Annual Progress Report 2008

Submitted by

The Government of

NICARAGUA

Reporting on year: 2008

Requesting for support year: 2010 - 2015

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Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

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

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		137,437	138,558	139,122	139,818	140,516	141,219	141,925	142,635
Infants' deaths		1250	1321	1309	1316	1322	1329	1335	1342
Surviving infants		136,187	137,237	137,813	138,502	139,194	139,890	140,590	141,292
Pregnant women		142,044	143,898	145,744	147,494	Not available	Not available	Not available	Not available
Target population vaccinated with BCG		153,744	137,449	138,287	139,117	139,813	140,513	141,215	141,922
BCG coverage*		111.9	99.2	99.4	99.5	99.5	99.5	99.5	99.5
Target population vaccinated with OPV3		132,757	137,449	138,287	139,117	139,813	140,513	141,215	141,922
OPV3 coverage**		96.5	99.2	99.4	99.5	99.5	99.5	99.5	99.5
Target population vaccinated with DTP (DTP3)***		132,688	137,449	138,287	139,117	139,813	140,513	141,215	141,922
DTP3 coverage**		96.5	99.2	99.4	99.5	99.5	99.5	99.5	99.5
Target population vaccinated with DTP (DTP1)***		140,280	138,558	139,122	139,818	140,516	141,219	141,925	142,635
Wastage[1] rate in base-year and planned thereafter		0	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of Rotavirus		121,011	137,449	138,287	139,117	139,813	140,513	141,215	141,922
……. Coverage**		88.6	99.2	99.4	99.5	99.5	99.5	99.5	99.5
Target population vaccinated with **1st dose** Rotavirus		133,775	138,558	139,122	139,818	140,516	141,219	141,925	142,635
Wastage[1] rate in base-year and planned thereafter		Not available	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Target population vaccinated with **1st dose** of Measles		148,414	137,237	137,813	138,502	139,194	139,890	140,590	141,292
Target population vaccinated with **2nd dose** of Measles*****		532,408				549,160			
Measles coverage**		109	100	100	100	100	100	100	100
Pregnant women vaccinated with TT+ [3]		80,148	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]
TT+ coverage****		58.4							
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)	191,910	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		5.4	5	5	5	5	5	5	5
Annual Measles Drop out rate (for countries applying for YF)		Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
***** Nicaragua applies the second dose of measles vaccine in follow-up campaigns conducted every 4 years. The last follow-up campaign was in 2008.
***** The doses number of new vaccines requested is the same for rotavirus and pneumococcal vaccine because both of them has a schedule of three doses in the first year of age.

[1] 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. For new vaccines check table α after Table 7.1.
[2] ND = Unavailable data.
[3] In Nicaragua, until 2009, the pregnant women with background of complete vaccination series receive only 1 dose of vaccine Td. Starting in 2010, all the women will receive a dose of vaccine to the first pregnancy, regardless of her vaccination status. Additional doses only will be administered in the pregnant women without registry of complete vaccination series.

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	137,437	138,558	139,122	139,818	140,516	141,219	141,925	142,635
Infants' deaths	1250	1321	1309	1316	1322	1329	1335	1342
Surviving infants	136,187	137,237	137,813	138,502	139,194	139,890	140,590	141,292
Pregnant women	142,044	143,898	145,744	147,494	Not available	Not available	Not available	Not available
Target population vaccinated with BCG	153,744	137,449	138,287	139,117	139,813	140,513	141,215	141,922
BCG coverage*	111.9	99.2	99.4	99.5	99.5	99.5	99.5	99.5
Target population vaccinated with OPV3	132,757	137,449	138,287	139,117	139,813	140,513	141,215	141,922
OPV3 coverage**	96.5	99.2	99.4	99.5	99.5	99.5	99.5	99.5
Target population vaccinated with DTP (DTP3)***	132,688	137,449	138,287	139,117	139,813	140,513	141,215	141,922
DTP3 coverage**	96.5	99.2	99.4	99.5	99.5	99.5	99.5	99.5
Target population vaccinated with DTP (DTP1)***	140,280	138,558	139,122	139,818	140,516	141,219	141,925	142,635
Wastage[2] rate in base-year and planned thereafter	0	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of …Rotavirus..	121,011	137,449	138,287	139,117	139,813	140,513	141,215	141,922
Rotavirus……. Coverage**	88.6	99.2	99.4	99.5	99.5	99.5	99.5	99.5
Target population vaccinated with **1st dose** of … Rotavirus ..	133,775	138,558	139,122	139,818	140,516	141,219	141,925	142,635
Wastage[1] rate in base-year and planned thereafter	Not available	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Target population vaccinated with **1st dose** of Measles	148,414	137,237	137,813	138,502	139,194	139,890	140,590	141,292
Target population vaccinated with **2nd dose** of Measles	532,408				549,160			
Measles coverage**	109	100	100	100	100	100	100	100
Pregnant women vaccinated with TT+	80,148	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]
TT+ coverage****	58.4							
Vit A supplement								
191,910	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	ND[2]	
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	5.4	5	5	5	5	5	5	5
Annual Measles Drop out rate (for countries applying for YF)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

* Number of infants vaccinated out of total births ** Number of infants vaccinated out of surviving infants *** Indicate total number of children vaccinated with either DTP alone or combined

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

***** Nicaragua applies the second dose of measles vaccine in follow-up campaigns conducted every 4 years. The last follow-up campaign was in 2008.

******The doses number of new vaccines requested is the same for rotavirus and pneumococcal vaccine because both of them have a schedule of three doses in the first year of age.

[2] 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. For new vaccines check table α after Table 7.1.

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

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

YES, the funds received for ISS were on-budget in 2008 for both the national budget and the budget of the Ministry of Health. They were reflected under the External Donations account as Immunisation Support Services .ISS, with reference code # 8 Nic 01-Y.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

In 2008, US 27,750 dollars were received from this fund. That amount was 50% of that which had been programmed in support of the cold chain of the National Immunisation Programme. The arrangements were made in 2008, and the purchase concluded in February 2009.

The Immunisation Programme identified the priorities and the areas to be strengthened during the 31 May 2007 workshop with the SILAIS (provincial health divisions). During 2008, there was no consultation with the Committee regarding the use of the resources because the priorities had already been established in this workshop. These priorities were incorporated in the proposal document signed by the donors (page 7 of the Country Proposal Form for Immunisation Services).
ISS Table (Annex 1)

1.1.2 Use of Immunization Services Support

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

Funds received during 2008 ___27,750.00_____
Remaining funds (carry over) from 2007 ____ Not applicable _____
Balance to be carried over to 2009 _____27,750.00*_____
*Executed in 2009 the purchase of equipment for the local cold chain.

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other …… *(specify)*					
Total:					
Remaining funds for next year:	0				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? _The ICC met on three occasions to discuss support for the National Immunisation Programme (NIP). During these meetings, the result of the 2007 GAVI proposals and the cold chain support were made known and the proposal for Rotavirus vaccine sustainability support was presented. ***(Annexes N° 2 ,3 & 4))***

Please attach the minutes from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

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

List CSO member organisations

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

Activities carried out to strengthen the National Immunisation Programme (NIP) include:

1**.- Training designed to:**

- **Strengthen NIP management**
  The NIP Managers from all 15 departments and the 2 autonomous regions participated in a National Workshop on the scheduling, supervision, monitoring and evaluation of the immunisations in the national programme.

- **Ensure Safe Immunisation**
  An International Workshop was held in Nicaragua with the participation of the NIP top management from nearly all of the countries of Central America and all the NIP managers from the departments, autonomous regions and central levels of Nicaragua. The workshop addressed, among others, the topics of: Good Storage Practices, Good Injection Practices, the Discarding and Final Disposal of Sharp Waste Materials, and the Efficacy of Preventative Measures for Needle Injury; videos were presented on the use of AD technologies.

- **Strengthen the Cold Chain**
  A National Workshop on Preventative and Corrective NIP Cold Chain Maintenance was held for the NIP managers, those in charge of the vaccine banks, and the maintenance technicians from the 15 departments and 2 autonomous regions of Nicaragua.

- **Support was given to ensure decentralised** training would be held at the local level to replicate the national workshops.

2.- Supervision:

- From the SILAIS to the municipalities
- From the municipalities to the health units

During supervision, assessment is made of management aspects, including: programming, input ordering, and supervisory and monitoring activities; vaccination coverage is reviewed and areas of low coverage are identified; storage conditions for vaccines and syringes are verified; and aspects related to participation and social mobilisation are reviewed.

3.- Vaccination activities for hard-to-reach areas: an attempt is made to make optimum use of resources by using comprehensive brigades to provide preventative care for communities that do not have easy access to health care services.

4.- Cold chain assessment at the national level
An evaluation of the cold chain was made following the previously mentioned training for the NIP managers, those in charge of vaccine storage, and the NIP refrigeration maintenance technicians

5.- Strengthening of the cold chain
Funds from the Government of Japan were used to purchase equipment to strengthen the vaccine banks of the SILAIS and municipal capitals; PAHO funds were used to purchase equipment for health care units in prioritized municipalities. In addition, the cold chain of the Northern Atlantic Autonomous Region (RAAN) was rearranged using resources received for the recovery of health services in the RAAN following Hurricane Felix, which hit the region in September 2007.

As mentioned above, equipment for the cold chain of the local level health posts was purchased through the PAHO Rotating Fund using GAVI Immunisation Support Services (ISS) resources.

Attachments:

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

a) Signed minutes (DOCUMENT N°……) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.

The meeting with the donors scheduled for 28 April was rescheduled, and the methodology is to send the document for review and endorsement through the Planning and Development Division.

b) Most recent external audit report (DOCUMENT N°……) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.

The firm that conducts external audits in Nicaragua is Price Waterhouse; the audit of 2008 is underway and will conclude in July 2009.

c) Detailed Financial Statement of funds (DOCUMENT N°……) spent during the reporting year (2008). **Not applicable**

d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below: **Not applicable**

1.1.4 Immunization Data Quality Audit (DQA)

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

List major recommendations

The data quality audit will be conducted during the international evaluation of the National Immunisation Programme that has been programmed for the second semester of 2009.

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

YES ☐ *NO* ☐

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

Not applicable.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. *[mm/yyyy] Not applicable*

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

List studies conducted:

The most recent survey conducted was the 2006/2007 *Demographic & Health Survey (DHS).*

This survey's main findings regarding the vaccination, at any time, of children between 18 and 29 months of age were:

- Of the 1450 children surveyed, more than 85% had received the complete set of vaccinations, and only 13 were missing at least one type of vaccination. This implies an increase of 13 percentage points in comparison with 2001 and 5 percentage points in comparison with 1998.
- There is 89% coverage of the complete set in the urban zone and 82% in the rural zone. Both zones presented significant increases in coverage of the oral anti-polio and pentavalent vaccinations.
- Boys and girls who live in rural areas, as well as those of the lowest well-being quintile, have less access to vaccination services.
- Boys and girls who live in the Atlantic region, followed by those who live in the north-central region, have less access to vaccinations than those who live in the Pacific region.
- Access to vaccination is proportional to the formal-education level of the mother, which is to say, the higher the formal-education level of the mother, the greater the access to vaccination.

List challenges in collecting and reporting administrative data: Not applicable

Date:	Date:

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

1.2.1. Receipt of new and under-used vaccines during 2008

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

Nicaragua did not introduce new vaccines with GAVI support in 2008

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)

Please report on any problems encountered.

[List problems encountered]

The heptavalent pneumococcal vaccine was to be introduced during 2008, with the support of the GAVI Alliance. This did not occur, for reasons beyond the control of the country, which had already begun the process to introduce the vaccine through a public commitment by the government with the population, training at various levels, strengthening of the cold chain, review and adjustment of the information system, and design of educational materials.

Not introducing this vaccine as scheduled substantially affects the anticipated impact on the reduction of morbidity and mortality of children under five years old in our country.

It must be emphasised that, in accord with the commitment assumed with GAVI by the country, the government of Nicaragua procured the following through support from the government of Japan, in order to properly introduce the pneumococcal vaccine:
243 refrigerators; 246 voltage stabilizers for the cold chain; 492 thermometers for the cold chain; 140 cold box transporters; 5,000 vaccine carriers; 40,000 vaccine ice packs and 25 spare kits.
The equipment and supplies purchased were delivered to the vaccine banks in all the provinces and municipalities in the country.

1.2.2. Major activities

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

[*List activities*]
The country began the process of introducing the pneumococcal vaccine through the following activities:

- Commitment manifested by the government to the population.
- Training Processes: Two national workshops; one workshop at the Local Integrated Health Care System (SILAIS) and municipal levels; and the presentation of issues related

to the vaccine at two national congresses, one directed at infectious disease specialists and the other at physicians and health care personnel in general.
- Public awareness campaigns with information from the Ministry of Health in the local media.
- Strengthening of the cold chain through the purchase of equipment to ensure proper storage of the vaccine in the vaccine banks in the provinces, autonomous regions and municipalities of the country.
- Revision and adjustment of record keeping instruments to include the pneumococcal vaccine: vaccination record cards and record forms for doses applied, and the consolidated records at different levels of the health system.
- Design of educational materials for health care personnel and the public.
- Preparation of the epidemiological surveillance system for follow-up on the behaviour of bacterial pneumonias and meningitis before and after the introduction of the pneumococcal vaccine.

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

These funds were received on: *[dd/mm/yyyy] 08 February 2008.*

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

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems
2008	100,000	08 Feb 08	100,000*		

* The resources to support the introduction of the pneumococcal vaccine were to be used to finance the components of the system for information, training and social mobilisation.
There were no delays in the reception of resources; however, implementation did not begin until 2009, because the introduction of the vaccine required adjustments to the cold chain and the National Immunisation Programme was in the process of revising its basic vaccination scheme and adapting the record forms for doses applied, including the new vaccines.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]*
Nicaragua did not receive support from the GAVI Alliance to purchase the pneumococcal vaccine in 2008; therefore, evaluation of the management of the vaccine does not apply. However, it is worth highlighting that the lot numbers and expiration dates of all vaccines that enter the country are recorded in the National Immunisation Programme's information system. This ensures that, when vaccines are delivered to the provinces, the system automatically selects the vaccines that have the earliest expiration date and reports the lot that should be delivered, with the respective expiration date. The provinces have the capacity to store vaccines for a period up to two months and each vaccine bank uses a record form to control the lots and expiration dates of the vaccines received. All the health personnel that work in the National Immunisation Programme understand and comply with the instruction to deliver the lots with the earliest expiration date.

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.
Not applicable

[List major recommendations] **Not applicable**

Was an action plan prepared following the EVSM/VMA? Yes/No Not applicable

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

[List main activities] **Not applicable**

When will the next EVSM/VMA* be conducted? *[mm/yyyy] For 2010, if GAVI Alliance support for the introduction of new vaccines occurs.*

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

Table 1.2 *Not applicable*

Vaccine 1:	
Anticipated stock on 1 January 2010	**.....**
Vaccine 2:	
Anticipated stock on 1 January 2010	**.....**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? Yes

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

Injection Safety Material	Quantity	Date received
Becton Dickinson / AD syringes 1/2CC 25G X 5/8"	151,200	20-Feb-2009
Becton Dickinson / AD syringes 1/2CC 23G X 1"	813,600	20-Feb-2009
Becton Dickinson / AD syringes 0.1CC 27G X 3/8"	153,600	20-Feb-2009
Safety box	21,400	28-Aug-2008
Becton Dickinson / AD syringes, ½ cc, 23 G x 1	902,400	19-April-2007
Becton Dickinson / AD syringes, 0.1cc, 27G x 3/8	180,000	02-March-2007
Becton Dickinson / AD syringes, ½ cc 25G x 5/8	170,400	03-April-2007
Becton Dickinson / AD syringes, 1cc, 23G x 1	1,092,000	20-April-2007
Becton Dickinson / AD syringes, 1/2 cc, 25G x 5/8	232,800	07-Sept-2006
Becton Dickinson / AD syringes, 0.1cc, 27G x 3/8	221,600	13-Nov-2006
Safety box	24,725	20-Oct-2006
Disposable syringes 5cc	683,200	11-Oct-2006

Please report on any problems encountered.

The delay in the delivery of the syringes that had been purchased in July 2008 was due to the fact that the supplier did not have 151,200 units of 1/2CC 25G X 5/8 syringes available for delivery before the end of November.

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

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

Injection safety support was extended through 31 December 2009 and the country has a balance of US$ 85,866 to be executed during this year. Please see attached application. (Attachment No. 5)

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

The National Immunisation Programme norms indicate that the health units must collect sharps in safety boxes, which are available in all the vaccination services, and subsequently incinerate or burn them, depending upon the availability of incinerators.

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

During 2008, there were no problems with the existence of syringes or the safety boxes for their appropriate elimination. Nicaragua has not begun the AD syringe transition process. The cost of AD syringes, which is higher than that of disposable syringes, and the global financial crisis, which also affects Nicaragua, could cause difficulties for the transitional plan.

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

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

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

Not applicable

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting 2009	Reporting 2010	Reporting 2011	Reporting 2012	Reporting 2013	Reporting 2014	Reporting 2015
Expenditures by Category							
Traditional Vaccines, new vaccines , injection supplies	7,164,000	19,53,000	17,355,000	16,359,000	16,359,000	16,359,000	16,359,000
Cold Chain equipment	555,470	450,150	316,860	228,160	266,060	204,860	228,100
Operational costs	6,986,200	7,053,400	7,006,400	7,004,800	6,992,200	6,992,200	6,992,200
Other (please specify)							
Monitoring & Supervision (PAHO)	145,600	145,600	145,600	145,600	145,600	145,600	145,600
Training (PAHO)	199.,400	199.,400	199.,400	199.,400	199.,400	199.,400	199.,400
Regulation, organisation, coordination & advocacy	37,200	129,900	31,200	123,900	31,200	123,900.	31,200
Evaluation	71,800	101,800	71,800	71,800	71,800	71,800	101,800
Mobilisation & communication	196,000	196,000	196,000	196,000	196,000	196,000	196,000
Investigation	321,300	42,000	22,000	22,000	22,000	22,000	22,000
Special project development & follow-up	170,000	73,000	8,000	29,400	8,000	29,400	8,000
Surveillance	120,000	149,000	92,000	178,000	91,960	149,000	91,960
Total EPI	15,967,010	28,079,290	25,444,300	24,558,100	24,383,260	25,489,200	24,375,300

Total Government Health: 46.14%

Exchange rate used	19.7 x 1 dollar

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

In 2008, the financing requirement for NIP was US$ 24,295,780, and a total of US$ 12,986,751.30, the equivalent of 53.5%, was executed. Of this, 63.4% was used to purchase vaccines and supplies, which is the priority; 29.1% was used for the programme's operating costs, which is the other important area of the programme; and the remaining 7.5% was spent on components to strengthen the management of the programme, such as training, monitoring and supervision, and strengthening the cold chain. Of the amount executed in 2008, 71.2% was from the national budget and 28.7% was from funds from PAHO, UNICEF and Japan plus the donation of the rotavirus vaccine from MERCK.

The areas that were not funded in 2008 were standards, epidemiological surveillance, evaluation, research, social communication and mobilisation, and the development and follow-up of special projects. These areas had been programmed to be funded entirely by external resources. It is important to clarify that funding budgeted for surveillance and social communication and mobilisation, corresponding to 2%, is no longer implemented or administered by the NIP, but is the responsibility of the Damage Surveillance Division and the Communications Division of the Ministry of Health.

The following activities were scheduled to be implemented in 2008, but were reprogrammed for 2009: updating of the NIP standards, the purchase and installation of two refrigerated chambers for the central warehouse, construction and remodelling of the SILAIS vaccine banks, an inventory of the cold chain, the development of software to support the management of the NIP, and cost effectiveness studies of the pneumococcal vaccine and the human papiloma virus vaccine. These activities were incorporated into the presentation of needs for financial support made to the Sector-wide Roundtable, a mechanism for seeking foreign development assistance

Future Country Co-Financing (in US$)

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

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

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

1st vaccine:…… Pneumococcus…….		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		0.30	0.30	0.40	0.40	0.40	0.40
Number of vaccine doses	#	23,200	18,500	25,800	25,700	25,800	25,900
Number of AD syringes	#	23,200	18,500	25,800	25,700	25,800	25,900
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	275	225	300	300	300	300
Total value to be co-financed by country	**$**	174,000	140,000	187,500	188,500	189,500	190,500

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

2nd vaccine:… :Rotavirus ……		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		$0.10	$0.13	$0.13	$0.13	$0.13	$0.13
Number of vaccine doses	#	8,600	15,000	15,100	18,900	19,000	19,100
Number of AD syringes	#	0	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0	0
Total value to be co-financed by country	**$**	49,500	57,500	58,000	58,000	58,500	58,500

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)

3rd vaccine:… ***Not applicable.*** ***……***		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

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

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)	Not applicable		
2nd Awarded Vaccine (specify)	Not applicable		
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)	Not applicable	
2nd Awarded Vaccine (specify)	Not applicable	
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

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

Not applicable

3. Request for new and under-used vaccines for year 2010

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

3.1. Up-dated immunization targets

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

Are there changes between table A and B? Yes/no

The population projections of the National Institute for Information on Development (INIDE), are used for vaccine programming. At the beginning of each year, the Ministry of Health reviews and adjusts these projections, as required, in order to establish the official population that is used to define programme goals and assess results. It is due to these adjustments that there are changes in the targets for 2008 and 2009.

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

Provide justification for any changes ***in births***: The INIDE population projection is used, with annual adjustments.

_____
_____
_____
_____
_____

*Provide justification for any changes **in surviving infants**:* The INIDE population projection is used, with annual adjustments.

_____
_____
_____

*Provide justification for any changes **in Targets by vaccine**: Not Applicable.*

_____
_____
_____

*Provide justification for any changes **in Wastage by vaccine**: :*It is single-dose, and the established rate is maintained.

_____
_____
_____

Vaccine 1: Pneumococcus vaccine

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

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

Table 3.1: Specifications of vaccinations with new vaccine Pneumococcus

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	138,287	139,117	139,813	140,513	141,215	141,922
Target immunisation coverage with the third dose	*Table B*	#	99.4	99.5	99.5	99.5	99.5	99.5
Number of children to be vaccinated with the first dose	*Table B*	#	139,122	139,817	140,516	141,219	141,925	142,635
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.30	0.30	0.40	0.40	0.40	0.40

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

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

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	556,000	447,700	442,800	445,300	447,500	449,700
Number of AD syringes	#	556,000	447,700	442,800	445,300	447,500	449,700
Number of re-constitution syringes	#						
Number of safety boxes	#	6175	4975	4925	4950	4975	5000
Total value to be co-financed by GAVI	**$**	4,167,000	3,386,500	3,225,500	3,274,500	3,291,000	3,307,500

Vaccine 2: Pentavalent Rotavirus Vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	138,287	139,117	139,813	140,513	141,925	142,636
Target immunisation coverage with the third dose	*Table B*	#	99.4	99.5	99.5	99.5	99.5	99.5
Number of children to be vaccinated with the first dose	*Table B*	#	139,122	139,817	140,516	141,219	141,925	142,635
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.10	0.13	0.13	0.13	0.13	0.13

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

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

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	481,600	426,100	428,200	426,500	428,700	430,800
Number of AD syringes	#	0	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0	0
Total value to be co-financed by GAVI	**$**	2,766,500	1,631,500	1,640,000	1,307,000	1,313,500	1,320.00

Vaccine 3: Not applicable

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

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

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

4. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission of revised version	08 Sept 2009	
Reporting Period (consistent with previous calendar year)		
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on		Not conducted
Reported on use of Vaccine introduction grant	Yes	Execution began in 2009
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	Yes	
HSS reported on		
ICC minutes attached to the report	Yes, for immunisations	

5. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

The Ministry of Health requests that the ISS funds be channelled through PAHO, as requested in the original ISS proposal and in the previous APR.

The Ministry of Health would like to note that the Senior Director of International Medical Affairs of Merck has authoritatively notified national authorities that GAVI will not provide new vaccine support for the rotavirus vaccine in 2009. Given that proper communication mechanisms are already in place, these events are a source of confusion and undue pressure.

~ End ~

ANNEXES

Annex 1

||Working Group
ISS Proposal – GAVI
Workshop, 31 May 2007

Problems	MoH Interventions		Intervention Strategies	Activities
	Yes	No		
Insufficient cold chain		Inadequate	Strengthen cold chain	1.- Provide equipment and parts to expand the chain, 2.- Replace equipment in poor condition, 3.- Expand the chain to new health units.
Insufficient maintenance of the chain		Inadequate	Strengthen cold chain	1.- Update existing personnel in preventive and corrective maintenance, 2.- Ensure supervision and monitoring of the cold chain in the health units.
Unavailability of inputs due to insufficient scheduling	Adequate		Strengthen management capacity of personnel	1.- Provide training monitoring and supervision.
Deficient record keeping that leads to inadequate planning of actions	Adequate		Strengthen management capacity	1.- Provide training monitoring and supervision, 2.- Train health personnel.
Lost opportunities due to poor scheduling and flow of care	Adequate		Strengthen systematic vaccination	1.- Perform assessment of the causes of lost opportunities, 2.- Develop intervention plan based on assessment, 3.- Define systematic vaccination plan in field activity, implementing innovative activities included in the MAIS.

||Working Group
ISS Proposal – GAVI
Workshop, 31 May 2007

Problems	MoH Interventions		Intervention Strategies	Activities
	Yes	No		
Deficient training monitoring and supervision for making timely and cost effective decisions		Inadequate	Strengthen management capacity	Included in the activities to address the problem of input availability.
Lack of transportation for supply and supervision		Inadequate	Strengthen transportation fleet	1.- Ensure procurement of means of transportation, 2.- Ensure preventive and corrective maintenance of existing vehicles.
Inadequate organisation of services to offer the programs				Included in the activities to address the problem of lost opportunities.
Due to limited resources, inaccessible communities are not served on a continuous basis		Inadequate	Ensure ongoing vaccination in at-risk communities	1.- Develop intervention plan identifying the gaps in financing, 2.- Seek financing, 3.- Plan follow-up for the communities.
Lack of inclusion of immunisation indicators as factors for the success of service support programs	Adequate		Implement the *MAIS* (Comprehensive Health Care Model) independently of the source of financing	1.- Select immunisation indicators to ensure the implementation of the model..

Annex 2

AIDE-MÉMOIRE
HEALTH SECTOR ROUNDTABLE MEETING
Managua, 6 May 2008

PARTICIPANTS:

- Donor Community
- Representatives of Global Institutions
- State Institutions

AGENDA:

- Introductory Remarks from the Ministry of Health
- Remarks from the Donor Liaison
- Review of Agreements from the Last Sector Roundtable

- **Results of Technical Group No.1**

1) Management Report on the Execution of the 2007 Annual Operating Plan.

- **Results of Technical Group No.2**

1) Progress in the Implementation of the Family and Community Health Model and the Coverage Extension Strategy: Implications for the Supply of Public Health Services and its Relationship with the Sexual and Reproductive Health Strategy.

- **Results of Technical Group No.3**

1) Presentation of the 2008 Results-oriented Short Term Institutional Plan.
2) Advancement in the Development of the Medium Term Expenditure Framework (MTEF) and the Issue of Public Investment
Dr. Eduardo Parrales, Director of Planning
3) Progress in the Evaluation (Progress in the Indicators) PQ-SS-AAA

- Future Coordination Mechanisms
- Election of New Donor Liaison
- Reading of Agreements and Conclusion
- Closing

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Development of the Meeting

In opening the Seventh Meeting of the Health Sector Roundtable, Dr, Guillermo González, Minister of Health, emphasized the great importance of this meeting, which occurs at an opportune moment in the implementation process of the new Family and Community Health Model (MOSAFC). He stressed that the Administrative Division of the Ministry took advantage of the holiday on the first of May to discuss the actions over these sixteen months and the direction to be followed by the Ministry of Health (MINSA). Discussions were held with the Directors General, the Directors of the Local Integrated Health Care Systems (SILAIS) and the unions regarding the development of the Health Policy, arriving at the conclusion that the strength of MINSA resides in the workers and that this has made it possible to establish the new policies and the new MOSACF.

The Minister underlined that the road has been complicated, that there have been setbacks, but there has been significant progress, and it has been possible to accelerate the pace and take advantage of the energy of the community. The adjustment to the concept of the Health Model has been developed from a broad perspective and has made a qualitative leap. After sixteen months, the social agenda has been put into practice. The consequences of Hurricane Felix were analysed, along with the participation of society which made it possible to respond to the disaster situations. He explained that the model is not merely institutional, but that it includes a family and community approach. In that regard, new directions are being defined, with the consequent development of different institutional processes.

He referred to the importance of expanding social service, stating that the process of developing health will be used for the strengthening of human capital, ensuring the right that Nicaraguans should have to health, reaching all locations in Nicaragua, and placing all Nicaraguans in the same conditions. This is an historic process, and for this reason this meeting has unique importance as it forges the link between civil society organisations and other institutions in order to align aid.

Finally, the Minister expressed thanks for the support provided by the Donor Community to make health a right for all Nicaraguans. Subsequently, he awarded recognition plaques to donor representatives that have completed their terms in Nicaragua.

Ms. Helena Reuterswärd, as liaison for the donors, expressed gratitude for the recognition and welcomed all those present. She stated that the Roundtable is an arena for coordination and dialogue for the purpose of strengthening the leadership of the government and harmonisation among the members of the international community to the benefit of international aid and friendship, which should be transparent. She emphasised that this is the seventh Roundtable, signifying confirmation and strengthening of this process. She congratulated the Ministry of Health for institutionalising this arena for coordination, and affirmed that it has been well prepared in terms of the issues and enhancing dialogue among the parties. In this sense, she stated that the Technical Committee of the Roundtable, where strategic issues are discussed, has been strengthened. Once again, she congratulated MINSA for the reports, comments and suggestions included in the documents presented by the institution. Furthermore, she congratulated the Ministry of Foreign relations for its support of this process.

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She expressed that there are three Work Groups within the framework of the Roundtable; however, there has been little content seen in reference to the Caribbean Coast or regarding sexual and reproductive health, which should be a priority for all.

She exhorted support of the existing spaces, recognising the efforts and advancement in the results agenda, offering congratulations on the figures on maternal mortality. She also expressed that the Medium Term Expenditure Framework (MTEF) is a sector-wide effort in which the Ministry of Health has progressed further than other sectors. She added that Swedish cooperation will continue to provide support in a coordinated fashion in order to improve the capacity of the sector. She expressed gratitude for the Mid-term Evaluation and for the efforts of the Ministry of Health. Finally, she referred to sustainability, the strengthening of capacities and the improvement of the models as processes to be addressed by the State, recognising that these issues are not only the responsibility of the Ministry of Health, but that some of them depend upon action by the National Assembly.

Dr. Solís, Director General for Planning and Development, read the Agreements of the Roundtable held on 27 November 2007.

Regarding Agreement No. 8 that addresses the request for support to purchase equipment to expand the cold chain for the introduction of the new Pneumococcal Vaccine, he reported that no donor has declared such support. He communicated that contacts have been made already with the assistance agency of the Government of Japan, and advanced negotiations are underway on the issue of support for this. With the introduction of the Pneumococcal Vaccine, Nicaragua will be the second country, after Costa Rica, to introduce this type of vaccine, which will have a qualitative impact on infant mortality rates, as in the case of the vaccine against the Rotavirus which was introduced in 2006 through a donation.

Continuing with the development of the agenda, Ms. Claudia Cerda, Director General of Physical Supplies for Health and Mr. Sergio Guerrero, Financial Director, presented the results of the discussions of Group No. 1. He invited participants to visit the MINSA web page where the information has been posted.

Dr. Solís added that the 2007 Budget was received in April, carrying over the debt from the Public Investment Plan of 2006. Together with the problems caused by Hurricane Felix, this required readjustment of the 2007 Public Investment Plan. It was announced that MINSA's 2008 Annual Procurement and Contracts Plan is now on the Internet.

In the question and answer session on the presentations, Ms. Emma Sánchez, of the Inter-American Development Bank (IDB) expressed that the point was to review the 2007 Budget and to see the impact on the Model, as well as to understand the distribution of the expenditure, its impact on the problems of the Atlantic Coast and the expenditures reflected by donor source. This budget must be connected to the coverage outcomes and indicators.

Mr. Pedro Rupilio of Horizon 3000 of Austria, stated that the decrease in expenditures and the spending per capita per SILAIS must be stressed, understanding that the spending by

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a particular SILAIS is more or less than that of another. The gap that exists by SILAIS also must be highlighted, in order to work on reassigning funds according to the reality.

Dr. Socorro Gross, representative of the Pan-American Health Organisation (PAHO) in Nicaragua, stated that she is not in agreement with the budget for the central level. She has seen the flow of personnel, and it is not clear whether this is good or bad, given the magnitude of the workload of each employee, making it impossible to effectively respond to the health actions. She stated that the countries that have a small number of human resources are able to operate in that way because they are technically strong. The consistency between the budget and the current human resources must be reviewed.

To conclude this point, Mr. Jaime González, Financial Administration Director General, indicated that MINSA began 2007 with a programmatic structure and budgetary execution that was not directed at health, thus the necessary readjustments were made, particularly in the area of medications, which surpassed its purchasing budget.

Furthermore, the policy of free health care and the increase in health workers were also included. Coverage was redefined along with the budgetary allocation for provincial hospitals, particularly in terms of maintenance and cleaning. Action was taken on the rehabilitation of the first level care units. Resources and positions were taken from the central offices of MINSA and reassigned to the SILAIS which has helped to improve the indicators. The struggle against epidemics had a fluid budget. There were not major epidemics in 2007; however, the outbreaks in the Atlantic Coast and Chinandega were addressed with the same budget. International assistance provided 17% of the budget in 2007; the percentage is similar thus far this year. Current expenditures and the purchase of medications are supported with these funds. MINSA had difficulties in strengthening results-based management because, as an institution, it was not prepared for this. In 2008, the model emphasizes prevention and promotion in public health. He further explained that, last year, everything was executed from the central level, and today there are seven decentralised units. MINSA is conscious that the budget will always have a deficit, but it must be innovative. The budget is different for each unit, therefore there cannot be equity. Funds have been redirected to some SILAIS to the extent possible.

In the development of the agenda, Ms. Liana Vega, Director General of Health Services, presented the new approach of the Family and Community Health Model (MOSAFC), specifying its cross-cutting issues and its linkages with specific health issues (adolescents, sexual and reproductive health, etc.).

During the question and answer session, Dr. Roberto Montenegro, Director of the Health Provider Programme of the Nicaraguan Social Security Institute (INSS) addressed the problem of public health, including renal insufficiency in the western part of the country and oncology patients, which requires the establishment of comprehensive treatment – therapy plans. He proposed the need to create the National Oncology Institute to include new technological resources. The causes of renal insufficiency need to be analysed in order to expand care, therefore the approach to this problem must be strengthened in MINSA.

Mr. Rupilio stated the need to stress the elements that attack poverty, for example cardiovascular diseases and alcoholism, or somehow to attack advertising for alcohol.

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Dr. Gross indicated that an analysis must be conducted of chronic diseases, traffic accidents, drug abuse and alcoholism. Other elements also must be considered, such as the Framework Agreement on Tobacco. She also mentioned suicide and the use of pesticides.

Ms. Liana Vega argued that advancement has been made in studying chronic renal disease in the areas where insecticides are used; an intervention plan has been created which is designed to treat those diagnosed with chronic renal insufficiency. Cases of chronic renal insufficiency would be reversed through this plan.

She also expressed that dialysis services must be expanded. She reported that peritoneal analysis is being performed now in Estelí and haemodialysis is being performed in León. In the case of maternal mortality, there is a containment plan with active participation of the community in each area. This plan prioritized the five SILAIS that present the highest number of maternal deaths: Matagalpa, Jinotega, the North Atlantic Autonomous Region (RAAN), the South Atlantic Autonomous Region (RAAS) and Chontales. She added that follow-up is being performed on the figures from the census of pregnant women to provide more information and greater control regarding the problems of the women.

Dr. Adrián Zelaya, Secretary General of MINSA, expressed that there has been an impact on maternal mortality where there has been outstanding performance by some SILAIS directors. Moreover, he said that maternal mortality decreased 30% in 2008 compared to 2007. He stated that the health workers in the territories and in the communities must be recognised for this, as this is a priority of the Government of Reconciliation and National Unity. This concluded this point on the agenda.

Dr. Eduardo Parrales, Director of Planning in the General Division for Planning and Development (DGPD), reported that the results-oriented 2008 Institutional Plan had been completed. This plan had been presented in advance to the donors and is now posted on the MINSA web page.

He stated that this plan is aimed at the provision of preventive and treatment health services to the Nicaraguan population by MINSA. The plan must serve to advance rapidly toward the consolidation of the role of MINSA and its functions as the leading health authority of the State. Furthermore, in order to fulfil the proposed targets, MINSA must strengthen its different levels, administrative, technical and operational capacity in order to exercise its duties of regulation, management and provision.

Dr. Solís stated that currently two plans are being evaluated: the Five-year Plan and the Plan to Harmonise Assistance, in order to make the leap to a Multi-Year Plan within the Multi-year Budgetary Framework. He also expressed that the previous plans were not developed with the vision of the current government; however, after having conducted an analysis of the previous plans, the positive aspects of them have been re-examined and integrated into the Nicaraguan Human Development Plan.

He believes that the Three-year Institutional Plan should provide an outlet for all the proposals expressed by international donors. This means being practical in all the geographic areas, although at times the connection between the central and local levels

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fails. It should be highlighted that the majority of the technicians that work on statistics are empirically trained, and they require training to improve their performance.

He stressed that the capacities will not be achieved by the model, rather they will be achieved through the assistance of everyone and with the community. He also stated the need for the assistance of the donors and the need to invite other partners; this means not undertaking parallel projects, but unified projects. In this sense, he stated that the Government of Reconciliation and National Unity has a clear vision regarding the aspects to be addressed in the area of health. He urged the donors to jointly collaborate with MINSA in the promotion of involvement by more donors in the mechanism of the Common Fund for Health and in signing the Code of Conduct and the Memorandum of Understanding.

It was reported that MINSA has meetings and coordinates with non-governmental organisations twice a year. It has been expressed during these meetings that, by 2009, the SILAIS should be involved in local planning to achieve a better institutional plan. Work is also being done on a registry of public and private health facilities and identification of the link with the private sub-system.

AGREEMENTS

1. The donors will take a week to review the institutional documents and Technical Work Group reports generated on 17 and 18 April 2008, and will send their contributions to MINSA for incorporation.

2. The Report on the Mid-term Evaluation of the Five-year Plan will be ready and circulated in 15 days, in order to collect comments and prepare the Final Report, which will be submitted within three weeks (Dr. Jaime Espinoza). The Donor Evaluation on the Sector-wide Approach in Health (AAA) will be sent by the consultant, Débora Sequeira, on Friday, 16 May.

3. The issue of procurement should be included under Work Group No. 1, Economy of Health.

4. The three work groups will meet during the second week of June (10 and 11).

5. The Technical Secretariat will be established to support the Donor Liaison.

6. The new Donor Liaison for the health sector is Holland.

PODER CIUDADANO Nicaragua Gana con Vos!

Ministerio de Salud

Complejo Nacional de Salud "Dra. Concepción Palacios", Costado oeste
Colonia Primero de Mayo, Managua, Nicaragua
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Annex 3

Aide Mémoire
Meeting Presented Proposal

Meeting of the Sector Roundtable Technical Committee
05 August 2008

LOCATION : Conference Room of the Office of the Minister of Health
DATE : Tuesday, 05 August 2008
TIME : 8:30 a.m.

Agenda Points

1. Review of the work calendar of the Technical Committees of the Sector Roundtable
2. Progress in the organizational process for the presentation of the Mid-Term Evaluation of the Multi-Year Plan
3. Process for the elaboration of the Proposal for Amendment #2 to the Memorandum of Understanding
4. Implementation of the Working Groups' Calendar
5. Information regarding the application for financing for rotavirus vaccine to be presented to the GAVI Alliance
6. Follow-up on the agreements reached in the Sector Roundtable meeting of 06 May 2008

Dr. Solís opened the meeting by submitting the calendar of meetings of the Sector Roundtable Technical Committee for review and consideration by the Committee. He proposed that the committee meetings be scheduled bimonthly, rather than monthly, in order to develop their systematic functioning and allow sufficient time for preparation.

There was no objection by the donors, provided that MINSA meet its responsibility to hold the scheduled meetings. It was agreed that the next Committee meeting shall be held on Wednesday, 24 September 2008.

It was agreed that the Sector Roundtable shall be held on 29 October 2008 and that the agenda will be prepared in the Committee meeting on 24 September 2008. It was suggested that the venue be the Ministry of Foreign Relations and MINSA agreed to make the necessary arrangements.

The possibility of holding a final Technical Committee meeting in November of 2008 was left open.

The following calendar was established for the Working Groups:

Working Group Calendar

Group	Topic	Date	Coordination
# 1 Economics and Health	National Accounts Presenter: Ms. Maritza Cáceres	01 October 2008	Lic. Jaime Gonzáles General Division of Administration and Finance
# 2 Public Health & Organised Response to Health Problems	Nutrition Presenter: Dr. Clelia Valverde	13 August 2008	Dr. Liana Vega General Division of Health Services
# 3 Sector Leadership, Decentralisation, Social Participation & Institutional Management	Presentation of the Mid-Term Evaluation of the 5-Year Plan Presenter: Dr. Jaime Espinoza	27 August 2008 **Note:** All three working groups will participate.	Dr. Eduardo Parrales Division of Planning

The next point addressed was progress in the process of formulating and reviewing the Mid-Term Evaluation of the 2005-2009 Multi-year Plan. It was reported that the evaluation is in the final review stage and the results will be presented to the three Working Groups in an activity scheduled for Wednesday, 27 August 2008.

The proposal was made to MINSA that the topics of National Accounts and Social Exclusion be added to the agenda to make optimum use of participants' time on the day the Mid-Term Evaluation results are presented. MINSA agreed to consider the proposal and to confirm its response later.

The following agenda point was the preparation of a second amendment to the Memorandum of Understanding, for which MINSA had agreed to carry out the relevant consultation with both the Government and Development Partners. MINSA reported that it had submitted an official request for comments and observations to the Ministries of Finance and Foreign Relations and the Secretariat of the Office of the President and was waiting for their responses in order to share those observations with the development partners.

The Cooperation Liaison, Dr. Maria Jesús Largaespada, stated that in the consultations carried out with the donors, many had stated that they must consult with their respective headquarters or ministries, which have predetermined processes for reviewing Memorandum of Understanding. Thus, it is likely that this will take longer than had been anticipated.

It was agreed that although the pace may be somewhat slow, it is necessary to continue these efforts to improve the existing instruments (Memorandum of Understanding, Code of Conduct and FONSALUD Manual) for both the Development Partners who are currently participating in this process and those who might join it in the future.

The project proposal for rotavirus vaccine that has been jointly prepared by MINSA and PAHO and will be submitted to the GAVI Alliance in September 2008 was also presented to the Committee. (See attached presentation.) This information is being presented so that the donors who are members of the Sector Roundtable will become familiar with and support the proposal. The agreement through which the Merck Laboratory is currently donating the rotavirus vaccine to MINSA concludes in October of 2009. It is therefore imperative that the vaccine be procured at an accessible cost in order to be able to maintain the vaccine in the basic immunisation programme and continue guaranteeing this health benefit for the child population.

In relation to the aide mémoire of 6 May 2008, the Cooperation Liaison recommended that the aide mémoires be drafted more concisely and presented in a more timely fashion. MINSA requested that this type of comment be submitted in writing in order to improve future work.

Although it had not been on the agenda, the issue of the progress of the financial audits was addressed because it was considered to be very important. The difficulties that have arisen in this process for MINSA, the donors and the firm of auditors were discussed, as was the possibility of taking measures or imposing sanctions upon the auditors' firm if it does not comply in a timely fashion.

Agreements

1) MINSA shall hold bimonthly meetings of the Sector Roundtable Technical Committees and guarantee, insofar as possible, compliance with the meeting calendar.

2) MINSA shall organise the Working Group meetings according to the calendar incorporated in this aide mémoire.

3) MINSA shall hold the Health Sector Roundtable on 29 October 2008.

4) MINSA shall distribute the mid-term evaluation document on 20 August 2008.

5) The consultation process on the review of the Memorandum of Understanding and its attachments shall continue. Both MINSA and the donors shall keep each informed on developments.

6) MINSA requests donor support for the rotavirus vaccine proposal that will be presented to the GAVI Alliance; it is agreed that the preliminary version of the proposal shall be presented at the donor meeting on 14 August 2008.

Annex 4

AIDE-MÉMOIRE
Meeting proposal endorsed

Meeting of Health Sector Donors
Thursday 14 August 2008
The Embassy of the Netherlands

Participants:

Austria	Christina Höernicke, Social Programmes
AECID	Manuel Pascual-Salcedo, Head of Cooperation Programmes
Finland	Riikka Raatikainen, Gender and Health Officer
ICEIDA	Gerdur Gestsdottir, Social Projects Officer
JICA	Elizabeth Hernández, Social Projects Officer
Luxemburg	Rene Lauer, Chargé d'Affaires, ai
The Netherlands	María Jesús Largaespada Fredersdorff, Expert in Health Development (Sector Table Liaison)
USAID	Iván Tercero, Health Officer
IADB	Raúl Rivera, Consultant
European Commission	Isabel Tercero, Health Officer
PAHO	María Angélica Gómes, Health Sector Care María Cristina Pedreira, Epidemiologist Martha Reyes Álvarez, Fixed-term Consultant
UNICEF	Jeannette Chavarría, Consultant
UNFPA	Darlene Omier, Sexual and Reproductive Health Officer Elizabeth Brezovich, Volunteer
Absence justified:	World Bank
MINSA:	Omar Malespín, National Immunisations Programme Ariel Salinas, External Cooperation, General Division of Planning and Development (DGPD)

During the meeting of health sector donors held on 14 August 2008 in the Embassy of The Netherlands, the Country Proposal to the GAVI Alliance for Co-financing of the Rotavirus Vaccine was presented and discussed.

Development:

The presentation of this proposal to the Sector Roundtable complies with the recommendation made by the Sector Roundtable Technical Committee during their meeting of 05 August 2008.

The rotavirus vaccine was introduced in Nicaragua in 2006 as a donation by the Merck Laboratory, for a three-year period that will conclude in 2009.

The introduction of the vaccine is justified on the basis of the epidemiological behaviour of rotavirus diarrhoea, specifically upon the morbidity and mortality among children under 5 years of age.

The cost-effectiveness studies of the rotavirus vaccine support the introduction of the vaccine in Nicaragua's calendar of immunisations for children under one year of age.

The proposal to be presented to GAVI would guarantee the procurement of the vaccine at a subsidized price for the period between 2009 and 2011, with a possibility of extension until 2015. During this period, the Government of Nicaragua will commit itself to concurrently create those conditions necessary to guarantee the vaccine starting in the year 2016.

Having been informed of the proposal, the donors present will consult with their respective offices regarding the possibility of supporting it by signing the specific form for sector roundtable endorsements, which will be prepared in a timely fashion.

Annex 5

Table 1: Estimated supplies for safety of vaccination for this year with BCG

	Vaccine BCG	Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#	138,144	
B	Number of doses per child (for TT: target of pregnant women)	#	1	
C	Number of ….doses	A x B	138,144	
D	AD syringes (+10% wastage)	C x 1.11	153,340	
E	AD syringes buffer stock *(2)*	D x 0.25	38,335	
F	**Total AD syringes**	**D + E**	**191,675**	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	30,668	
J	**Number of safety boxes (+10% of extra need)**	**(F + I) x 1.11/100**	**2,468**	
	Monto financiero en jeringas y cajas de seguridad		**U$18,918.20**	

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

Table 2: Estimated supplies for safety of vaccination for this year with Pentavalent

	Vaccine Pentavalente	Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#	138,144	
B	Number of doses per child (for TT: target of pregnant women)	#	3	
C	Number of ….doses	A x B	414,432	
D	AD syringes (+10% wastage)	C x 1.11	460,020	
E	AD syringes buffer stock *(2)*	D x 0.25	115,005	
F	**Total AD syringes**	**D + E**	**575,024**	
G	Number of doses per vial	#	1	
H	Vaccine wastage factor *(3)*	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	**Number of safety boxes (+10% of extra need)**	**(F + I) x 1.11/100**	**6,383**	
	Monto financiero en jeringas y cajas de seguridad		**U$48,926.73**	

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

Table 3: Estimated supplies for safety of vaccination for this year with MMR

	Vaccine MMR	Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	137,292	
B	Number of doses per child (for TT: target of pregnant women)	#	1	
C	Number of ….doses	A x B	137,292	
D	AD syringes (+10% wastage)	C x 1.11	152,394	
E	AD syringes buffer stock *(2)*	D x 0.25	38,099	
F	**Total AD syringes**	**D + E**	**190,493**	
G	Number of doses per vial	#	1	
H	Vaccine wastage factor *(3)*	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	**2,114**	
	Monto Financiero jeringas y cajas de seguridad		**U$16,207.45**	

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

Table 4: Estimated supplies for safety of vaccination for this year with dT

	Vaccine dT	Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	143,898	
B	Number of doses per child (for TT: target of pregnant women)	#	2	
C	Number of ….doses	A x B	287,796	
D	AD syringes (+10% wastage)	C x 1.11	319,454	
E	AD syringes buffer stock *(2)*	D x 0.25	79,863	
F	Total AD syringes	D + E	**399,317**	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor (*3)*	Either 2 or 1.6	2	
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	**63,891**	
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	**5,142**	
	Monto Financiero jeringas y cajas de seguridad		**U$39,413.04**	

1	Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
2	The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
3	Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
4	Only for lyophilized vaccines. Write zero for other vaccines.

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Annex 6 y 7

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Total support requested and co-financed

Country :	Nicaragua
Requested vaccine presentation:	Pnuemo-PCV10
For the years:	2010-2015
Group:	Intermediate
Vaccine :	First
Co-financing :	0.3

Table 1 : Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

Required supply item		2010	2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#	556,000	447,700	442,800	445,300	447,500	449,700	2,789,000
Number of AD syringes	#	568,200	447,800	442,900	445,300	447,600	449,800	2,801,600
Number of re-constitution syringes	#	0	0	0	0	0	0	0
Number of safety boxes	#	6,175	4,975	4,925	4,950	4,975	5,000	31,000
Total value to be co-financed by GAVI	$	$4,167,000	$3,386,500	$3,225,500	$3,274,500	$3,291,000	$3,307,500	$20,652,000

Table 2 : Rounded up portion of supply that is procured by the country and estimate of related cost in US$

Required supply item		2010	2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#	23,200	18,500	25,800	25,700	25,800	25,900	144,900
Number of AD syringes	#	23,700	18,500	25,800	25,700	25,800	25,900	145,400
Number of re-constitution syringes	#	0	0	0	0	0	0	0
Number of safety boxes	#	275	225	300	300	300	300	1,700
Total value to be co-financed by the country	$	$174,000	$140,000	$187,500	$188,500	$189,500	$190,500	$1,070,000

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Table 6: Country specifications for new vaccines support

Country :	Nicaragua
Requested vaccine presentation:	Pnuemo-PCV10
For the years:	2010-2015
Group:	Intermediate
Vaccine :	First
Co-financing :	$0.30

	Instructions		2010	2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	From table B in the APR	#	139,122	139,817	140,516	141,219	141,925	142,635	
Number of children to be vaccinated with the third dose	From table B in the APR	#	138,287	139,117	139,813	140,513	141,215	141,922	
Immunization coverage with the third dose		#	99.40	99.50	99.50	99.50	99.50	99.50	
Number of children to be vaccinated with the first dose	From table B in the APR	#	139,122	139,817	140,516	141,219	141,925	142,635	
Number of doses per child		#	3	3	3	3	3	3	
Estimated vaccine wastage factor	Copy from Table E of tab 1b	#	1.11	1.11	1.11	1.11	1.11	1.11	
Anticipated stock on 1 January 2010 *	From table 1.2 in the APR	#							
Number of doses per vial		#	2	2	2	2	2	2	
AD syringes required	Type 1 for YES; Type 0 for NO	#	1	1	1	1	1	1	
Reconstitition syringes required	Type 1 for YES; Type 0 for NO	#	0.00	0.00	0.00	0.00	0.00	0.00	
Safety boxes required	Type 1 for YES; Type 0 for NO	#	1	1	1	1	1	1	
Vaccine price per dose***	Copy from Table B tab 3	$	$7.00	$7.00	$7.00	$7.00	$7.00	$7.00	
Country co-financing per dose **	Copy from Table D tab 4	$	$0.30	$0.30	$0.40	$0.40	$0.40	$0.40	
AD syringe price per unit	Copy from Table B tab 3	$	$0.054	$0.054	$0.054	$0.054	$0.054	$0.054	
Reconstitution syringe price per unit	Copy from Table B tab 3	$	0.000	0.000	0.000	0.000	0.000	0.000	
Safety box price per unit	Copy from Table B tab 3	$	1.060	1.060	1.060	1.060	1.060	1.060	
Freight cost as % of vaccines value****	Copy from Table C tab 3	%	3.00%	3.00%	3.00%	4.00%	4.00%	4.00%	
Freight cost as % of devices value****	Copy from Table C tab 3	%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	

* Information only with the APR. NOT to be filled with new proposals

** If Rota 3ds-schedule is used, then the co-financing level is multiplied by 0.666

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Total support requested and co-financed

Country :	Nicaragua
Requested vaccine presentation:	Oral
For the years:	2010-2015
Group:	Intermediate
Vaccine :	Rotavirus
Co-financing :	

Table 1 : Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

Required supply item		2010	2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#	481,600	426,100	428,200	426,500	428,700	430,800	2,621,900
Number of AD syringes	#	0	0	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0	0	0
Total value to be co-financed by GAVI	$	$2,766,500	$1,631,500	$1,640,000	$1,307,000	$1,313,500	$1,320,000	$9,978,500

Table 2 : Rounded up portion of supply that is procured by the country and estimate of related cost in US$

Required supply item		2010	2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#	8,600	15,000	15,100	18,900	19,000	19,100	95,700
Number of AD syringes	#	0	0	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0	0	0
Total value to be co-financed by the country	$	$49,500	$57,500	$58,000	$58,000	$58,500	$58,500	$340,000

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Table 6: Country specifications for new vaccines support

Country :	Nicaragua
Requested vaccine presentation:	oral - 3 doses
For the years:	2010-2015
Group:	Intermediate
Vaccine :	Rotavirus
Co-financing :	

	Instructions		2010	2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	From table B in the APR	#	139,122	139,817	140,516	141,219	141,925	142,635	
Number of children to be vaccinated with the third dose	From table B in the APR	#	138,287	139,117	139,813	140,513	141,215	141,922	
Immunization coverage with the third dose		#	99.40	99.50	99.50	99.50	99.50	99.50	
Number of children to be vaccinated with the first dose	From table B in the APR	#	139,122	139,817	140,516	141,219	141,925	142,635	
Number of doses per child		#	3	3	3	3	3	3	
Estimated vaccine wastage factor	Copy from Table E of tab 1b	#	1.05	1.05	1.05	1.05	1.05	1.05	
Anticipated stock on 1 January 2010 *	From table 1.2 in the APR	#	57735						
Number of doses per vial		#	1	1	1	1	1	1	
AD syringes required	Type 1 for YES; Type 0 for NO	#	0	0	0	0	0	0	
Reconstitition syringes required	Type 1 for YES; Type 0 for NO	#	0.00	0.00	0.00	0.00	0.00	0.00	
Safety boxes required	Type 1 for YES; Type 0 for NO	#	0	0	0	0	0	0	
Vaccine price per dose***	Copy from Table B tab 3	$	4.995	3.330	3.330	2.664	2.664	2.664	
Country co-financing per dose **	Copy from Table D tab 4	$	$0.10	$0.13	$0.13	$0.13	$0.13	$0.13	
AD syringe price per unit	Copy from Table B tab 3	$	0.000	0.000	0.000	0.000	0.000	0.000	
Reconstitution syringe price per unit	Copy from Table B tab 3	$	0.000	0.000	0.000	0.000	0.000	0.000	
Safety box price per unit	Copy from Table B tab 3	$	0.000	0.000	0.000	0.000	0.000	0.000	
Freight cost as % of vaccines value****	Copy from Table C tab 3	%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	
Freight cost as % of devices value****	Copy from Table C tab 3	%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

* Information only with the APR. NOT to be filled with new proposals

** If Rota 3ds-schedule is used, then the co-financing level is multiplied by 0.666