[V1.15.4]

Gavi Alliance

Annual Progress Report 2014

Submitted by

The Government of

Honduras

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **15/05/2015:**

Deadline for submissions: 27/05/2015:

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform Gavi about:

Accomplishments using Gavi resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

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

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

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 doses/vial, liquid	2016	No extension
Routine New Vaccines Support	Rotavirus 2-dose schedule	2016	No extension

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in {2014}	Request for Approval of	Eligible For 2014 ISS reward
Health Systems Strengthening (HSS)	Yes	Next tranche of HSS Grant No	No
HSFP	Yes	Next tranche of HSFP Grant Yes	No

VIG: Vaccine Introduction Grant; CSO Operational support for campaign

1.4. Previous IRC Monitoring Report

The IRC APR for 2013 can be viewed here.

2. Signatures

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

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

The Government of Honduras

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

	Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)
Name	Edna Yolani Batres	**Name**	Carlos Manuel Borjas, Minister by Law
Date		**Date**	
Signature		**Signature**	

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

Full Name	Position	Telephone	Email
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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Ana Emilia Solis-Ortega Treasurer/Representative	PAHO/WHO		
Cristian Munduate/Representative	UNICEF		
Gustavo Adolfo Avila/Health Officer/Population and Nutrition	USAID		
Marco Antonio Suazo / Director	Project HOPE		
Renato Valenzuela, Chairman	National immunizations Advisory Committee (CCNI)		

Loly Salas/Director	Directorate of Childhood, Adolescence and Family		

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

Comments from Partners:

Dr Edna Yolani Batres, State Secretary of the Department of Health

Dr Batres underlines the priority given by the current administration to the Expanded Programme on Immunization, thanks the members of ICC CONSALUD for their commitment, recognizes that the Ministry of Health (SESAL) has an efficient, successful immunization programme, the benefits of which are evident in the health of the general population, and one which she will continue to support.

The National Immunization Advisory Committee (CCNI)

The committee expresses concern at the drop in vaccination coverage and the urgent need to make the 2013 census population and housing census available and demands that the Ministry of Health ensure that accounts are made available at regional level and that funding is assured for recurring EPI operating expenditures at all levels.

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) for Honduras, 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 (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Edna Yolani Batres/State Secretary of the Department of Health	Secretariat for Health		
Jeanethe Aguilar/UPEG Director	Secretariat for Health		
Ana Emilia Solis-Ortega Treasurer/Representative	Pan American Health Organization		

Aida Gilda Codina/Chair	Honduran College of Nurses		
Narda Maradiaga de Nazar/Chair	Honduran College of Chemists and Pharmacists		
Bessy Patricia Mejía/Chair	Honduran College of Dental Surgeons		
Belinda Montejo/National Coordinator of Out-Patient Services	Honduran Social Security Institute		

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

Comments from Partners:

Dr Janethe Aguilar, Director of the Management Planning and Evaluation Unit (UPEG)/SESAL

On Friday, 15 August, a meeting is scheduled with the Sector Offices; SESAL is part of the Social Development Sector. The meeting will address health as a social product in the sector agenda, with the aim of influencing social factors. The INE (the Honduran National Institute of Statistics) will also be present, due to the importance of generating population data. Another important aspect is measuring multi-dimensional poverty, including the psychological factor. Vaccination is a priority for SESAL.

Dr Dilbert Cordero, PAHO/WHO

Dr Cordero congratulates the Ministry of Health, EPI and the National Immunization Advisory Committee (CCNI) for prioritizing vaccination and introducing new vaccines, for which he believes the country is prepared. The accomplishments have received recognition at international level. PAHO is concerned about the gap between planned targets and targets reached; however, any questions he may have had were addressed during the presentation. It was good to hear from the authorities that vaccination is prioritized in the context of the new organizational layout, and he sees the inclusion of the HPV vaccine into the national calendar as a challenge.

Dr Cordero suggests a technical recommendation regarding a lifelong approach, underlining that there are key or decisive moments in health care and that the period from conception up to the first ten days of life and adolescence are important phases.

Comments from the Regional Working Group:

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

Honduras is not reporting on CSO (Type A & B) fund utilisation in 2015.

3. Table of contents

This APR reports on Honduras's activities between January - December 2014 and specifies the requests for the period of January - December 2016.

Sections

4. Baseline & annual targets

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

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

Number	Accomplishments as per JRF		Targets (preferred presentation)	
	2014		2015	
	Original Approved Target according to Decision Letter	Reported	Original Approved Target according to Decision Letter	Current estimation
Total births	221,718	221,718	22,256	222,256
Total infants' deaths	5,099	5,321	5,111	5,334
Total surviving infants	216,619	216,397	17,145	216,922
Total pregnant women	260,845	260,845	261,478	261,478

Number of infants vaccinated or to be vaccinated	215,066	191,727	215,588	211,143
BCG coverage*[1]*	97 %	86 %	969 %	95 %
Number of infants vaccinated or to be vaccinated	205,788	188,012	206,288	200,030
OPV3 coverage*[2]*	95 %	87 %	1203 %	92 %
Number of infants vaccinated/to be vaccinated*[3]*	212,287	190,742	212,802	204,475
Number of infants vaccinated/to be vaccinated*[3][4]*	205,788	188,026	206,288	200,030
DTP3 coverage*[2]*	95 %	87 %	1203 %	92 %
Wastage [5] rate in base-year and planned thereafter (%) for DTP	5	5	5	5
Wastage [5] factor in base year and planned thereafter for DTP	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of pneumococcal (PCV13)	212,287	190,682	212,802	204,475
Number of infants vaccinated (to be vaccinated) with 3rd dose of pneumococcal (PCV13)	205,788	187,935	206,288	200,030
Pneumococcal (PCV13) coverage*[2]*	95 %	87 %	1203 %	92 %
Wastage *[5]* rate in base-year and planned thereafter (%)	5	5	5	5
Wastage factor [5] in base year and planned thereafter (%)	1.05	1.05	1.05	1.05
Number	**Accomplishments as per JRF**		**Targets (preferred presentation)**	
	2014		**2015**	
	Original Approved Target according to Decision Letter	Reported	Original Approved Target according to Decision Letter	Current estimation
Maximum wastage rate value for pneumococcal (PCV13), 1 dose(s) per vial, liquid	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of rotavirus	212,287	189,531	212,802	204,475
Number of infants vaccinated (to be vaccinated) with 2nd dose of rotavirus	205,788	187,915	206,288	204,475

Rotavirus coverage*[2]*	95 %	87 %	1203 %	94 %
Wastage *[5]* rate in base-year and planned thereafter (%)	5	5	5	5
Wastage factor [5] in base year and planned thereafter (%)	1.05	1.05	1.05	1.05
Maximum wastage rate value for rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of measles	205,788	190,222	206,288	194,756
measles coverage*[2]*	95 %	88 %	1203 %	90 %
Pregnant women vaccinated with TT+	39,127	70,031	39,222	39,222
TT+ coverage*[7]*	15 %	27 %	15 %	15 %
Vit A supplement to mothers within 6 weeks from delivery	166,289	140,906	177,804	177,804
Vit A supplement to infants after 6 months	177,374	180,349	177,805	177,805
Annual DTP Dropout rate [(DTP1 - DTP3) / DTP1] x 100	3 %	1 %	3 %	2 %

[1] Number of infants vaccinated out of total births

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

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

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

ƒ Justification for any changes in **births**

The Number of births has not changed as population projections from the 2013 Honduran National Population and Housing Census are not yet available. INE has been consulted, through the Health Statistics Area (AES), and we hope to have the projections in the second quarter of 2015.

Comments:

In the Baseline and Annual Targets table, columns 2015 "Original approved target according to letter of decision" and "Reported", several variables, such as "Number of births", "Number of surviving infants" and "overage for all vaccines" contain incorrect data and formulae - correct.

ƒ Justification for any changes in **surviving infants**

The number of surviving infants has not changed as data on the infant mortality rate as reported by 2013 National Population and Housing Census has not yet become available.

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

In relation to the original targets approved by Gavi according to the letter of decision for 2013, changes have been made to the targets for almost all vaccines, except the TT vaccine in pregnant women, taking into account the declining tendency in vaccination coverage in infants under one year of age and reaching their first birthday in 2011 and later.

Below is a list of the changes to vaccine targets in relation to the original targets:

- BCG: from 97% to 95%

- OPV3: from 95% to 90%

-DTP1, pneumococcal1 and rotavirus1: from 95% to 92%

-DTP3, pneumococcal3 and rotavirus 2: from 95% to 90%. In general the change oscillates between 2% and 5% and never exceeds 10%.

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

No changes have been made to the wastage rate for any of the vaccines. In keeping with national EPI standards, the wastage percentage established for single-dose vaccines is 5%. Wastage for both vaccines has been kept below 5%.

5.2. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
National Survey on Demography and Health (ENDESA)	2011-2012	95.5	95

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

The data given in the National Survey on Demography and Health (ENDESA) 2011-2012 show that, in Honduras, access to immunization services is universal, with no existing gender-related barriers.

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

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

Not applicable to the case of Honduras. Nonetheless, EPI 2013-2016 includes a national health promotion plan to maintain the accomplishment. Its main purpose is to strengthen the routine programme by stimulating demand in the country's 298 municipalities. One constraint is financial, although this is being addressed with the help of Gavi-HSS funding approved for the country for 2015-2016, implementing a series of activities in training, communication and social mobilization.

5.3. Overall Expenditures and Financing for immunization

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

Exchange rate used	1 US$ = 2069

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

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

Expenditures by Category	Expenditure Year	Funding source						
		Country	Gavi	UNICEF	WHO	LDS	0	0
Traditional Vaccines*	7,068,034	7,068,034	0	0	0	0	0	0
New and underused Vaccines**	4,547,649	2,003,133	2,544,516	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	361,235	348,043	13,192	0	0	0	0	0
Cold chain equipment	495,774	490,574	5200	0	0	0	0	0
Personnel	1,356,293	1,356,293	0	0	0	0	0	0
Other routine recurrent costs	449,043	258,673	19,187	856	170,327	0	0	0
Other Capital Costs	5000	0	0	0	5000	0	0	0
Campaigns costs	2,159,146	2,089,146	0	2187	48,378	19,435	0	0
None		0	0	0	0	0	0	0
Total Expenditures for immunization	16,442,174							
Total Government Health		13,613,896	2,582,095	3043	223,705	19 435	0	0

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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014 **2**

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

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

Dr Dilbert Cordero, PAHO/WHO

PAHO is concerned about the gap between planned targets and targets reached; however, any questions he may have had were addressed during the presentation. It was good to hear from the authorities that vaccination is prioritized in the context of the new organizational layout, and he sees the inclusion of the HPV vaccine into the national calendar as a challenge.

Dr Cordero suggests a technical recommendation regarding a lifelong approach, underlining that there are key or decisive moments in health care and that the period from conception up to the first ten days of life and adolescence are important phases.

Marco Antonio Suazo, Director, Project Hope

Expresses concern and requests information regarding EPI strategies to reduce gaps between vaccination coverage and the expected targets of 95%, as the gap is of 10%.

Are any Civil Society Organizations members of the ICC?
Yes

If Yes, which ones?

List CSO member organizations:
Honduran Municipalities Association (AMHON)
Honduran College of Physicians
Honduran Association of Paediatricians
College of Chemists and Pharmacists
Honduran College of Nurses
College of Dentists
Federation of Private Development Organizations (Federación de Organizaciones Privadas de Desarrollo – FOPRIDE)
The Church of Jesus Christ of Latter-Day Saints

5.5. Priority actions in 2015 to 2016

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

Based on the multi-year action plan 2011-2015 and the action plan for 2015, following are the

priority objectives and actions by component for the 2015-2016 period:

General Objective

Vaccinate the general population, particularly children aged under five and risk groups in order to decrease VPD morbidity and mortality rates; maintain the poliomyelitis eradication certificate and the measles, rubella, congenital rubella syndrome and neonatal tetanus elimination certificate; control severe forms of infant tuberculosis, whooping cough, diphtheria, mumps, hepatitis B, Hib invasive diseases, rotavirus diarrhoea, invasive diseases caused by pneumococci (meningitis, pneumonia and septicaemias among others) and flu.

Specific Objectives

1. Promote spontaneous supply and demand for immunization services among health workers and the population in the context of the healthy municipalities and communities' strategy, by means of the EPI health promotion process.
2. Provide service networks in the 20 health regions with vaccines, syringes, materials, sharps boxes, office supplies and equipment for immunization and epidemiological surveillance and safe injections.
3. Attain a national immunization coverage rate of more than 90% in the target population for all vaccines.
4. Category-based intervention. At least 50% of municipalities at risk due to coverage rates of less than 95%, and the most densely-populated municipalities, until they attain coverage rates of more than 95% for pentavalent third dose in infants aged under one year.
5. Maintain seamless operation in over 90% of cold chain equipment on all levels of the network in the 20 health regions, in order to ensure safe storage and preservation of vaccines as per EPI standards.
6. Ensure the safe administration of injectable vaccines to the EPI target population, implementing biosafety standards to protect health workers, the population and the environment.
7. Implement the second phase of the nominal immunization system in four priority health regions.
8. Maintain active epidemiological surveillance of VPDs in the process of their eradication, elimination and control, by means of timely and efficient response to each pathology, complying with international surveillance indicators and EPI epidemiological surveillance standards.
9. Maintain systematic EPI monitoring, supervision and evaluation of all components on all levels, to ensure the targets and objectives are met.

Priority Lines of Action by Component for 2015

The principal lines of action for this year have been assigned priority based on an analysis of the national status of the EPI and its achievements and identifying constraints and gaps in 2014. These lines of action are as follows: Political Priority and Basic Legal Principles

X The subject of immunization to be addressed at regular meetings between SESAL and regional leaders, and accounts to be demanded and rendered over.

X Vaccination agreement between SESAL and PAHO for the supply of vaccines, syringes, sharps disposal boxes and cold chain equipment to be implemented.

x Regulation for the implementation of the Honduran Vaccinations Act (Gavi-transition plan funding) to be defined.

Vaccinations Act and its regulation to be disseminated among key agents at national level.

X Honduras 2011 EPI study on cost and funding flow analysis to be disseminated among key agents with PAHO/WHO funding.

X Vaccination and VPD surveillance indicators to be incorporated into result-based management agreements with regions and hospitals. Planning and coordination x EPI annual action plan and 2016-2020 multi-year plan to be formulated.

X Contingency plan to be implemented for vaccine storage and transport at all levels.

x EPI target population, vaccines and supplies to be scheduled at all levels.

X Regional Integration Team to handle the subject of EPI to be set up and put into operation, documenting EPI actions.

X EPI to be coordinated at all levels: inter-institution, inter-programme, private sector and health resource training schools.

X National EPI support committees/commissions to be put into operation: CCIS, CCNI, CONEPO, Measles/Rubella/CRS certification; HPV technical board, Gavi-HSS work team.

Through AMHON, local coordination with municipal governments to be strengthened, supporting priority EPI activities in municipal development plans, particularly with regard to municipalities at risk and health units with decentralized health models.

3. Vaccines and supplies

X Vaccines, syringes and sharps disposal boxes to be procured and distributed at national level, through the EPI and ULMIIE (Logistics Unit for Medicines, Supplies, Infrastructure and Equipment).

X Office supplies for the EPI information system to be made available on the national level (cards, lists of children for integrated surveillance-LINVI, coverage graphs), cold chain (forms for temperature control and epidemiological surveillance (files)).

X Virology and bacteriology laboratories to be strengthened with supplies of reagents, materials and laboratory consumables for VPD diagnosis. 4. Cold chain

- National/regional cold chain maintenance plans to be implemented.
- Annual cold chain inventory updated.
- Equipment, spare parts and fuel for cold chain operation procured on all levels.
- Refrigerated vehicles to be acquired for the Cortés national warehouse and four collection centres (Atlántida, Copán, Comayagua and Choluteca), plus five vehicles for cold chain maintenance (Gavi-HSS grant).
- Operation of regional vaccine warehouses and cold chain workshops (Gavi-HSS grant) to be improved.
- National vaccines warehouse and Cortés, Copán, Atlántida, Comayagua and Choluteca warehouses to be expanded and refurbished (Gavi-HSS grant).

5. Training

- National Immunization Day (NID) and deworming guidelines 2015 (PAHO/WHO funding).
- EPI guidelines for health personnel to be updated in health regions where this has not already been done (Colón, Comayagua, Copán, Gracias a Dios (finish list), Francisco Morazán and Islas de la Bahía); Cortés to be updated and technical cold chain training to be provided in Santa Bárbara (Gavi-HSS grant).
- Guidelines for the application of the inactivated polio vaccine (IPV) (Gavi grant) (July) and HPV in November (national flu campaign funds).
- Nominal vaccination system for regional, municipal and local teams in the Choluteca, Cortés, Copán and Valle health regions (PAHO/WHO and Gavi-HSS funding).
- ESFAM (Family Health Team) in the national health model and vaccination regulations (Gavi-HSS grant).
- Strategic health communication for social communication personnel in the health regions (Gavi-HSS grant).
- PAHO EPI analysis model as part of the framework of Analysis Unit (UDA) operation (Gavi-HSS grant).
- Regional vaccine warehouses and VSSM and wMSSM regional logistical unit staff (Gavi-HSS grant).

6. Communication and Social Mobilization

- National health promotion plan to be implemented as part of EPI 2013-2016 (Gavi-HSS grant).
- Promotional campaign for the sustained immunization programme to be designed (Gavi-HSS grant).
- Community Health Units at central and regional level to receive equipment (Gavi-HSS grant)
- Communication actions to support the sustained immunization programme, NID and the introduction of new vaccines to be designed, produced and disseminated.
- International Hepatitis B day and International Polio Day to be held on 7 July and 26 October, respectively.
- Alliances to be established with the media in support of the sustained programme, national and regional immunization days, and in the dissemination of educational messages and other communication and information activities.
- Newsletter to be formulated and distributed among key agents - governors, mayors, cooperators, etc.
- Use of the virtual health library website (www.bvs.hn) to be promoted for consultations regarding the EPI on all levels.

7. Operating Expenses

- Ensuring EPI operation on the national scale with regard to the salaries of permanent staff, infrastructure maintenance, cold chain equipment, transport logistics, communication, customs clearance and distribution of vaccines, syringes, sharps boxes and cold chain equipment.
- National immunization and deworming days to be held over 11-22 May to identify vulnerable populations. Part of the Americas Immunization Week (SVA), and including other health promotion and disease prevention activities.
- Introduction of IPV (1 October)
- Vaccination plans to be implemented in at-risk municipalities (second quarter, Gavi-HSS grant).
- Equipment and signage to be installed in vaccination rooms in priority health establishments (Gavi-HSS grant).

8. Supervision and Monitoring

- EPI supervision guide to be updated
- All components of the EPI, including NID, the EPI nominal immunization system (SINOVA) and the introduction of new vaccines (PAHO/WHO, Gavi-HSS) to be supervised at municipal level.
- Monthly monitoring and analysis of tracking indicators (immunization coverage, abandonment,

cold chain) and weekly monitoring of AFP, MMR and CRS epidemiological surveillance indicators at regional and central levels.

- Cross-referenced rapid coverage monitoring in regions with coverage rates of less than 80%: Intibucá, Copán, Lempira and Choluteca (second quarter, PAHO/WHO funding).

9. Epidemiological and Laboratory Surveillance

x Active VPD epidemiological surveillance to be strengthened in terms of control, elimination and eradication, at out-patient and hospital level (health analysis unit training, supervision and operation), at all levels.

X Workshops to be held to strengthen hospital monitoring of whooping cough (CDC-COMISCA funding).

x Sentinel hospital surveillance of rotavirus gastroenteritis, meningitis, bacterial pneumonia in children under five and flu to be strengthened (PAHO/WHO funding).

x AFP and MR private sector reporting network to be expanded (including military hospitals).

X Active institutional search for VPDs to be computerized on the municipal level.

X Laboratory diagnoses of VPDs to be strengthened on the central and regional levels. (PAHO/WHO, CDC-COMISCA).

x ESAVI crisis plans for all levels to be updated.

10. Information System

x Vaccine information system (SIVAC) and SINOVA software operation to be monitored, with an aim to improve data quality on all levels.

x Internal quality audit on vaccination data quality to be performed in selected regions (Atlántida, Comayagua, Choluteca, El Paraíso, Ocotepeque and Santa Bárbara) by PAHO/WHO, in October.

X Under the guidance of UGI/AES, data quality audits to be performed in priority regions: Ocotepeque and Santa Bárbara.

x SINOVA Phase II to be implemented in four regions and priority municipalities (Cortés, Choluteca, Copán and Valle).

X Equipment and stationary for SINOVA phase two operations to be supplied for one year (Gavi-HSS grant).

X Computerized and web-based vaccine and supplies inventory control (VSSM and wMSSM) systems to be implemented at regional warehouse level, as defined by ULMIIE (Gavi-HSS grant).

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11. Research

x Bank of scientific and operational research profiles of national interest in EPI to be formulated.

X Operative EPI-related research to be promoted, in coordination with undergraduate and postgraduate health training schools and other disciplines (user satisfaction, KAP, EPI costing in the Honduran Social Security Institute (IHSS), EPI marketing, rejection of vaccination with flu vaccine by health workers, etc.).

X Dissemination of results of research work: Cost study of the EPI, cost-effectiveness study of HPV vaccine introduction, impact of flu vaccination and evaluation of effectiveness of seasonal flu vaccine.

X National research on missed vaccination opportunities (Gavi-HSS grant) and categorization of

whooping cough cases (CDC-COMISCA funding); responding to a

global multi-centre study on safe vaccination (WHO funding).

12. Evaluation

- Six-monthly EPI evaluation in terms of all components at central level and in selected regions.
- Evaluation of flu monitoring.
- Evaluation of SINOVA operations (November, PAHO/WHO funding) and MSSM and wMSSM (Gavi-HSS grant).
- International evaluation of Effective Vaccine Management (EVM) (Gavi support from 24 August to 11 September) (WHO funding) in Atlántida, Cortés, Comayagua, Copán, Olancho, Choluteca, El Paraíso and Ocotepeque health regions.
- Joint evaluation of Gavi support for Honduras by Gavi and partners (PAHO, WHO, UNICEF) with the participation of CCIS, EPI, RISS, UGI, UVS, ULMIIE, UCS) in the third quarter, at central level and in one selected region.

5.6. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2014 routine EPI routine	Funding Sources for 2014
BCG:	AD 0.5cc with 26 x 3/8 needle	Government
measles	AD 0.5cc with 25 X5/8 needle	Government
TT	AD 0.5cc with 1 X5/2 needle	Government
Vaccine containing DTP	AD 0.5cc with 23 X5/1 needle	Government
IPV	AD 0.5cc with 23 X5/1 needle	Government
Pneumococcus	AD 0.5cc with 23 X5/1 needle	Government and Gavi
Paediatric HepB	AD 0.5cc with 23 X5/1 needle	Government
Adult HepB	Disposable 1cc with 22 x 1 1/2 needle	Government
YF	AD 0.5cc with 25 X5/8 needle	Government
Influenza	AD 0.5cc with 1 X5/2 needle	Government

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

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

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

In 2003, a national EPI injection safety plan was formulated in the context of INS policy. In 2008, a legal framework was established through Resolution No. 07 dated 28 February 2008 on regulations for handling hazardous waste generated in health establishments.

Among the main obstacles are some that were mentioned in the APRs for the 2011-2013 period and which persist today:

1. Breach of regulations in the network of public health services, social security and the private sector as regards final sharps disposal.

2. Limited dissemination of the regulations.

In the context of health sector reform and reorganization, the governing role of the Ministry for Health will be strengthened and the identified obstacles are expected to be overcome.

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

In 2014, the sharps generated by the vaccination services were disposed of following EPI guidelines, as follows:

1. Used syringes and their needles disposed of in sharps boxes in 100% of health establishments.

2. Used needles destroyed in portable electrical syringe needle destroyers in urban health establishments and syringes disposed in sharps boxes.

3. Full sharps boxes are deposited in safety pits and buried, in the case of rural health centres, or disposed in municipal tips in urban areas. In three municipalities they are disposed in sanitary landfills.

6. immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Honduras is not reporting on immunization Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Honduras is not reporting on immunization Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward is not applicable to Honduras in 2014

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

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

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

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

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

	(A)	[B]	[C]	
Vaccine type	**Total doses for 2014 as per Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience any stock-outs at any level in 2014?**
Pneumococcal (PCV13)	669,400	669,600	0	No
Rotavirus	416,200	416,200	0	No

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

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

In 2014, the rotavirus and pneumococcal conjugate vaccines were received as per the decision letter of 16 October 2013, with slight variations, having to do with:

- Pneumococcal conjugate vaccine - a surplus of 200 doses was received, having to do with being packaged in boxes containing 1800 doses.

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

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

Several measures have been undertaken to improve vaccine management:

- Online inventory control of vaccines implemented at the National Vaccine Warehouse level, and of syringes and sharps disposal boxes at the National Medicines and Supplies Warehouse (ANMI) in 2/20 health regions.

- VSSM in operation at central level and in 17/20 health regions, with the technical and financial support of

PAHO/WHO.

- Adapting the proposed plan for UNICEF and PAHO Rotating Fund dispatch over the course of the year to ensure national quarterly distribution.

- Quarterly adapting the distribution of rotavirus and pneumococcal conjugate vaccines to regional warehouses, based on stocks, in order to ensure a 25% reserve stock of the new vaccines.

Problems identified

- In 7/20 health regions, staff assigned to VSSM is hired on a contract basis. This gives rise to high staff turnover rates and the continual need to train new staff.

- Budget shortages at health region limits purchase of toner for printers, so not all invoices can be printed.

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

In 2014, there were no stock-outs of rotavirus or pneumococcal conjugate vaccines at any level.

7.2. Introduction of a New Vaccine in 2014

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

Pneumococcal (PCV13), 1 doses/vial, liquid		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why?	No	Honduras introduced no new vaccines in 2014. Note: as the platform does not allow the report to be sent to Gavi, dates (month and year) were incorporated into the post-introduction evaluation question for both vaccines.

When is the post-introduction evaluation (PIE) planned? **March 2014**

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

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

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

Not applicable to Honduras

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance

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

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

country perform special studies on: a. rotavirus diarrhoea? **No**

b. paediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

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

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

January-December results of rotavirus gastroenteritis surveillance in children aged under five in sentinel sites.

- In 2014, the total number of children aged under five hospitalised for all causes was 27 277; of these 3842 (14%) were hospitalized for diarrhoea. Of the total number of children admitted for diarrhoea, 3078 (80%) met the criteria for suspect cases of rotavirus. Stool samples were collected in a timely manner and studied from 1502 of the cases, spelling out 49% in surveillance efficiency. Of the samples studied, 266 were positive for rotavirus (18% positive), implying that, in 7% of children under five admitted for diarrhoea, the aetiology was rotavirus.

- The sentinel sites with the highest admission numbers for diarrhoea were Hospital Escuela and Mario Catarino Rivas, although the highest positive rates for rotavirus were reported by Hospital San Francisco (31%), Hospital Gabriela Alvarado (27%) and Hospital Regional de Atlántida (23 %).

- The highest number of cases was reported in June-October, with a maximum peak in July. However, the highest positive rates were reported in May-August and December.

- The percentage of efficiency in complying with surveillance efficiency at national level was 49%. However, it is worth noting that the lowest efficiency rates were observed in the more complex hospitals.

- The most severely affected age group was 12 to 23 months, accounting for 48% of cases, followed by the under 12 month cohort, with 31%. 61% of positive cases had been vaccinated, 9% had not, and information was not available for the remaining 30%.

- There were eight deaths nationwide, a lethality rate of 3%.

- In December 2013, 100 rotavirus-positive faeces samples (50 from 2012 and 50 from 2013) were sent to the CDC for genotyping; the results were reported in June 2014. Six genotypes were identified in the 2012 samples, the most frequent being G3P[8] (62%), G2P[4] (18%), G12P[8] (8%), G2P[8] (4%) and G4P[6] and G9P[8] (2% each).

Only two genotypes were isolated from the 2013 samples: G12P[8] (92%) and G3P[8] (6%).

Annual results of pneumonia and bacterial meningitis surveillance in children aged under five in sentinel sites.

Pneumonia

- Over January-December 2014, 14 111 children aged under five were admitted to three sentinel hospitals. 851(6%) were suspected pneumonia cases. Of these, 622 (73%) underwent chest X-ray. Of the three sentinel sites, only two fell within the expected range of 80-100%: IHSS San Pedro Sula, with 96%, had the highest percentage, followed by IHSS Tegucigalpa, with 94%.

- Although the expected range would be 80-100%, samples for blood work were taken from only 171 probable pneumonia cases (33%).

- Pleural liquid was taken from only 0.2% of the total number of probable cases. 32 bacteria were isolated, the pathogen being specified in only one case (Spn); the rest were reported as being for other bacteria.

- Of the 171 probable cases from which blood samples were taken, only 32 (19%) were confirmed.

- The highest number of cases was confirmed in the age group under 12 months (66%), followed by the group aged 12-23 months (22%). It is worth noting that the age group most affected in the two IHSS hospitals was 12-23 months.

- The highest number of suspected and probable cases occurred in October-December, although the highest number of confirmed cases was observed in April and May.

-19 deaths were reported (probable and confirmed cases) for a lethality rate of 3.6%; the age group most affected was under 12 months (74%).

Meningitis

In the first quarter of 2014, 14 111 children aged under five were admitted to the three sentinel hospitals. Of these, 56 (40%) were reported as suspected meningitis cases.
CSF analysis was performed on 41 (73%), though the expected range is above 80%. Of these, only six cases (11%) were considered probable, and the CSF results confirmed 3 cases (50%), while the expected range would be 20%. After isolation of the pathogens, one case was reported as caused by Spn and two by other bacteria (not specified).

Three deaths were reported, a lethality rate of 17%; the deaths were reported in Hospital Escuela Universitario.

Conclusion

Sentinel vigilance is not operating correctly at all sites, in accordance with established indicators. This may be due to:

- Multiple functions being performed by coordinators and other surveillance personnel - Limited feedback and cohesion between members of surveillance teams - Failure to analyse weekly and monthly information - Insufficient supervision of sentinel sites at central level - Lack of materials, reagents and equipment at certain sites - Low commitment by clinics to participation in surveillance - High medical staff turnover levels, particularly in more complex facilities - Non-existence of an ongoing training plan for new personnel becoming involved in surveillance.

Challenges

- Sustainability of surveillance - Close range and continual monitoring of sentinel vigilance operative procedures (enrolment of cases, taking of samples, handling and processing of samples) - Strengthening information analysis and feedback processes - Regular supervision of sentinel sites at national level - Guaranteeing the provision of the necessary supplies and equipment for surveillance - Developing an ongoing training plan for new hospital personnel.

See Document 29

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

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

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

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

7.3.2. Programmatic Reporting

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

2012 and 2013 funding for the rotavirus and pneumococcal conjugate vaccine introduction processes was executed, and Honduras reported in its 2013 APR that this section is no longer applicable. Accordingly, Honduras is not required to complete this section.

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

Not applicable to Honduras

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

Not applicable to Honduras

7.4. Report on country co-financing in 2014

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, liquid	1,390,297	669,600
Awarded Vaccine #2: Rotavirus, 1 dose per vial, oral	612,836	416,200
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	100%	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, liquid	2,104,580	412,950
Awarded Vaccine #2: Rotavirus, 1 dose per vial, oral	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, liquid	May	100% government; Honduras graduates in 2015.
Awarded Vaccine #2: Rotavirus, 1 dose per vial, oral	May	100% government; Honduras graduates in 2015.

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	Honduras has the necessary legal, administrative and technical mechanisms in place to guarantee financial sustainability and the mobilization of resources for the programme to function. These include: - The law stating that vaccines must be procured through the PAHO Revolving Fund and the establishment of an annual agreement between the Ministry for Health and PAHO guarantee sustainability in the procurement of vaccines, syringes and sharps boxes. - On 13 January 2014, the Sovereign National Congress passed the Honduran Vaccines Act, which regulates financing for the components of the programme; the law was published in the official gazette "La Gaceta" on 26 March 2014 and the regulation for its implementation is currently being formulated, with the support of Gavi transition plan funding for 2015. - The multi-year plan and annual action plans, tailored to targets, progress and national and international commitments, are fundamental tools for negotiation and resource management. - The work of the Interagency Cooperation Commission (ICC) continues to be an example of the mobilization of additional resources for the Extended immunization Programme. Accordingly, we consider that further technical assistance is not required, as the problems regarding sustainability have to do with guaranteeing national funding for recurring expenses, associated with the country's economic crisis, as Honduras guarantees funding for vaccines and supplies. **Note: in Q3, the second column refers to 408 400 syringes and 4550 sharps disposal boxes acquired by the country. The name of the second column is incorrect: it corresponds to supplies and it is not possible to make a distinction between syringes and sharps boxes.**

*__Note__: cofinancing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? (effective vaccine storehouse management and vaccine management assessment)
November 2011 Attach:

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

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

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

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

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

If yes, provide details

Honduras has not conducted effective vaccine management assessment. From 20-25 November, the PAHO conducted an international assessment on VSSM in 5 of the 20 health regions and in the national cold rooms, making it possible to identify strengths, provide recommendations and formulate an plan for improvement.

An international workshop on Effective Vaccine Management (EVM)
was held by the PAHO and WHO in Honduras over 14-19 October 2013, with the participation of GAVI country beneficiaries in the Americas. In the specific case of Honduras as host country, the EPI and 10 selected health regions with regional cold rooms participated. Fieldwork was conducted on the different levels of the service network in one health region, facilitating findings in terms of strengths and weaknesses and making it possible to provide recommendations.

EVM assessment was initially programmed for August
2013, but the PAHO rescheduled it for 2014. Nonetheless, due to changes in the Office of the Secretary of State in the Health Offices and the impending presidential elections, the country has requested it be rescheduled for June 2015 The evaluation has been scheduled for 24 August - 11 September 2015.

When is the next Effective Vaccine Management (EVM) assessment planned? **August 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Honduras does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Honduras is not available in 2014.

7.9. Request for continued support for vaccines for 2016 vaccination programme

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

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

If you don't confirm, please explain

Honduras is eligible for Gavi support but graduates in 2015, so will no longer receive cofinancing for the two new vaccines. Gavi is asked to insure that Honduras has access to Gavi prices for both vaccines, in accordance with Gavi policy and the Advance Market Commitment (AMC), for the pneumococcal conjugate vaccine.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1 Commodities Cost

Estimated supply prices are not entered

Table 7.10.2 Freight Cost

Vaccine Antigens	Vaccine Types	2011	2012	2013	2014	2015
Pneumococcal (PCV13) 1 dose per vial, liquid	Pneumococcal (PCV13) 1 dose per vial, liquid				5.90 %	6.00 %
Rotavirus 2-dose schedule	Rotavirus 2-dose schedule				3.90 %	

7.11. Calculation of requirements

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

ID		Source		2014	2015	TOTAL:
	Number of surviving infants	Parameter	#	216,619	17,145	233,764
	Number of children to be vaccinated with the 1st dose of the vaccine	Parameter	#	212,287	212,802	425,089
	Number of children to be vaccinated with the 3rd dose of the vaccine	Parameter	#	205,788	206,288	412,076
	immunization coverage with the third dose	Parameter	%	95.00 %	1203.20 %	
	Number of doses per child	Parameter	#	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	200,561		
	Stock across second level Dec 31, 2014 (if available)*		#	62,125		
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	No. of doses per vial	Parameter	#		1	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		No	
	Safety boxes required	Parameter	#		Yes	
cc	**Country co-financing per dose**	Parameter	$		2.74	
ca	**AD syringe price per unit**	Parameter	$		0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	
cs	**Safety box price per unit**	Parameter	$		0.0054	

fv	**Freight cost as % of vaccines value**	Parameter	%		6.00 %	

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

As per the VSSM report of 30 December 2014, the year ended with a pneumococcal stock of:
- Central Level: 200 561 doses; 1 January 2015 commenced with the same amount, there being no difference.
- Regional level: 62 125 doses in the 10 collection centres.

The following are the pneumococcal conjugate 13valent vaccine requirements for 2016: Population aged under one year: 222 907.
Number of surviving infants: 217 558
Number of doses: 3
Total doses: 652 674
Wastage 5% 32 634
Total doses required: 685 308

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

Co-financing group	Graduating	
	2014	**2015**
Minimum co-financing	2.13	2.74
Recommended co-financing		
Your co-financing	2.13	2.74

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

		Formula	2014	2015		
				Total	Government	Gavi
		V				
B	**Number of children to be vaccinated with the 1st dose of the vaccine**	*Table 4*	212 287	212 802		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	636 861	638 406		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		670 327		
		Buffer on doses needed *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x*				
		H2 for previous year - 0.25 x F for previous year				
H 2	**Stock on January 1st**	*Table 7.11.1:*	92 411	200 561		
I	**Total vaccine doses needed**	*Summary ((F + G - H) / size of vaccine batch) x size of vaccine batch*		671 400		
		Vaccine Parameter				
		(D + G – H) x 1.10				
		(I / J) x 1.10				
		(I / 100) x 1.10				
		I x vaccine price per dose (g)				
		K x AD syringe price per unit (ca)				
		*L * reconstitution price per unit (cr)*				
		M x safety box price per unit (cs)				
		N x freight cost as of % of vaccines value (fv)				
		(O+P+Q) x freight cost as % of devices value (fd)				
		(N+O+P+Q+R+S)				
		I x country co-financing per dose (cc)				
		U / T				

Table 7.11.1: Specifications for rotavirus, 2-dose schedule

ID		Source		2014	2015	TOTAL:
	Number of surviving infants	Parameter	#	216 619	17 145	233 764
	Number of children to be vaccinated with the 1st dose of the vaccine	Parameter	#	212 287	212 802	425 089
	Number of children to be vaccinated with the 2nd dose of the vaccine	Parameter	#	205 788	206 288	412 076
	immunization coverage with the second dose	Parameter	%	95.00 %	1203.20 %	
	Number of doses per child	Parameter	#	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	
	Stock in Central Store 31 Dec 2014		#	133 507		
	Stock across second level 31 Dec 2014 (if available)*		#	34 137		
	Stock across third level 31 Dec 2014 (if available)*	Parameter	#			
	No. of doses per vial	Parameter	#		1	
	AD syringes required	Parameter	#		No	
	Reconstitution syringes required	Parameter	#		No	
	Safety boxes required	Parameter	#		No	
cc	**Country co-financing per dose**	Parameter	$		2.03	
ca	**AD syringe price per unit**	Parameter	$		0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	
cs	**Safety box price per unit**	Parameter	$		0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%			

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

As per the VSSM report of 30 December, the year ended with a rotavirus stock of:
- Central Level: 133 507 doses; 1 January 2015 commenced with the same amount..
- Regional level in the 10 collection centres: 34 137 doses

We list here the rotavirus vaccine needs for 2016:
Population aged under one year: 222 907.
Number of surviving infants: 217 558
Number of doses: 2
Total doses: 435 116
Wastage 5% 21 756
Total doses required: 456 872

We also list the inactivated polio vaccine requirements for 2016: Population aged under one year: 222 907.
Number of surviving infants: 217 558
Number of doses: 1
Total doses: 217 558
Wastage 15% 32 634
Total doses required: 250 192

Co-financing tables for rotavirus, 2-dose schedule

Co-financing group	Graduating	
	2014	**2015**
Minimum co-financing	1.48	2.03
Recommended co-financing		
Your co-financing	1.48	2.03

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

		Formula	**2014**	**2015**		
				Total	**Government**	**Gavi**
		V				
B	**Number of children to be vaccinated with the 1st dose of the vaccine**	*Table 4*	212 287	212 802		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	424 574	425 604		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		446 885		

		Buffer on doses needed *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x*				
		H2 for previous year - 0.25 x F for previous year				
H 2	**Stock on January 1st**	*Table 7.11.1:*	141 099	133 507		
I	**Total vaccine doses needed**	*Summary ((F + G - H) / size of vaccine batch) x size of vaccine batch*		448 500		
		Vaccine Parameter				
		(D + G – H) x 1.10				
		(I / J) x 1.10				
		(K + L) / 100 x 1.10				
		I x vaccine price per dose (g)				
		K x AD syringe price per unit (ca)				
		*L * reconstitution price per unit (cr)*				
		M x safety box price per unit (cs)				
		N x freight cost as of % of vaccines value (fv)				
		(O+P+Q) x freight cost as % of devices value (fd)				
		(N+O+P+Q+R+S)				
		I x country co-financing per dose (cc)				
		U / T				

8. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

   c. Plans for 2016

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

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

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

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2014

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

   c. The latest Health Sector Review report

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

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

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

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

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

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

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

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

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

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

Execution of the grant approved for 2008-2014 was completed on 31 December 2014. Nevertheless, Honduras was favoured with a new grant scheduled for the 2015-2017 period, the corresponding funds being received on 22 April 2015. Accordingly, execution of this grant has not yet commenced, as PAHO/WHO is in the process of assigning funding to the Ministry of Health.

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

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

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

The grant funds were executed directly by Ministry of Health priority health regions in the 2008-2014 period, by the EPI, the HSS Central Coordination Unit and PAHO/WHO.

Civil society organizations are represented on the national health council (CONSALUD) and the Interagency Health Cooperation Committee (CCIS) and oversee the technical and financial execution of the grant, attending regular meetings and reviewing progress reports.

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

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

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

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

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

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

8.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **2 011 624** US$

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

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets *(as per the originally approved HSS proposal)*	1 004 639	574 000	349 000			

Revised annual budgets *(if revised by previous Annual Progress Reviews)*	452 807	1 086 792	1 126 089	762,234	538 231	156,698
Total funds received from GAVI during the calendar year (*A*)		1 004 500	574 000	349 000	0	0
Remaining funds (carry over) from the previous year (*B*)	452 807	82 292	858 343	662 372	538 231	156,698
Total Funds available during the calendar year (*C=A+B*)	452 807	1 086 792	1 432 343	1 011 372	538 231	156,698
Total expenditure during the calendar year (*D*).	370,515	228,450	769,971	473,141	381,532	156 699
Balance brought forward to following calendar year (*E=CD*)	82 292	858 343	662 372	538 231	156,698	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2015	**2016**	**2017**	**2018**
Original annual budgets *(as per the originally approved HSS proposal)*	3 439 311			
Revised annual budgets *(if revised by previous Annual Progress Reviews)*				
Total funds received from GAVI during the calendar year (*A*)	3 439 311			
Remaining funds (carry over) from the previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)	3 439 311			
Total expenditure during the calendar year (*D*).				
Balance brought forward to following calendar year (*E=CD*)				

Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	2 011 624	0	0

Table 8.1.3b (Local currency)

	2009	**2010**	**2011**	**2012**	**2013**	**2014**
Original annual budgets *(as per the originally approved HSS proposal)*	19 108 234	10 917 480	6 637 980			
Revised annual budgets *(if revised by previous Annual Progress Reviews)*	8 612 398	20 670 788	21 418 222	14 497 688	10 119 221	3 221 721
Total funds received from GAVI during the calendar year (*A*)		19 105 590	10 917 480	6 969 530		
Remaining funds (carry over) from the previous year (*B*)	8 612 398	1 565 198	16 325 675	12 598 312	10 119 221	3 221 721
Total Funds available during the calendar year (*C=A+B*)	8 612 398	20 670 788	27 243 155	19 567 842	10 119 221	3 221 721
Total expenditure during the calendar year (*D*).	7 047 200	4 345 113	14 644 843	9 448 621	7 844 308	3 221 721
Balance brought forward to following calendar year (*E=CD*)	1 565 198	16 325 675	12 598 312	10 119 221	3 221 721	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0
	2015	**2016**	**2017**	**2018**		
Original annual budgets *(as per the originally approved HSS proposal)*	73 627 568					
Revised annual budgets *(if revised by previous Annual Progress Reviews)*						
Total funds received from GAVI during the calendar year (*A*)	73 627 568					

Remaining funds (carry over) from the previous year (*B*)	0			
Total Funds available during the calendar year (*C=A+B*)	73 627 568			
Total expenditure during the calendar year (*D*).	0			
Balance brought forward to following calendar year (*E=CD*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	44 221 329	0	0

Report of Exchange Rate Fluctuation

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

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	1890	1890	1890	1890	1994	2065
Closing on 31 December	1890	1890	1890	1902	2056	215 593

Detailed expenditure of HSS funds during the 2014 calendar year

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

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

Has an external audit been conducted? Yes

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

8.2. Progress on HSS activities in the 2014 fiscal year

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

Please provide the following information for each planned activity:

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

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Percentage of activity completed (annual)** (if applicable)	Source of information (if relevant)

A. Training of teams in management development			
A.1 Team management training	A.1 Training of department and municipal teams in technical and managerial aspects		Activity not scheduled for 2014
A.2 Integration of mother and child plans	A.2 Technical and financial support in the formulation of mother and child health plans at local level and for their incorporation into Municipal Development Plans, in order to ensure their implementation		Activity not scheduled for 2014
A.3. Training in the use of data	A.3 Contribution to the updating of the Mother and Child Health subsystem and training in data processing, analysis and application		Activity not scheduled for 2014
B. Delivery of basic health services package			
B.2 Health staff recruitment	B.2 Hiring of personnel to attend health units that had been closed for a range of causes, to be scheduled	100	Reports from health region and municipal health teams
B.3 Scheduling delivery of basic package	B.3 Prioritising, planning and scheduling of health units at municipal level for the delivery of the basic package, with support from the community and municipal corporations		Activity not scheduled for 2014
B.4 Implementation of monitoring tools	B.4 Resumption of implementation and monitoring of the application and use of LINVI, LISEM and LISMEF as local infant health monitoring tools		Activity not scheduled for 2014
B.5 Delivery of basic services package	B.5 Delivery of basic packages to 13 priority locations, in accordance with local scheduling	100	Reports from health region and Islas de la Bahía health region
B. Municipal health workshops	B.6 Annual mother and child health workshops, to identify target population (pregnant women, newborn infants, growth, development and vaccination), with local government involvement.	100	Reports from health region and Islas de la Bahía health region
C. Extension of C-ICCP AIN-C strategy			
C.2 Leadership training in C-ICCP AIN-C	C.2 Recruitment, selection and training of leaders in priority communities.	100	Reports from health region and Islas de la Bahía health region

C.3 Monitoring of C-ICCP AIN-C strategy	C.3 Monitoring of C-ICCP AIN-C implementation and operation.	100	Reports from health region and Islas de la Bahía health region
D. Extension of IMCI strategy			
D.2 IMCI training	D.2 IMCI training for priority health units		Activity not scheduled for 2014
D.3 Monitoring of IMCI strategy	D.3 Monitoring of IMCI strategy and its operation in the metropolitan health regions		Activity not scheduled for 2014
E. Provision of basic healthcare equipment			Handover certificates from Health Regions and PAHO/WHO reports
E.1 Provision of basic healthcare equipment	E.1 Procurement, distribution and installation of basic mother and child PHC equipment in health units in priority municipalities.	100	Handover certificates from Health Regions, Department of Health Ministry for National Assets.
E.3 Strengthening of the cold chain network	E.3 Support for the strengthening of the cold chain network at national level, for the introduction of new vaccines		Activity not scheduled for 2014
E.4 Maintenance and equipment of basic equipment and vehicles	E.4 Drafting and implementation of maintenance plan for basic equipment and mobile mother and child units	100	Reports from municipal health teams and health regions
F. Reinforcement of monitoring, supervision and evaluation processes			
F.2 Formulation of the annual supervision plan	F.2 Drafting of annual department and municipal plans for the monitoring, supervision and evaluation of institutional and community mother and child care.		Activity not scheduled for 2014
F.3 Supervision and monitoring visits	F.3 Quarterly supervision and monitoring of municipalities by the department and of health units and the community by the municipalities	100	Reports from health region and Islas de la Bahía health region EPI report
F.4. Evaluation of targets at department and municipal level	F.4 Evaluation at department and municipal level of mother and child targets in priority municipalities, with the support of technicians and municipal corporations	100	Reports from health region and Islas de la Bahía health region Report from Central Coordination Unit.
G. Support costs			
G.2 Monitoring and evaluation costs	G.2 Support, follow-up and evaluation costs		Activity not scheduled for 2014
G.3 Technical support	G.3 Technical support		Activity not scheduled for 2014
G.1 Administrative costs	G.1 Administrative costs		Activity not scheduled for 2014

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
A. Management training for health teams	Activity not scheduled for 2014
B. Incorporation of the health plan into the municipal plan	Activity not scheduled for 2014
C. Training in data use and analysis	Activity not scheduled for 2014
E. Recruitment of personnel to staff closed health units	This activity was scheduled for the Islas de la Bahía health region alone, as part of the framework of the operational pan for the August-November 2014 period. It corresponds to the release of funds seized in 2013 which were restored by the country. A nursing assistant was hired for the Los Fuertes health establishment, one of the units with the largest assigned populations. The assistant was hired from 1 September to 10 November 2014 (two months and 10 days). This activity made it possible to conduct fieldwork activities aimed at promoting health and preventing disease in communities, fostering sustained vaccination, updating of LINVI, prenatal care, treatment of patients with chronic illnesses, and others.
F. Scheduling delivery of basic package	Activity not scheduled for 2014
G. Implementation of monitoring tools	Activity not scheduled for 2014

H. Delivery of basic package in communities	This activity was scheduled for the Islas de la Bahía health region alone, as part of the framework of the operational pan for the August-November 2014 period. It corresponds to the release of funds seized in 2013 which were restored by the country. 36 visits to priority communities in the municipalities of Roatán and José Santos Guardiola were scheduled and 36 carried out – a compliance rate of 100% with respect to the annual target. According to the plan, the target for the municipality of Roatán was three visits per priority community, as one visit had been made in 2013 prior to the seizure of funds. Breakdown per target: a) 10/10 (100%) of the communities received three visits. According to the plan, the target for the municipality of José Santos Guardiola, was two visits per priority community, as two visits had been made in 2013 prior to the seizure of funds. Breakdown per target: a) 3/3 (100%) of the communities received two visits. Activities performed during basic package delivery: 1. Immunization of children, adolescents, pregnant women and seniors pending start and completion of the immunization schedule. 2. Increased enrolment of pregnant and post-natal women and women of childbearing age. 3. Increased coverage in family planning methods. 4. Rapid HIV-AIDS testing in pregnant women and malaria testing in the general population. 5. Actions to promote health and prevent and control vector-transmitted and communicable diseases, such as malaria, dengue fever, TB, STDs and HIV. 6. Organization of health volunteers. 7. Talks on domestic violence, nutrition, oral health, sexual health and others.
I. Municipal health workshops	This activity was scheduled for the Islas de la Bahía health region alone, as part of the framework of the operational pan for the August-November 2014 period. It corresponds to the release of funds seized in 2013 which were restored by the country. Five municipal health workshops were conducted, benefiting the two priority municipalities (three in José Santos Guardiola and two in Roatán). These workshops were conducted in coordination with local governments, NGOs and health volunteers, to improve their capacity. Vaccination was promoted and conducted among the susceptible population, as well as ante- and post-natal controls, family planning and sexual and reproductive health, control of dengue and malaria transmitting vectors, and preventive dental care for children, applying fluoride and dental varnish to cavities and fissures.

J. Leadership training in C-ICCP AIN-C implementation	This activity was scheduled for the Islas de la Bahía health region alone, as part of the framework of the operational pan for the August-November 2014 period. It corresponds to the release of funds seized in 2013 which were restored by the country. 18 leaders in 9 priority communities received training in implementing C-ICCP AIN-C strategy. New equipment was delivered to priority municipalities to foster the strategy: baby weighing scales and slings to weigh newborn infants, chronometers. Tee shirts and bags were also distributed as incentives for community leaders conducting the activities. Constraints encountered in implementing this activity included: 1 Abandonment by volunteer monitors due to lack of incentives. 3. Insufficient teaching material to train new groups or give training in new modules. 4. Reduced funds for continued reinforcement and the opening of new groups. 5. Not having premises in the communities in which to conduct training.
K. Monitoring of C-ICCP AIN-C strategy	This activity was scheduled for the Islas de la Bahía health region alone, as part of the framework of the operational pan for the August-November 2014 period. It corresponds to the release of funds seized in 2013 which were restored by the country. The Islas de la Bahía region has nine priority communities for the implementation of AIN-C strategy. Of these, 100% received regular monitoring, achieving active implementation of the strategy. This strategy makes is possible to monitor integral child growth and development, as well as ensuring that ill children are remitted to health establishments and children aged under two years are vaccinated. Monthly meetings make it possible to monitor compliance with the strategy at close range. Constraints identified include: difficulties encountered by health staff in making monthly community visits, due to weak logistics.
L. Personnel training in IMCI	Activity not scheduled for 2014
M. Monitoring of IMCI strategy	Activity not scheduled for 2014

N. Procurement and distribution of basic equipment	The process of procuring basic equipment for mother-and-child care finalized in August when the equipment was received by 138 health establishments (73 rural health centres and 65 medical-dental health centres) in the nine priority health regions. The equipment acquired is to be used directly in the provision of care and also to strengthen the implementation of AIN-C strategy, and includes weighing scales, chronometers, slings for weighing infants and incentives for weight monitors (tee shirts and bags). The 224 priority communities benefit from this equipment. The activity was complemented with national counterpart funding amounting to $ 44,916.89, partly funding the acquisition and the distribution logistics: storage and travel expenses to the health regions. Also acquired were 17 electric refrigerators for the cold chain and office furniture (desks and chairs) for the vaccine warehouses of Comayagua, Valle and the EPI warehouse. The refrigerators were distributed in El Paraíso (4), Choluteca (4), Yoro (2), Olancho (3) Santa Barbara (3) and Central District Metropolitan Region (1).
P. Strengthening of the national cold chain network	This activity was not scheduled for 2014. Nevertheless, using national counterpart funding, $36 440.59 was invested in the following activities: 1. Refurbishment of the Comayagua vaccines warehouse. 2. Acquisition of equipment and spare parts for the cold chain. 3. Cold chain monitoring.
Q. Implementation of the equipment maintenance plan	This activity was scheduled for the Islas de la Bahía health region alone, as part of the framework of the operational pan for the August-November 2014 period. It corresponds to the release of funds seized in 2013 which were restored by the country. The oil and brake pads on the Islas de la Bahía region were changed, as part of the maintenance plan.
S. Formulation of the monitoring and supervision plan	Activity not scheduled for 2014

T. Quarterly supervisory and monitoring visits	This activity was scheduled for the Islas de la Bahía health region, as part of the framework of the operational pan for the August-November 2014 period. It corresponds to the release of funds seized in 2013 which were restored by the country. Twelve supervision visits were made to four health establishments; following the established monitoring and supervision plan, 100% of scheduled visits were made. The 9th campaign against seasonal flu was supervised. The supervision guide was implemented, emphasizing the regulations and procedures applicable to the different brigades visiting the communities. Funding was also used to support the supervision of the EPI, focussing on: • Supervision of the epidemiological surveillance component, emphasizing municipalities at risk of epidemiological silence, in an active search for vaccine preventable diseases (VPDs) in the Copán and San Pedro Sula Metropolitan regions. • Supervision of the operation of the cold chain component and support in repairing cold rooms and freezers in the Atlántida, Copán, Choluteca, Comayagua and Olancho regions. • Central level supervision of EPI components in the Copán, Santa Barbara and San Pedro Sula Metropolitan regions. • Supervision of the VSSM program, and delivery of vaccines in the Cortés, Intibucá, San Pedro Sula Metropolitan, Copán, Ocotepeque, Choluteca, El Paraíso, Atlántida, Comayagua and Olancho regions. • Regional level supervision of municipalities at risk due to low vaccination coverage in the Intibucá, Lempira, Choluteca, Copán, La Paz, Olancho, El Paraíso, Ocotepeque and Valle regions.

U. Department and municipal evaluation of targets	HSS initiative targets for 2008-2013 were evaluated with the regional coordination teams and a municipal representative from the nine priority health regions, with the technical support of the General Directorate of Integrated Health Service Networks (DGRISS), EPI and the Department of Integrated Family Health (DSIF). See Document 30. According to the results of the evaluation, most of the proposed targets were met, including: - 91% of municipalities with >80% coverage with pentavalent 3rd dose - 85% of municipalities with mother-and-child plans incorporated into their municipal development plans. - 84% of health facilities offering services on a continual basis. - 82% of children aged under five years having their growth and development monitored. - 93% of priority municipalities implementing AIN-C strategy. - 100% of municipalities performing evaluations on mother-and-child plan targets. Targets that were not reached included quarterly delivery of basic health service packages and percentage of health establishments receiving quarterly supervision. These failures were due to weak logistics in the health regions with regard to mobilizing communities and health personnel performing multiple functions. Another target not reached was the percentage of pregnant women receiving four prenatal check-ups. The factors behind this included delayed enrolment of pregnant women (after 12 weeks pregnancy) and geographical and economical barriers hindering women from attending ongoing prenatal care. Nevertheless, 55% of health regions (5/9) had coverage rates in excess of 70% for women receiving four prenatal checkups, leading to an increase from 48% to 66% in the 2008-2013 period. This activity was also scheduled in the plan for the Islas de la Bahía health region, as part of the framework of the operational pan for the August-November 2014 period. It corresponds to the release of funds seized in 2013 which were restored by the country. Accordingly, targets relating to mother-and-child health were evaluated with the region's municipalities.
V. Administrative costs	Activity not scheduled for 2014
W. Support, follow-up and evaluation costs	Activity not scheduled for 2014
X. Technical support	Activity not scheduled for 2014

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

All activities programmed for 2014 Q1 were fully implemented up until the third and fourth quarter of the year, as follows:

1. **Activity E.1 Procurement and distribution of basic equipment:** activity finalized in September 2014, due to:

a) The procurement process conducted by PAHO/WHO had a duration of approximately six months, as purchases were partial and acquired from a range of national and international suppliers.

b) Equipment acquired from one international supplier did not reach the country until July 2014

c) Suppliers did not have an immediate stock of the products listed in the purchase orders, and hence requested terms of 60 to 90 days for delivery of orders.

2. **Islas de la Bahía operative plan:** The reimbursement of seized funds was not allotted to the region until August, due to PAHO/WHO bureaucracy for the reimbursement of national counterpart funding, by means

of the amendment to the technical cooperation agreement between SESAL and PAHO/WHO for the administration of Gavi-HSS counterpart funding.

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

The grant contributed to the National Health Plan, as it coincides with the country's priorities. It also created human resource incentives, as funding was made available for activities programmed in the work plans. Basic healthcare equipment was also made available.

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
A. Developing the management capacity of teams											
A.1 Percentage of municipalities having integrated plans	42%	Municipal reports from health regions (2010)	80% of municipalities have incorporated RAMNI activities into their integrated municipal development plans.	100%, this figure corresponds only to the target for the Islas de la Bahía health region	72%	87%	85%	85%	100%	2014 - report from the Islas de La Bahía region health team	
A.2 Number of persons receiving management training	Not established in proposal	Not applicable	300 persons trained in management development	Not applicable	132 persons	63 persons	161 persons	135 persons	Activity not programmed	Technical reports from the HSS/Gavi /UPEG Central Coordination Unit	Activity not scheduled for 2014
A.3 % of persons receiving training in data use	Not established in proposal	Not applicable	100% (141 resources in statistics units in priority health regions)	Not applicable	45% (63/141)	88% (126/141)	Activity not programmed	Activity not programmed	Activity not programmed	Report from Islas de La Bahía region health team	Activity not scheduled for 2014
B.1 % communities receiving four basic health packages	0%	Municipal and department reports 2007	100% of communities receiving four basic health package visits in the year	100%, this figure corresponds only to the target for the Islas de la Bahía health region	49%	64%	60%	50%	100%	Report from Islas de La Bahía region health team	Activity programmed only for Islas de la Bahía region

B.2 % of pregnant women attending 4 prenatal checkups	0%	LISEM 2010 surveillance tool	90% of pregnant women attending 4 prenatal checkups	90%, this figure corresponds only to the target for the Islas de la Bahía health region	54%	55%	58%	66%	74%	Report from Islas de La Bahía region health team	Activity programmed only for Islas de la Bahía region Target not reached, due to factors such as: - Mobility of pregnant women attending health centres or hospitals for final prenatal checkups seeking delivery services or proximity to family members. - Difficulty in enrolling women before week 12 of pregnancy.
B.3 % of health units offering service	0%	Reports from municipalities and regional offices 2010	80% of health units offering continual year-round service	100%, this figure corresponds only to the target for the Islas de la Bahía health region	92%	90%	80%	84%	100%	Report from Islas de La Bahía region health team	Activity programmed only for Islas de la Bahía region
Extension of C-ICCP AIN-C strategy											
C.1 % of communities implementing C-ICCP AIN-C strategy	142 communities	Monthly monitors' reports 2010	224 priority communities implementing the Integrated Community Child Care strategy (C-ICCP AIN-C)	9 communities. This figure corresponds only to the target for the Islas de la Bahía health region	63% (142/224 communities)	82% (183/224 communities)	97% (218/224 communities)	93% (208/224 communities)	100% (9 communities)	Report from Islas de La Bahía region health team	Activity programmed only for Islas de la Bahía region

C.2 % of children whose growth is monitored	75%	AT-2R (ATA 2010)	80% of children's growth and developme nt are being monitored	80%, this figure correspond s only to the target for the Islas de la Bahía health region	75%	87%	81%	82%	74%	Report from Islas de La Bahía region health team	Activity programme d only for Islas de la Bahía region Target not reached, possibly due to under-reporting of children being monitored Nevertheles s, in communitie s with AIN-C, this process is performed monthly and more children are enrolled.
C.3 Percentage of health units complying with IMCI	50%	Clinical files, IMCI record sheets for 2010	No target established in the HSS proposal.	50%, this figure correspond s only to the target for the Islas de la Bahía health region	63%	44%	59%	49%	75%	Report from Islas de La Bahía region health team	Activity programme d only for Islas de la Bahía region
C.4 % of health units with ORT spaces	60%	2010 checklist	No target established in the HSS proposal.	100%, this figure correspond s only to the target for the Islas de la Bahía health region	100%	92%	84%	98%	100%	Report from Islas de La Bahía region health team	Activity programme d only for Islas de la Bahía region
D. Provision of basic equipment for health services											
D.1 % of fully-equipped health units	Not establish ed in proposal	Delivery certificate s	112 health units provided with basic equipment for mother-and-child health services	112 Health Units	NA	NA	128% (144/112 health units)	NA	123% (138/112 health units)	Report from Islas de La Bahía region health team	Activity programme d for the nine priority health regions.
E. Reinforcemen t of monitoring, supervision and evaluation processes										Report from Islas de La Bahía region health team	

E.1 % of health units supervised 4 times	0%	Municipal and department reports 2010	80% of health units supervised four times a year	100%, this figure corresponds only to the target for the Islas de la Bahía health region	43%	53%	46%	40%	100% (4 health establishments supervised 4 times)	Report from Islas de La Bahía region health team	Activity programmed only for Islas de la Bahía region
E.2 % of municipalities being evaluated twice yearly	72%	Municipal and department reports 2010	90% of municipalities performing 2 evaluations yearly	100%, this figure corresponds only to the target for the Islas de la Bahía health region	72%	90%	100%	100 %	100%	Report from Islas de La Bahía region health team	Activity programmed only for Islas de la Bahía region
F. National coverage with pentavalent 3rd dose	87%	SIVAC	95% national coverage with third dose of pentavalent	95%, this figure corresponds only to the target for the Islas de la Bahía health region	101%	105%	92%	91%	100%	SIVAC	
G. % of municipalities with > 80% coverage for pentavalent 3rd dose	32%	SIVAC	80% of municipalities with > 80% coverage for pentavalent 3rd dose	100%, this figure corresponds only to the target for the Islas de la Bahía health region	91%	100%	93%	91%	100%	SIVAC	
H. MMR coverage in 12-23 month population	91%	SIVAC	95% coverage in population aged 12-23 months	95%, this figure corresponds only to the target for the Islas de la Bahía health region	101%	107%	91%	93%	100%	SIVAC	
I. Mortality rate in children aged less than 5 years	26 X 1000LB	ENDESA	20 X 1000 live births	NA	566 (total number of deaths in 104 priority municipalities)	726 (Total number of deaths in 104 priority municipalities)	1761 (Total number of deaths in 104 priority municipalities)	29 per 1000 LB	29 per 1000 LB	ENDESA 2011-2012	Post-infantile mortality rate for 2011-2012, 5 per 1000 live births
J. Infant mortality rate	25 X 1000LB	ENDESA	19 X 1000 live births	NA	516 (Total o num ber of o deat hs in 104 priority municipalities)	653 (Total o num ber of o deat hs in 104 priority municipalities)	1625 (Total o num ber of o deat hs in 104 priority municipalities)	24 per 1000 LB	24 per 1000 LB	ENDESA 2011-2012	As per reference value, this was reduced by only 1 percentage point

K. Maternal mortality rate	108 per 100000LB	IMMER	82 X 100000 live births	NA	21 (Total number of deaths in 104 priority municipalities)	74 x 10000 LB	74 x 10000 LB	73 x 10000 LB	74 x 10000 LB	RAMOS study	Figure given by study of maternal mortality ratio 2011-2012

8.4. Programme implementation in 2014

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

Major accomplishments 2014:

- 138 health establishments were provided with basic equipment for mother-and-child care in the nine priority health regions.
- Implementation of the C-ICCP strategy was strengthened by the provision of equipment (weighing scales, slings for weighing infants and chronometers) and incentives for health volunteers to 224 priority communities.
- The operative plan was finalized in the Islas de la Bahía region, contributing to the provision of health promotion and disease prevention services in priority municipalities.
- Health services in priority municipalities received monitoring, supervision and evaluation. (Document 31, Photo report).

Successful experiences in HSS 2008-2013 (Document 30 HSS Evaluation 2008-2013):

C - Activities such as delivery of basic health service packages and health fairs meant that local health teams could:

a) Extend service coverage to overlooked communities, accomplishing the sustained delivery of services including: vaccination and immunization, family planning, laboratory testing, rapid diagnosis tests (blood sugar, HIV/AIDS, malaria), dental services, environmental health activities to control vector-transmitted diseases, and others.

b) Perform timely diagnosis of morbidity, including uterine-cervical cancer, infectious-contagious diseases, and others.

c) Perform timely enrolment of pregnant women before week 12 of pregnancy, to promote prenatal checkups, pregnancy clubs, childbirth plans and institutionalized childbirth.

d) Strengthen links with the community to identify needs and foster health promotion and disease prevention activities.

e) Multi-discipline team work in communities.

x - Strengthening of the managerial capacity of local teams by means of local planning (formulation of operating plans), direct administration of funds and supervision- Streamlining of activities and efficient use of financial resources by means of decentralizing funds from PAHO/WHO to health regions (intermediate level) and from there to local level, shortening the chain of bureaucracy.

· The initiative energized and strengthened processes, strategies and SESAL service provision activities: AIN-C C-ICCP, IMCI, basic health service packages, local surveillance tools (LISEM, LISMEF and LINVI monitoring forms for children, women of childbearing age and pregnant women, respectively), ORT, integral municipal development plan, among others.

- Strengthening of capacities at local level, by means of creating spaces for negotiation with key agents, such as town halls and NGOs, to integrate activities and strengthen expected results.

D

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

Problems identified

- Late disbursement of funds by PAHO/WHO to remedy the seizure of funds in the Islas de la Bahía region and finalize the operating plan.
- Delays in awarding basic equipment procurement tenders to bidders.

Solutions encountered:

X The seized funds were transferred to the Islas de la Bahía region in August and the operating plan was rescheduled to be finished before the end of year. Regular visits were scheduled to monitor the execution of activities and administrative support was provided to streamline processes.

· The timeline for the delivery and distribution of basic mother-and-child care equipment was rescheduled.

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

Monitoring and evaluation is conducted as per page 43 of the document on the Gavi/HSS Initiative, setting forth M&E procedures on the three levels of the Secretariat for Health:

x **National level**: directly responsible for monitoring and evaluating the technical and financial implementation of the initiative through UCC/Gavi/HSS, with headquarters at UPEG/SESAL, in close contact with the EPI. This level evaluates and supervises the execution of operating plans in each health region. Assessment is performed annually, on the January of the following year, analysing the indicators proposed and monitoring the completion of objectives and activities. This evaluation is the basis for this report. It had the technical support of the Expanded Programme on immunizations (EPI), the Department of Integrated Family Health (DSIF), and the technical areas of the UPEG: Information Systems and Planning, and M&E.

x **Intermediate level**, consisting of the health regions, which implement the Gavi/HSS initiative, and whose technical teams conducted M&E in shorter periods of time over the local level (46 priority municipalities)..

Local level: conducting monthly monitoring of activity implementation in priority locations. This monitoring is performed by the municipal health team with the support of the regional team.

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

Gavi/HSS target evaluations were performed jointly by the corresponding technical units, consisting of the EPI, the Department of Integrated Family Health and the General Directorate for Health Service Networks. This allows for the combined analysis of data and weaknesses, the integrated validation of information and the coordination of interventions.

Implementation reports and official accomplishments are submitted to the Ministry of Health every six months and are included in the institutional report under the chapter on external cooperation funds. Likewise, a technical and financial implementation report is submitted to the administrative management of the Ministry of Health and PAHO/WHO.

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

Agents interested in implementing the HSS proposal participated actively by making up the HSS Technical Support Team, which is where activities are coordinated. It comprises: the EPI, the Integral Family Care Department, the External Cooperation Department, UPEG and PAHO/WHO.

Civil society organizations are represented on the national health council (CONSALUD) and the Interagency Cooperation Commission (ICC) and play a role of social oversight of the technical and financial execution of the grant, by means of regular meetings and the approval of progress reports.

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

Not applicable

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

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

Management of Gavi/HSS funds:

Donated Funds:

- The PAHO/WHO directly channels these funds to each GAVI/HSS implementing unit, among them the nine Health Regions, the UPEG coordinating unit, and the EPI.
- Fund allocation takes on average two to three months from the time SESAL submits the request to actual disbursement to the implementing units, through the agency of Letters of Agreement and the administrative procedures of PAHO/WHO/Honduras.

To improve funding management, regular meetings are held with the PAHO/WHO counterpart and with implementation teams to define priorities, identify non-executed items and identify more versatile mechanisms for fund allotment and execution.

8.5. Planned HSS Activities for 2015

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

Table 8.4: Planned activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past APR reviews)	**2015 actual expenditure** (to April 2015)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
A. Strengthen the service network as part of the framework of the national health model, stressing primary health care.						
A.1 Training of family health teams in the national health model and vaccination standards		88 440	0			

A.2 Train regional leaders and directors of selected hospitals in productive health service management (instruments for its implementation, execution and evaluation)		76 602	0			
A.3 Implement productive health service management in selected institutions		2268	0			
A.4 Intervention (identification, categorization and vaccination of children pending vaccination) in municipalities with Pentavalent 3 coverage of less than 95%		120 000	0			
A.5 Develop and implement standards and guidelines for clinical practice for PCTs and health establishments, as part of the framework of the national health model.		3327	0			
A.6 Design and fund the overall plan, guaranteeing the provision of services		40351	0			
A.7 Equipment and signage supplied for vaccination room, following the baseline diagnosis for health establishments		334 800	0			

A.8 Update the 2009 Health Profile in relation to the new health model, giving priority to immunization services		50 000	0			
A.9 Design and implement tools for the management of integrated health networks and to improve immunization services		38 161	0			
B. Strengthen the EPI information subsystem and the drug, vaccine and supplies stock control subsystem, as part of the SIIS framework						
B.1 Train human resources responsible for SIIS in SIVAC/SINOVA and TRANS at all levels.		184 576	0			
B.2 Provide software and hardware to four new health regions and the seven previous regions with equipment for SINOVA and VSSM in the warehouse network.		172 166	0			
B.3 Evaluate SINOVA and VSSM management at all levels		57 178	0			
B.4 Provide 20 health regions with SINOVA forms for two years		8545	0			

B.5 Exchange successful health information system management experiences		3013	0			
C. Strengthen the cold chain at national level to ensure vaccines are stored and supplies managed correctly.						
C.1 Extend the cold room environment of National Vaccines Centres (CNB) in Cortés and Tegucigalpa, to install new cold rooms		88 000	0			
C.2 Extend and fit out four collection centres for storage and distribution of vaccines		245 000	0			
C.3 Acquire five refrigerated trucks for transport of vaccines from Cortés CNB and collection centres to local level		250 000	0			
C.4 Acquire vehicles to maintain the cold chain and replacement vehicle (motorcycle) and vaccine preservation equipment		300 000	0			

C.5 Acquire cold chain equipment - 40 solar-powered refrigerators and 250 electric refrigerators, 3000 thermos flasks, 12 000 cold packs		290 000	0			
C.6 Implement and supervise VSSM in CNB Cortés and Tegucigalpa, four collection centres and hospitals		76 370	0			
C.7 Provide training to cold chain technicians and vaccine warehouse staffers		12 000	0			
C.8 National cold chain supervision		92 108	0			
C.9 Perform evaluation on vaccine warehouses and the cold chain		24 000	0			
D. Promote effective demand among the population for vaccination services, by strengthening health promotion actions						
D1 Design the promotional campaign for the sustained vaccination programme		105 000	0			
D.2 Take out space in national media to disseminate the promotional campaign for the sustained vaccination programme		109 039	0			

D3. Support for sustained vaccination related promotional actions by providing equipment		39 300	0			
D.4 Training in the use of social networks for the Social Communication Unit and selected health regions, to promote sustained vaccination related promotional actions.		12 113	0			
D.5 Provision of loudspeaker equipment to health regions and health regions for sustained vaccination		25 000	0			
D.6 Provide training to in strategic health communication to personnel in Social Communication Units in health regions		32 932	0			
D.7		29 477	0			
D.8 Application of the missed vaccination opportunities survey		46 649	0			
E. Developing skills in epidemiological monitoring						

E.1 Updating, editing, printing and distributing guideline document for development and strengthening of analytical units.		3000	0			
E.2 Formulating HR and technology inventory of analytical units for their reorganization and optimal operation, including the setting up of situation rooms		47 620	0			
E.3 National meeting to disseminate the document		15 850	0			
E.4 Training in the generation of quarterly vaccination coverage analysis reports on VPDs, at local, municipal and regional level, facilitating clear decision making, monitoring and evaluation.		21 3824	0			
E.5 Formulating a research agenda for each health region, prioritizing subjects in accordance with the analysis of the health situation		25 014	0			
E.6 Research into outbreaks of VPDs, at local, municipal and regional level		2214	0			

E.7 Supervision and evaluation of the VPD monitoring system.		28 372	0			
E.8 Procurement of laboratory equipment and supplies to guarantee compliance with monitoring indicators		28 192	0			
F. Improve administrative system processes for project execution.						
F.1 Hire support personnel to monitor and implement the project		55 200	0			
F. Hire support personnel for administrative area of PAHO		22 800	0			
F.3 Training workshop administrative induction		15 805	0			
F.4 Purchase IT equipment and scanner		6200	0			
F.5 Annual evaluation and monitoring workshop		15 805	0			
F.6 Logistical support		3000	0			
		3 439 311	0			0

8.6. Planned HSS Activities for 2016

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

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

Table 8.6: Planned HSS Activities for 2016

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

E. Desarrollar habilidades para el análisis en vigilancia epidemiológica					
E.1 Elaboraracion de agenda de investigación priorizando temas, de acuerdo al análisis de la situación de salud, por región sanitaria		25014			
E.2 Investigación de brotes de enfermedades prevenibles por vacuna, a nivel local, municipal y regional.		2214			
D.2 Contratación de medios de cobertura nacional para la difusión de la campaña promocional del programa sostenido de vacunación.		109039			
D.1 Diseño de la campaña promocional del programa sostenido de vacunación:		105000			
D. Inducir la demanda efectiva de la población hacia los servicios de vacunación a través del fortalecimiento de acciones de promoción de la salud					
C.8 Evaluación del funcionamiento de los almacenes de biológicos y la Cadena de Frío.		24000			
C.7 Supervisión nacional de la cadena de frío		92108			

C.6 Capacitación de técnicos de cadena de frío y encargados de almacenes de biológicos		12000			
C.9 Implementación y supervisión del VSSM, para funcionamiento en CNB de Cortés, Tegucigalpa, 4 centros de acopio de almacenamiento y hospitales		23630			
C.5 Adquisición de equipo de Cadena de frio: - 40 Refrigeradoras solares y 250 refrigeradoras eléctricas, 3,000 termos, 12,000 paquetes fríos		290000			
C.4 Adquisición de vehiculos para el mantenimiento de la cadena de frío y repuestos de medios de transporte (motocicleta) y de equipos de conservación de vacunas		125000			
C.3 Adquisicion e instalacion de planta generadora para centro de acopio de Copan (Incluye instalacion de interruptor de transferencia automática)		36000			
C.2 Instalación de nueve cámaras frías de los almacenes nacionales y centros de acopio (Tegucigalpa, Cortés, Copán, Atlántida, Comayagua, Choluteca)		81999			

C.1 Procurement of seven cold rooms and control unit to install in national warehouse and collection and distribution centres		353 000			
C. Strengthen the cold chain at national level to ensure vaccines are stored and supplies managed correctly.					
B.6 Perform national vaccination coverage survey through INE		250 000			
B.5 Provide 20 health regions with SINOVA forms for two years		8545			
B.4 Protect the integrity of SIVAC,SINOV and VSSM		30 000			
B.3 Evaluate operation of SINOVA and VSSM at all levels.		57 177			
B.2 Produce SINOVA training video for regional, municipal and local level		3383			

B.1 Train human resources at selected warehouses in online VSSM management		14 629			
B. Strengthen the EPI information subsystem and the VSSM subsystem as part of the SIIS framework					
A.4 Develop and implement standards and guidelines for clinical practice in PCT and health establishments, as part of the national health model framework		22 416			
A.3 Intervention (categorization, prioritization and vaccination of children pending vaccination) in municipalities with Pentavalent 3 coverage of less than 95%		120 000			
A.2 Implement productive health service management in selected institutions		12 852			

A.1 Provide training to family health teams in the national health model and vaccination standards		88 440			
A. Strengthen the service network as part of the framework of the national health model, stressing primary health care.					
E.3 Supervision and evaluation of the VPD monitoring system.		28 373			
F. Improve administrative system processes for project execution.					
F.1 Hire support personnel to monitor and implement the project		55 200			
F.2 Hire support personnel for PAHO administrative area		22 800			
F.3 Annual evaluation and monitoring workshop		15 805			
F.4 Logistical support		3000			
		2 011 624			

8.7. Revised indicators in case of reprogramming

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

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

Donor	Amount US$	Duration of support	Type of activities funded
Not applicable			

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

8.9. Reporting on the HSS grant

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

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

Table 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
- Reports from the Islas de la Bahía health region and liquidations of the Letter of Agreement. - Reports from municipal health teams in priority municipalities. - Reports from the Gavi-HSS/UPEG central coordination unit - EPI reports - PAHO/WHO financial reports - Official report on the updated results of the Honduran maternal mortality ratio, 2010-2012. - EPI 2013 coverage report. - National Survey on Demography and Health, 2011-2012.	- Evaluation meeting with the Islas de la Bahía team - Verify consistency of immunization data with EPI administrative coverage and SIVAC and ENDESA 2011-2012 - Submit finalized IPA to ICC and CONSALUD	

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

No difficulties were encountered in formulating the report as the format is the same as previous years. There were some difficulties with regard to filling in the online portal, as follows:

- It was not possible to enter the financial information for 2008 into Tables 8.1.3a and 8.1.3b, as there is no corresponding cell.

- In Table 8.3: Progress on targets achieved, the indicators for 2009 could not be entered, as there is no cell for the year.

- In Table 8.4: Planned activities for 2014, when the activities are entered they are listed with letters and numbers, from A to F; however, once the data is saved, the list of activities out of order.

- In Table 8.6: Planned activities for 2016, when the activities are entered they are listed with letters and numbers, from A to F; however, once the data is saved, the list of activities appears out of; some are deleted and others are repeated.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014? 2 Please attach:

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

9. Strengthened Involvement of Civil Society Organizations (CSOs):

Type A and Type B

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

Honduras **has not received GAVI TYPE A CSO support**

Honduras is not reporting on GAVI TYPE B CSO support for 2014

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

Honduras **has not received GAVI TYPE B CSO support**

Honduras is not reporting on GAVI TYPE B CSO support for 2014

10. Comments from ICC/HSCC Chairs

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

Chair of ICC and CONSALUD Secretary of State at the Department of Health

Given that Honduras graduates in 2015, for administrative and strategic planning purposes it is necessary to clarify Gavi policy with regard to access to the new rotavirus and pneumococcal conjugate 13-valent vaccines as regards cost and duration.

11. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year.

e. Closing balance as of 31 December 2014.

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

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

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

11.2. Annex 2 – Example income & expenditure ISS

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

Example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31 December 2013*)	25 392 830	53 000
Summary of income received during 2014		
Income received from GAVI	57 493 200	120 000
Income from interest	7 665 760	16 000
Other income (fees)	179 666	375
Total Income	38 987 576	81 375
Total expenditure during 2014	30 592 132	63 852
Balance as of 31 December 2014 (balance carried forward to 2015)	60 139 325	125 523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in US$
Salary expenditure						
Wages & salaries	2 000 000	4174	0	0	2 000 000	4174
Per diem payments	9 000 000	18 785	6 150 000	12 836	2 850 000	5949
Non-salary expenditure						
Training	13 000 000	27 134	12 650 000	26 403	350 000	731
Fuel	3 000 000	6262	4 000 000	8349	-1 000 000	-2087
Maintenance & overheads	2 500 000	5218	1 000 000	2087	1 500 000	3131
Other expenditures						
Vehicles	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTALS FOR 2014	42 000 000	87 663	30 592 132	63 852	11 407 868	23 811

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

11.3. Annex 3 – Terms of reference HSS

Terms of reference

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

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

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

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

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year.

e. Closing balance as of 31 December 2014.

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

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

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

11.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS**

Example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31 December 2013*)	25 392 830	53 000
Summary of income received during 2014		
Income received from GAVI	57 493 200	120 000
Income from interest	7 665 760	16 000
Other income (fees)	179 666	375
Total Income	38 987 576	81 375
Total expenditure during 2014	30 592 132	63 852
Balance as of 31 December 2014 (balance carried forward to 2015)	60 139 325	125 523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in US$**
Salary expenditure						
Wages & salaries	2 000 000	4174	0	0	2 000 000	4174
Per diem payments	9 000 000	18 785	6 150 000	12 836	2 850 000	5949
Non-salary expenditure						
Training	13 000 000	27 134	12 650 000	26 403	350 000	731
Fuel	3 000 000	6262	4 000 000	8349	-1 000 000	-2087
Maintenance & overheads	2 500 000	5218	1 000 000	2 087	1 500 000	3131
Other expenditures						
Vehicles	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTALS FOR 2014	42 000 000	87 663	30 592 132	63 852	11 407 868	23 811

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

11.5. Annex 5 – Terms of reference CSO

Terms of reference

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

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

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

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

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year.

e. Closing balance as of 31 December 2014.

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

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

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

11.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B' FINANCIAL STATEMENTS**

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31 December 2013*)	25 392 830	53 000
Summary of income received during 2014		
Income received from GAVI	57 493 200	120 000
Income from interest	7 665 760	16 000
Other income (fees)	179 666	375
Total Income	38 987 576	81 375
Total expenditure during 2014	30 592 132	63 852
Balance as of 31 December 2014 (balance carried forward to 2015)	60 139 325	125 523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in US$**
Salary expenditure						
Wages & salaries	2 000 000	4174	0	0	2 000 000	4174
Per diem payments	9 000 000	18 785	6 150 000	12 836	2 850 000	5 949
Non-salary expenditure						
Training	13 000 000	27 134	12 650 000	26 403	350 000	731
Fuel	3 000 000	6262	4 000 000	8349	-1 000 000	-2087
Maintenance & overheads	2 500 000	5 218	1 000 000	2 087	1 500 000	3131
Other expenditures						

Vehicles	12 500 000	26 090	6 792 132	14 177	5 707 868	11 913
TOTALS FOR 2014	42 000 000	87 663	30 592 132	63 852	11 407 868	23 811

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

12. Attachments

#	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Documento No. 01 Firma IPA 2014 del Ministro de Salud.pdf **File desc:** Signature of the Secretary of State at the Ministry of Health **Date/Time:** 15/05/2015 02:24:15 **Size:** 619 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Documento No. 02 Firma IPA 2014 del Ministro de Finanzas.pdf **File desc:** Signature of the Secretary of State at the Ministry of Finance **Date/Time:** 15/05/2015 02:24:31 **Size:** 619 KB
3	Signatures of members of HSCC	2.2	✓	Documento No. 03 firmas CCIS.pdf **File desc:** Minutes of meeting of 13 May signed by HSCC members **Date/time:** 13/05/2015 06:07:40 **Size:** 529 KB
4	Minutes of ICC meeting in 2013 endorsing APR 2014	5.4	✓	Documento N0.4 Acta CCIS-CONSALUD 13 mayo final (1).pdf **File desc:** Minutes of ICC meeting in 2014 endorsing APR 2014 **Date/Time:** 14/05/2015 12:21:31 **Size:** 694 KB
5	HSCC signatures page	2.3	✓	Documento No. 05 firmas CONSALUD.pdf **File desc:** Minutes of meeting of 13 may, signed by CONSALUD members **Date/Time:** 13/05/2015 06:08:51 **Size:** 409 KB
6	Minutes of 2015 HSCC meeting endorsing the APR 2014	8.9.3.	✓	Documento N0.4 Acta CCIS-CONSALUD 13 mayo final (1).pdf **File desc:** Minutes of CONSALUD meeting in 2014 endorsing the APR 2014 **Date/Time:** 14/05/2015 12:21:31 **Size:** 694 KB
7	Financial statement for ISS grant (FY 2014) signed by the Chief Accounting or Permanent Secretary in the Ministry of Health	6.2.1.	✗	File not uploaded

8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3.	✗	File not uploaded
9	Post Introduction Evaluation Report	7.2.1.	✗	File not uploaded

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1.	✓	Document No 10 Informe financiero Grant NVS 2014.pdf **File desc:** Financial statement for NVS introduction grant 2014: Not applicable **Date/Time:** 10/05/2015 11:22:31 **Size:** 4 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditure in 2014 is greater than US$ 250,000	7.3.1.	✓	Document No 11 Informe auditoria Grant NVS 2014.pdf **File desc:** Financial statement for NVS introduction grant, 2014: N/A **Date/Time:** 10/05/2015 11:22:53 **Size:** 4 KB
12	Report on VSSM evaluation	7.5	✓	Document No 12 Informe GEV.pdf **File desc:** VSSM evaluation report **Date/Time:** 10/05/2015 11:08:50 **Size:** 5 KB
13	Latest EVSM/VMA/GEV improvement plan	7.5	✓	Document No 13 Ultimo Plan de Mejora GEV.pdf **File desc:** Latest EVSM/VMA EVM improvement plan **Date/Time:** 10/05/2015 11:09:33 **Size:** 5 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Document No 14 Estado del ultimo Plan de Mejora GEV.pdf **File desc:** Latest EVM improvement plan implementation status **Date/Time:** 10/05/2015 11:10:10 **Size:** 5 KB
16	Valid cMYP if extension of grant requested	7.8	✗	File not uploaded
17	Valid cYMP costing tool if requesting extension of support	7.8	✗	File not uploaded

18	Minutes of ICC meeting endorsing extension ov vaccine support, if applicable	7.8	✗	File not uploaded
19	Financial statement for HSS grant (fiscal year 2014) signed by the Chief Accounting or Permanent Secretary in the Ministry of Health	8.1.3.	✓	Documento No. 19 Informe Financiero FSS Enero-Diciembre 2014.pdf **File desc:** HSS financial statement January-December 2014, signed by SESAL Administrative Manager **Date/Time:** 12/05/2015 12:25:50 **Size:** 553 KB

20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3.	✓	Documento No. 20 Informe Financiero Subvención Enero-Abril 2015.docx **File desc:** Financial statement April 2015: Not applicable **Date/Time:** 11/05/2015 06:13:40 **Size:** 12 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3.	✓	Documento No. 21 Auditoría de FSS Año Fiscal 2014.pdf **File desc:** PAHO/WHO report on HSS funds management and submittal of accounts **Date/Time:** 15/05/2015 01:03:42 **Size:** 222 KB
22	HSS Health Sector review report	8.9.3.	✓	MEMORIA-2014-02-02-2015 (1).pdf **File desc:** Results and accomplishments of the Ministry in 2014 **Date/Time:** 08/05/2015 06:39:53 **Size:** 1 MB
23	Yearly inventory report for CSO Type A	9.1.1.	✗	File not uploaded
24	Financial statement for CSO Type B funding (fiscal year 2014)	9.2.4.	✗	File not uploaded
25	External audit report for CSO Type B (fiscal year 2014)	9.2.4.	✗	File not uploaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1 January and (ii) 31 December 2014	0	✓	Documento No. 26 Estado Financiero OPS-OMS Enero- Diciembre 2014.pdf **File desc:** Initial and final balance HSS 2014 **Date/Time:** 11/05/2015 06:29:39 **Size:** 501 KB

27	Actas_ reunión_ Comité de Coordinación Interagencial_ cambio _de_presentación_vacunas	7.7	✗	File not uploaded
28	Justification for changes in target population	5.1	✗	File not uploaded
	Other Document		✗	Documento No. 30 Evaluación FSS 2009 -2013.pdf **File desc:** HSS implementation evaluation report 2009-2013 **Date/Time:** 11/05/2015 06:35:16 **Size:** 820 KB

	Other Document		✗	Documento No. 29 INFORME Vigilancia RMNB enero-dic 2014 revisado 10 abril.pdf **File desc:** Rotavirus, meningitis and bacterial pneumonia sentinel monitoring report, Honduras 2014 **Date/Time:** 10/05/2015 11:25:43 **Size:** 897 KB
				Documento No.31 Memoria Fotografica IPA 2014.wmv **File desc:** Photograph report on HSS activities 2014 **Date/time:** 15/05/2015 02:27:30 **Size:** 3 MB