthened with the recruitment of a manager with a degree in Banks and Finances and an assistant manager, beginning October and may 2009, when they were posted to the central unit and financed with national funds in 2009.

Evaluation for 2009 was conducted with the HSS/GAVI Technical Support Committee, where limiting and facilitating factors were discussed; these were the recommendations;

- **Strengthen managerial capacities of regional and local teams to execute decentralized management,**

- **Identify more effective management mechanisms that facilitate the prompt availability of funds for reducing the delay in each disbursement. la de**
- **It is a priority the monitoring of the application of the proposal with the technical support team (UPEG) though a standardized monitoring and evaluation plan with the RAMNI national policy.**

Comments: In 2009 MOH did not conduct the mid and end of year evaluations , but UPEG submitted a comparative progress report, of the government period 2006-2010, which is in the annexes.

3.3.3 Technical Support

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

In the technical area this central unit was strengthened out with support from UPEG's Planning, Monitoring and Evaluation and Surveys and Finance Areas; at the same time it was supported by the Family Health Department (DSIF) and EPI.

Continue with the support and joint work of the technical-normative units at the central level of the MOH in the HSS/GAVI technical and financial processes, continuous execution of the work agenda of the HSS/GAVI Technical Support Committee.

Integrate the Information Systems Area to UPEG and HSS/GAVI Technical support committee, as one of the HSS/GAVI objectives is the strengthening of the mother/child information sub-system.

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

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

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010 With remaining funds from 2009	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1: To develop the health management capacity at the local levels to strengthen maternal and infant care in the 104 prioritized municipalities					
Activity 1.1:	**Provide training to health teams at the departmental and municipal level on technical and managerial issues.**	**35,000**	**40,174.60**	**0**	**Original budget for 2010 was $ 574,000. Due to the extension for the first year up to December 2009, the approved amount was reprogrammed for the second year (2010), which is of $ 1.004,369.00, according to the priorities in each HR and the Coordinating Unit.**
Activity 1.2:	**Offer financial and technical support to the process of formulating the Mother/child Health Plans at the local level with emphasis on promotion and prevention, and its incorporation to the health municipal plans.**	**4,000**	**3591.18**	**0**	**Funds for the second year (2010) are in process to be transferred to the HR.** **Up to March 25, 2010, first disbursement of US$502,250.00 for the current year has not been transferred to PAHO/WHO/Honduras.**
Activity 1.3:	**Improve the adequacy of information subsystems in mother/child health and provide training for the management, analysis,**	**4,000**	**5,000**	**0**	**Funds for the second year (2010) are in process to be transferred to the HR.** **Up to March 25, 2010, first disbursement of US$502,250.00 for the current year has not been transferred to PAHO/WHO/Honduras.**

	and use of the data.				
Activity 1.4:	Acquisition of hardware and software for the implementation of the mother/child information subsystem network, equipment inventory, and surveillance		200,639	0	Original budget was $ 278,639. $ 78,000 was programmed for Activity 4.2, approved by the Technical Support Committee.
Objective 2:	To guarantee the delivery of the maternal and infant basic package of health services (BPHS-MI), four times per year, in the 104 prioritized municipalities.				
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	0	0	0	Activity just for the first year.
Activity 2.2:	Recruit personnel for the HU closed due to various reasons (subject to programming).	57,000	56,512.51	0	
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	4,000	4,273.93	0	

	Governments.				
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.	10,000	20,000	0	

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.	95,000	98,430.53	0	
Activity 2.6:	Organization of an annual mother/child 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.	25,000	14,014.68	0	

Objective 3:	**To extend and to complete the strategy of Integral Care for Children in the Community (ICCEC), inside the 104 prioritized municipalities**				
Activity 3.1:	**Identify priority towns for intervention in the selected municipalities.**	**0**	**0**	**0**	
Activity 3.2:	**Recruitment, selection and training of leaders from the communities selected for ICCEC implementation**	**35,000**	**42,486.77**	**0**	
Activity 3.3:	**Monitor the implementation of the ICCEC strategy.**	**20,000**	**30,969.25**	**0**	
Activity 3.4:	**Implementation of ICPDI strategy in the two metropolitan regions** **Printing of ICPDI manuals**	**0**	**0**	**2,738.10**	
Objective 4:					
Activity 4.1:	**Acquisition, distribution and installation of basic equipment for maternal and infant PHC in selected HU**	**140,000**	**201,000**	**0**	
Activity 4.2:	**Acquisition and transfer of 3 cars to support monitoring**	**0**	**78,000**	**11,903.34***	**Due to the fact that only 9 cars were bought in the first year (14 were planned), funds from activity 1.4 were reprogrammed for this purchase to**

	and maintenance of the cold chain and basic health equipment in three prioritized HR.				benefit 3 selected HR. This reprogramming was made with approval from the Technical Support Committee. *3 motorcycles for supervision and maintenance of the cold chain were bought (for 3 HR), This activity was carried out in 2010 with remaining funds from 2009.
Activity 4.3:	Strengthen the cold chain with the installation of solar panels, solar refrigerators and cold rooms.	0	70,000	0	This reprogramming of activities was proposed in the 2008 APR and approved at the Evaluation Meeting for 2009 in Bolivia.
Activity 4.4:	Formulation and implementation of a maintenance plan for equipment and mobile mother/child care units.	10,000	8,024.81		
Objective 5:	To strengthen the monitoring, supervision and evaluation process of the maternal and infant health services at the different levels of the services network.				
Activity 5.1:	Revision, adaptation and application of instruments and standardized methodologies for monitoring, supervising and evaluating maternal and infant health services.	0	0	31,433.29	Activity carried out after the 2009 Evaluation Meeting using remaining funds.
Activity	Formulation of the departmental and	5,000	8,613.41		

5.2:	municipal annual plans for monitoring, supervising and evaluating institutional and community maternal and infant health services.				
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.	45,000	45,486.11	0	
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.	25,000	17,696.83	0	
	Support Expenses				
	Management	25,000	16,836	1,848.21	This was executed with remaining funds from 2009 to cover needs of the central coordinating unit.

	M&E	**12,500**	**21,576.62**	**6,264.18**	**This executed amount is from remaining funds from 2009 which were invested in the recruitment of an Assistant Manager and an Auxiliary Assistant Manager for the first quarter of the year ($ 2,275.13).** **At the same time, an evaluation meeting for 2009 was held with the Technical Support Committee with remaining funds from 2009 ($ 2,492.03).**
	Technical Support	**22,500**	**22,500**	**11,263.23**	**This amount corresponds to remaining funds from 2009 that were invested in the recruitment of a Technical officer for the first quarter of the year.**
TOTAL COSTS		**574,000**	**1,004,639**	**65,450.35**	**Approved budget for 2010 was USD 1, 004,639.00 as appears in the 2008 APR.**

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

Major Activities	**Planned Activity for 2011**	**Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)**	**Revised budget for 2011 (proposed)**	**Explanation of differences in activities and budgets from originally approved application or previously approved adjustments**
Objective 1:	**To develop health management capacity at the local levels to strengthen maternal and infant care in the 104 prioritized municipalities.**			
Activity 1.1:	**Provide training to health teams at the departmental and municipal level on technical and managerial issues.**	**35,000**	**35,000**	**Budget for 2011 appears as approved on the original document for 2010, for each objective and activity, without any modification. Due to all the inconveniences in the country, HSS/GAVI operations are a year late.** **It was approved to standardize the real execution year**

				with the country's fiscal year (January to December
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.	4,000	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.	4,000	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	0	Planned and budgeted for the second year.
Objective 2: To guarantee the delivery of the maternal and infant basic package of health services (BPHS-MI), four times per year, in the 104 prioritized municipalities.				
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.	0	0	Planned and budgeted for the first year.
Activity 2.2:	Recruit personnel for the HU closed due to various reasons (subject to programming).	57,000	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.	4,000	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.	10,000	10,000	
Activity 2.5	Delivery of the BPHS to the priority towns,	95,000	95,000	

	according to local planning.			
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.	25,000	25,000	
Objective 3: To extend and to complete the strategy of Integrated Care for Children in the Community (ICCEC), inside the 104 prioritized municipalities				
Activity 3.1:	Identify priority towns for intervention in the selected municipalities.	0	0	Planned and budgeted for the first year.
Activity 3.2:	Recruitment, selection and training of leaders from the communities selected for ICCEC implementation	35,000	35,000	
Activity 3.3:	Monitor the implementation of the ICCEC strategy.	20,000	20,000	
Objective 4: 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.				
Activity 4.1:	Acquisition, distribution and installation of basic equipment for maternal and infant PHC in selected HU	140,000	140,000	
Activity 4.2:	Acquisition and transfer of 9 cars and 11 motorcycles to support monitoring and maintenance of the cold chain and basic equipment.	0	0	Planned and budgeted for the first year.
Activity 4.3	Strengthen the cold chain network at the national level for the introduction of new vaccines.	0	0	
Activity 4.4:	Formulation and implementation of a maintenance plan for maternal and infant basic care equipment.	10,000	10,000	
Objective 5: To strengthen the monitoring, supervision and evaluation process of the maternal and infant health services at the different levels of the services				

network.				
Activity 5.1:	Revision, adaptation and application of instruments and standardized methodologies for monitoring, supervising and evaluating maternal and infant health services.	0	0	Planned and budgeted for the first year.
Activity 5.2:	Formulation of the departmental and municipal annual plans for monitoring, supervising and evaluating institutional and community maternal and infant health services.	5,000	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.	45,000	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.	25,000	25,000	
	Support Expenses	25,000	25,000	
	Management	12,500	12,500	
	M&E	22,500	22,500	
	Technical Support			
TOTAL COSTS US$		574,000	574,000	Budget for 2011 appears as approved on the original document for 2010, for each objective and activity, without any modification. Due to all the inconveniences in the country, HSS/GAVI operations are a year late. It was approved to standardize the real execution year with the country's fiscal year (January to December.

Programme implementation for 2009 reporting year

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

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

With the extension of the first period up to December 31, 2009, execution of activities was facilitated, hence making the real HSS/GAVI execution coincide with the country's fiscal year and with the reporting year as well.

Despite the political crisis in the country and after months of conflict, HU continued working in most of their activities, even without having financing and fluid technical support, achieving an effective 7-month work period in 2009, with important improvements in the planned targets. For the second semester of the year, operating plans in the units were adapted and reprogrammed, and reprogramming in 13 out of 20 (65%) health regions was achieved, with improvements in the execution of activities and financing to 61% up to December 31. The other 7 health regions did not submit in due time and form the reprogramming because of changes in personnel (people in charge) and the work instability in the second semester of the year.

Progress:

1. **100% of the HR completed review of the baseline of the programmed towns in the first semester of the year.**
2. **80% of the HR executed the planned funds for the recruiting of auxiliary nurses to keep 45 HU running, providing continuous health care**
3. **EI 95% of the HR planned and delivered the BPHS, with a total delivery of 1412 packages, 60% as planned.**
4. **100% (18/18) of the regions identified their communities for the implementation of the AIN-C strategy.**
5. **71% conducted planned supervision to the prioritized HU.**

This was achieved with the consensus of the technical committee and PAHO/WHO Honduras: :

:

1. **Shorten the bureaucratic chain of allocation of funds to the HU through the use of letters of agreement.**

2. **Extension of the first execution year in four more months.**

3. **Increase of the execution capacities of the HR.**

4. **Strengthening of the central executive unit with the coordination and incorporation of other programs and technical units for the revision, updating and standardization of technical understanding, guidelines and work procedures toward the HR (Supervision Guide, Guide for the review of accurate**

data and the standardization of HSS/GAVI indicators with RAMNI)

These impacts are explained on Table No. 16: Trend of Values Achieved.

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

NOT APPLICABLE

5.4 *Management of HSS funds*

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

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

Not done in Honduras yet.

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

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

There are 21 executing units, 20 in the intermediate level (HR) and one at the central level, adjunct to UPEG. All units work with bank check accounts (business type) to which funds from PAHO/WHO are transferred under their guidelines and administrative procedures; currently and after the second semester of 2009 by means of a letter of agreement.

Training and supervision to the 20 HR are conducted by the central unit by means of courses and seminars and they are scheduled in the annual plan of this central unit.

Beginning 2010 GAVI funds and the national counterpart (10%) are included by objective and area of expense in the plan of the central unit and reported by town to be included in the Plan of the Country 2010-2028

An audit for the HSS-GAVI funds was requested by means of the Internal Audit Department of the MOH and currently the proceedings established by the MOH are executed; the main

results are errors in form like incomplete data in the supporting documents, but not the misuse/missing of funds. The preliminary report of the audit is enclosed.

10% of the national funds was planned, managed and approved, according to the annual GAVI Alliance Grant for 2010, which was approved in the national budget for 2010, for a sum of US$ 94,600.00. These funds have been planned according to objective and activity, established by the HSS/GAVI, as a complement to the grant funds.

In virtue that funds for the execution of the activities of the HR are needed, to comply with the five objectives proposed in the HSS/GAVI proposal and that US$ 479,639.00 of the total amount for 2010 will be executed directly by the management of PAHO/WHO Honduras to conduct activities 1.4 (Acquisition of hardware and software) and 4.1 (Acquisition of medical equipment for mother/child care) and not in direct activities in the HR, we officially request that the second disbursement of US$ 502.389.00 is transferred as soon as possible, in virtue of the need to speed up the execution of funds in the functioning of the operating plans at the HR level and in provision of the necessary material and supplies for a speedy management.

Comments: To date, support from the Inter-Agency Coordinating Committee has been solely technical.

5.5 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N°12).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°13)**

5.6 *General overview of targets achieved*

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

Table 15: Indicators listed in original application approved

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**
Objective 1: To develop health management capacity at the local levels to strengthen maternal and infant care in the 104 prioritized municipalities.						**This will be reviewed in the second year (2010)**
Objective 2: To guarantee the delivery of the maternal and infant basic package of health services (BPHS-MI), four times per year, in the 104 prioritized municipalities.						
2.1 Percentage of towns that received the BPHS, four times a year, in the 104 prioritized towns.	**Total towns receiving 4 BPHS a year**	**Total of priority municipalities**	**Municipal and departmental Reports**	**0**	**Municipal and HR Reports**	**60%**
2.2 The proportion of pregnant women that received at least four prenatal control visits.	**Number of women that received four prenatal controls**	**Total of pregnant women**	**ATA 2**	**81%**	**Information systems area**	**70%**
2.3 Percentage of HU providing services in a continuous manner throughout the year.	**Number of HU providing services in a continuous manner throughout the year**	**Total number of HU in the municipality**	**Reports from municipalities and Departamental Health Offices**	**75%**	**Municipal reports**	**80%**
Objective 3: To extend and to complete the strategy of Integrated Care for Children in the Community (ICCEC), inside the 104 prioritized municipalities/Integral Care for Prevailing Diseases in Infants(ICPDI) inside the prioritized towns						
3.1 Percentage of communities implementing ICCEC.	**Number of communities with ICCEC**	**Total of communities**	**Monitors monthly reports**	**0**	**Monthly Summary of community activities of**	**0[7]**

	implemented				ICCEC	
3.2 . Percentage of children with growth and development monitoring.	Number of children that received growth and development monitoring	Total of children under 5 years old in the municipality	ATA 2	NA	ATA 2	70%
3.3 Percentage of HU implementing AIEPI strategy	Number of HU conducting the AIEIPI strategy	Total visited HU	Files and AIEPi registry	50%	RAMNI Monitor Report	To be reviewed beginning 2010
3.4 . Proportion of Metropolitan HU with available and equipped areas for the Oral Rehabilitation Therapy.	Number of Metropolitan HU with available and equipped areas for the Oral Rehabilitation Therapy	Total visited HU	Checklist	60%	RAMNI Monitor Report	To be reviewed beginning 2010
Objective 4: 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.						To be reviewed on the second year.
Objective 5: To strengthen the monitoring, supervision and evaluation process of the maternal and infant health services at the different levels of the services network.						
5.1 Percentage of HU supervised at least 6 times per year.	Number of health establishments supervised 6 times per year	Total Number of establishments	Municipal and departmental reports.	0	Health surveillance and Provision of Services	60%
5. 2 Percentage of municipalities that carry out at least 4 evaluations per year.	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	70%

[7] This indicator will be reviewed beginning the second year (2010) as planned.

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

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

During the second semester 2009 the standardization of the indicators under the RAMNI policy and technical guidelines and procedures of mother/child health of the Family Health Unit (DSIF), dependant of the MOH, with HSS/GAVI Technical Advisory Committee, concluding that the indicators designed by GAVI comply the original spirit of the proposal and can easily be built through the official health information system of the country.

Sources of data will be, besides SIS, the local surveillance instruments, which are reviewed in the HU: LISEM, LISMEF, LINVI, AIN-C monitors' reports, quarterly Monitoring and Evaluation reports and the semestral and annual evaluation reports of each HR.

The implementation of each of these indicators gives more concrete data about the effectiveness of the operational actions and their impact in the health of the benefitted population.

These indicators were proposed and approved:

1. ***Percentage of prioritized municipalities that have incorporated RAMNI community actions in the development plans of towns in place of "percentage of municipalities with mother/child health plans included in the municipal development plans ."***
   It is understood that this change strengthens the review of the indicator and keeps the spirit of the GAVI proposal, in virtue that RAMNI establishes all actions to strengthen the mother/child health in the municipal plans.
2. ***Percentage of HU that received, at least, a supervisory visit during the quarter in place of "percentages of HU supervised 6 times a year".***
   It is understood that the technical norm establishes that each HU must be supervised every quarter.
3. ***Percentage of municipalities that carry out 2 evaluations a year in place of "percentage of municipalities that carry out 4 evaluations in a year".***
   It is understood that the technical norm establishes that two evaluations a year must be carried out (one each semester).
4. **Two indicators were included for monitoring the AEIPI strategy in the metropolitan regions, included in the RAMNI policy, which are detailed in Table 15. These regions don't apply for the AIN-C strategy, as they are urban towns. These indicators will be reviewed beginning 2010.**

The standardization of the HSS/GAVI indicators with RAMNI Policy was done with the aim of improving the quality of the data by means of the technical understanding, the strengthening of the audit of data and its supervision; as there is a whole process of continuous training from the Planning, Monitoring and Evaluation (UPEG) and the DSIF to the monitoring and evaluation units of the HR for the reviewing of the data and its analysis. At the same time. The technical alignment is consolidated with the process promoted by the MOH regarding Mother/child health with all the funding sources: national and external.

The verification of the mother/chld mortality will be done during 2010 with the application of the Encuesta de Salud (ENDESA) (health survey), in coordination with INE. The last ENDESA was collected in 2006.

Table 16: Trend of values achieved				
Name of Indicator *(insert indicators as listed in above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for non achievement of targets**
1. National coverage of Pentavalent (3 doses)	**0**	**95%**	**98%**	
2. Percentage of municipalities with Pentavalent coverage ≥80%	**0**	**80%**	**96%**	
3. Coverage with MMR in 12-23 month population	**0**	**95%**	**100%**	
4. Mortality rate in children under 5 years old	**0**	**20 x 1000 nv (2006)**	**Not available**	**Source of data is ENDESA, which will be applied in 2010.**
5. Child mortality rate	**0**	**23 x 1000 nv**	**Not available**	**Source of data is ENDESA, which will be applied in 2010.**
6. Maternal mortality rate	**0**	**23 x 1000 nv**	**Not available**	**Source of data is ENDESA, which will be applied in 2010**
PROCESS INDICATORS: Section 6 of the HSS/GAVI document				
1. Percentage of municipalities with mother/child plans included in the municipal development plans (objective 1)				**Indicator will be collected in 2010.**
2. Percentage of local health resources				**Indicator will be collected in 2010**

trained in health management (objective 1)				
3. Percentage of resources trained in the information system and handling of forms for mother/child care. (Objective 1)				Indicator will be collected in 2010
4. Percentage of municipalities that have received BPHS four times a year in the 104 prioritized towns. al	0	0	21%	1412 BPHS were delivered to 586 comunidades, corresponding to 60% of the palanned visits, as follows: a) 21% (124 communities) received the BPHS four times a year b) 33% (194 communities) received the BPHS three times a year c) 18% (105 communities) received the BPHS twice a year d) 21% (124 communities) received the BPHS once a year e) 7% (39 communities) did not receive any BPHS during the year. Health areas were not fully covered some of this difficulties: 1. Lack of financial resources for their mobilization: the average cost of the delivery of a PBSS is US$ 101.20, which means that the needed amount to guarantee the four deliveries in the prioritized communities is US$ 237,212.80, which exceeds the plans of US$ 43,130.03

				2. Weakness in logistic capacity. HR don't have enough vehicles to support the towns in the delivery of the package. 3. Strikes of the administrative staff and the one who is in direct contact with the public, due to the political crisis in the country.
5. Percentage of pregnant women who received at least four prenatal control visits.	0	41%	485	
6. Percentage of communities implementing AIN-C	0	N/D	N/D	Indicator for the second year (2010).
7. Percentage of children in growth and development control.	0	20%	59%	
8. Percentage of HU offering continuous service.				
9. Percentage of HU supervised twice a year	0	26%	39%	Proposal to change this indicator to "Percentage of HU supervised 4 times a year", in virtue that the program guidelines establish a quarterly evaluation.
10. Percentage of towns that receive evaluations 4 times a year	0	0	34%	Proposal to change this indicator to "Percentage of towns supervised twice a year, in virtue that the program guidelines establish two evaluations per year: mid-year and end of year evaluation.
11. Proportion of HU at the municipal level supplied with basic equipment for mother/child care	0	0		To be applied in the second year.
12. Percentage of HU from the 20 HR that have available and equipped areas for the Oral Rehydration Teraphy.	0	0	60%*	To be applied in the second year.

2009 Baseline

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

In indicator No. 5 (Table 6.2), the baseline result for 2008 was that 41% of pregnant women in the selected towns received at least four prenatal control visits according to the national norm; in 2009 the evaluation reflects that the percentage increased to 48, the final target is 90% and it was planned progress of 70% in 2009, which has not been accomplished because the visits to the communities have not been conducted as frequently as anticipated, as a result of the political crisis in the country and its implications to the Health System.

Another factor is that the added value by baseline compared with the initial planned value is lower in a 40%, so, the gap to reach the final target is much greater.

In Indicator No. 7: percentage of children with C and D control: we have a final target of 80%

5.7 *Other sources of funding in pooled mechanism for HSS*

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US$	Duration of support	Contributing to which objective of GAVI HSS proposal
NOT APPLICABLE			

7. Checklist

Table 21: Checklist of a completed APR form

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

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

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		YES		
13	Consistency between targets, coverage data and survey data	YES	YES		
14	Latest external audit reports (Fiscal year 2009)	YES		YES	NA
15	Provide information on procedure for management of cash	YES		YES	NA
16	Health Sector Review Report			YES	
17	Provision of new Banking details	NA	NA	NA	NA
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		NA		
19	Attach the CSO Mapping report (Type A)				NA

Comments

Comments from ICC/HSCC Chairs:

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

The Minister of Health, as chairman of HSCC expressed satisfaction for the progress of EPI and emphasized the contribution from external donors to keep the achievements and overcome the gaps; as well as the important support from GAVI in three areas.

Request to GAVI

- ✓ **Make available the updated APR forms in January, to facilitate its completion and prompt translation.**