



Annual Progress Report 2009

Submitted by

The Government of

NICARAGUA

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: ... **10 May 2010**

Deadline for submission: 15 May 2010

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

any hard copy could be sent to :

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

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

Note: Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.

GAVI ALLIANCE

Annual Progress Report 2009

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GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be 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 its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance.

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

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

By filling this APR the country will inform GAVI about :

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*

- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

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

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

For the Government of Nicaragua:

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

Minister of Health (or delegated authority):

**Minister of Finance & Public Credit
(or delegated authority):**

**Title: Minister of health
Sonia Castro Gonzalez**


**Title: Minister of Finance & Public Credit
Alberto Guevara Obregon**

Signature



Date: May 6, 2010

Signature:



Date: May 6, 2010

This report has been compiled by:

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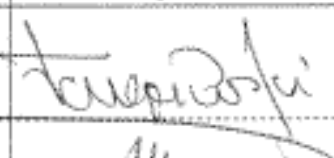
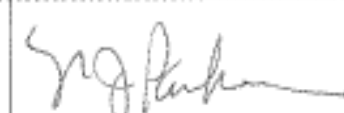
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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support – May 2010.

We, the undersigned members of the immunization Inter-Agency Co-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.

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

Name / Title	Agency/Organization	Signature
Dr. Jorge Luis Prosperí	PAHO	
Sr. Lambert Grijns	Embassy of the Netherlands	
Sra. Eija-Rotinen Liisa Maunula Encargada de Negocios a.i.	Embassy of Finland	
Sra. María Jesús Conde Zabala	UNICEF	
Sra. Norma J. Parker	USAID	
Sr. José Manuel Mariscal	Spanish Agency for International Cooperation	
Sr. Marc Litvine	European Commission	
Sra. Junko Sasaki	UNFPA	
Sr. Joseph Owen	World Bank	

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

Comments from partners:

It has been agreed that for future GAVI annual progress reports, MINSA will organise a technical working group to facilitate further discussion and the endorsement signing procedure.

Coordination with GAVI must be improved regarding harmonisation of the "vertical funds" with the national programmes and institutional capacity, which are co-financed with sector wide support funds from other donors. A point that requires further attention -- particularly from GAVI and the ICC partners -- is the low level of financial execution, which is due in part to the national authorities' inadequate capacity for execution and in part to delays in fund disbursement.

World Bank: The above signature is provided solely and exclusively in our role as an informal member of the group of development partners who finance the health sector in Nicaragua. The signature does not imply any legal, contractual, or other type of obligation or any other commitment that is not legally or operationally established in our role as an informal member of the group of partners. ○

Comments from the Regional Working Group:

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List of supporting documents attached to this APR

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

Document N°	Title	APR Section
1	Calculation of <i>Nicaragua's</i> ISS-NVS support for 2011 (<i>Annex 1</i>)	1.1; 2.4; 3.7
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1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

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

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

Provide justification for any changes in births:

There were no changes.

Provide justification for any changes in surviving infants:

The number of expected deaths was corrected according to what was observed in 2009.

Provide justification for any changes in targets by vaccine:

BCG: The target was changed to 100% of expected live births because Nicaragua surpassed the 2009 target.

OPV & Pentavalent: There are no changes in the target presented in the 2008 report.

Pneumococcus: It was revised based on experience with the introduction of rotavirus vaccine.

Rotavirus: The target of children to be vaccinated has been lowered based on the coverage attained. This vaccine cannot be administered after 32 weeks of life, which reduces the chance of achieving 100% coverage.

Provide justification for any changes in wastage by vaccine:

There were no changes. The GAVI wastage estimate has always been used.

1.2 Immunisation achievements in 2009

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

Nicaragua surpassed the BCG target but did not meet the OPV, Penta or Rotavirus vaccine targets. Even though the country did not meet the targets established for these three vaccines, there was an increase in the number of doses administered in 2009, as compared to 2008, for each of them. The estimated increase for OPV was 4692 doses, and the country administered 3418 additional doses, which represents 73% of the expected increase. The increase in Penta was 67% of that expected, and that of rotavirus was 57%.

With PAHO's support, the Expanded Immunisation Programme (EIP) staff received enhanced training in programme management, supervisory activities were strengthened and, foremost,

efforts were augmented to vaccinate children who live in inaccessible areas. Simultaneously, Nicaragua kept up the routine vaccination activities in the health care units and continued the national vaccination campaign, as an additional opportunity to vaccinate those children who have fewer opportunities to access health services.

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

Nicaragua's target is to apply the basic vaccination schedule to 100% of live-born children. Taking into consideration that the coverage attained is higher than 95%, or nearly 95% in the case of the rotavirus vaccine, much greater effort must be made to increase the number of children to vaccinate when one is near the target. In addition, the country is making an effort to increase coverage while introducing new vaccines, which represents a double challenge.

1.3 Data assessments

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

Not applicable.

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

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

Nicaragua has some experience assessing the quality of data registry from the health unit to the central level. Although the findings cannot be generalised, what has been observed to date is a slight discrepancy between the number of doses administered in the health units, as reflected in their daily record, and the consolidated reports sent to the higher level, which is the municipal health centre. The number of doses registered in the consolidated report is lower than the number verified by adding up the daily records of doses administered. That is to say, the information received by the higher levels is a figure lower than the actual number of doses administered.

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

To stress upon the local level personnel the importance of complying with the steps for the appropriate elaboration of the monthly consolidated report that is sent to the municipal health centre, the EIP has included in its oversight visits the review of data on doses administered in comparison with the data in the consolidated report sent to the higher level. In addition, at least two annual verifications are made to confirm whether the data sent by the municipalities to the SILAIS (provincial level) and from the SILAIS to the central level is the same as that which was received from the local health units.

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

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

Training has been scheduled this year for the SILAIS-level EIP managers in order to improve data quality. The EIP managers will be trained to conduct routine oversight of the registries prepared at the local level.

1.4 Overall Expenditures and Financing for Immunisation

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

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

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines ²	6,757,172.00	4,095,373	5,656,083
New Vaccines	2,774,975.00	23,200,875	23,200,875
Injection supplies with AD syringes	74,872.07	137,088	171,360
Injection supply with syringes other than ADs	103,689.00	33,832	42,290
Cold Chain equipment	160,861.73	450,015	316,860
Operational costs	3,620,960.40	4,081,930	5,102,413
Other (vaccine supplies, training, supervision, surveillance, investigation and evaluation)	939,952.37	1,035,700	758,040
Total EPI	14,432,482.57	33,034,813	35,247,921
Total Government Health	251,903,220.40		

Note: To calculate the cost of the new vaccines, the costs presented in the tables of Annex 1 were used, as those will be the costs of the rotavirus and pneumococcus vaccines for the reported years.

Exchange rate used	20.33
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Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation programme over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

There is an upward trend in immunisation expenditures. This is directly related to the introduction of new vaccines, which involves, in addition to the vaccines, the acquisition of support supplies. The introduction of new vaccines is a priority of the Ministry of Health and has the backing of the Government of National Reconciliation and Unity (GRUN) and, therefore, the Ministry of Finance.

Strategies for financial sustainability are aimed at mobilising support for the procurement of these new vaccines and supplies through co-financing and grants for periods of not less than five years that would allow for the gradual inclusion of the requirements in the medium-term budgetary frameworks. The MTBFs cover resource provision for three years and are updated yearly by the

² 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.

Ministry of Health, which negotiates budget adjustments or the incorporation of other sources to ensure the needed funding with the Ministry of Finance. As a signatory to the applications for GAVI support, the Ministry of Finance is aware of the need for budget increases.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? There were two meetings of the sector coordination roundtable during 2009.

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

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

In the meetings held in 2009, there were no recommendations made or problems identified that were related to the projects supported by GAVI. The 2009 GAVI Annual Progress Report had not been previously presented or endorsed in a coordination meeting. The report was circulated for information and endorsement.

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

List CSO member organisations:

Not applicable

1.6 Priority actions in 2010-2011

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

Main objectives:

- **Introduce the pneumococcal conjugate vaccine.**
- **Attain and maintain 95% or higher vaccine coverage in every municipality.**
- **Guarantee the systematic delivery of immunisation services with quality and warmth in the framework of comprehensive care.**
- **Attain and maintain an epidemiological surveillance system with the capacity to detect and adequately investigate suspected cases of VPD, as well as immediately implement the appropriate response measures.**
- **Strengthen the technical and managerial skills and expertise of the EIP personnel.**
- **Improve the quality of the information and strengthen the capacity for its analysis and use in order to focus actions in areas at risk.**

All the foregoing objectives are included in the 2009-2015 Multi-year Plan.

Priority actions:

- **Strengthen the SILAIS's capacity for planning activities aimed at inaccessible areas.**
- **Strengthen the technical and managerial capacity of EIP personnel.**
- **Adjust the data base of the EIP information system to accommodate the introduction of**

new vaccines.

- **Strengthen the epidemiological surveillance system through systematic follow-up on activities at the decentralised level.**
- **Strengthen safe vaccination practices.**
- **Follow the process of strengthening the capacity and quality of the cold chain.**
- **Conduct cost-effectiveness studies for decision making regarding the introduction of new vaccines.**
- **Promote the passage of a vaccine law that guarantees the financial resources required for the purchase of vaccines and supplies as well as the implementation of the EIP operational plans.**

2. Immunisation Services Support (ISS)

2.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$..... In 2009, we received the second disbursement of the immunisation services component, which should have been delivered in 2008

Remaining funds (carry over) from 2008: US\$ 27,750.00

Balance carried over to 2010: US\$ 27,750.00

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

During 2009, 19 photovoltaic refrigeration units were purchased to strengthen the cold chain in areas where there is no electricity available. Annex 4: Copy of invoice and equipment distribution list.

The funds transferred to 2009 currently are being used for the purchase of equipment and parts for the cold chain.

2.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES]** : please complete **Part A** below.

[IF NO] : please complete **Part B** below.

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

Note: An external audit was conducted in compliance with Nicaraguan regulations. The audit report was sent to GAVI in 2009.

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

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

ISS funds are included in the national budget and in the budget of the Ministry of Health under the state account for foreign grants as budget item *Immunisation Support Services ISS*, with reference code number *8-NIC-01-Y*. The funds are requested by the EIP national management in compliance with the five-year plan that has been approved by the Interagency Coordination Committee; the execution of funds is authorised and implemented by the Administrative-Financial Division.

In 2009, no funds were transferred to the sub-national level.

2.3 Detailed expenditure of ISS funds during the 2009 calendar year

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

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

Note: The external audits usually begin in May. For that reason, the audit for base year 2009 has not yet begun. The Audit Report for Base Year 2008 concluded in August 2009. That report was sent to the GAVI Alliance as documentation for the 2008 Annual Report.

2.4 Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.³

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

3 New and Under-used Vaccines Support (NVS)

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

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

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

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
Pneumococcus	Not applicable			
Rotavirus (3 doses)	227,400	18 December 2008	Zero	483,800

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

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

What are the main problems encountered? (<i>Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...</i>)	<ul style="list-style-type: none"> • The main problem with the rotavirus vaccine was failure to comply with the scheduled delivery date. • Were it not for an additional donation from Merck, Nicaragua would have been left without vaccine.
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	<ul style="list-style-type: none"> • Not applicable.

3.2 Introduction of a New Vaccine in 2009

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

Vaccine introduced:	Not applicable
Phased introduction [YES / NO]	Date of introduction
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none"> •

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received: US\$ 200,000.00	Receipt date: Pneumococcus grant: 2008 Rotavirus grant: 2009
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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.

GAVI New Vaccine Introduction Grant for pneumococcus: : US\$ 41,750,27

- Printing/copying of stationery/forms for the registry of vaccine doses administered.
- Purchase of equipment for cold chain at municipal level.

GAVI New Vaccine Introduction Grant for rotavirus: US\$ 4,634.88

- Purchase of computer equipment to improve the EIP information technology system.

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

Pneumococcus grant:

There are planned activities that have not been implemented because they must be carried out near the time the vaccine is introduced.

Rotavirus grant:

Priority has been given to the execution of funds that would have expired in the previous period.

Is there a balance of the introduction grant that will be carried forward? **[YES]**

If YES, how much? US\$.....

Rotavirus: US\$ 95, 635.00

Pneumococcus: US\$ 58,249.73

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

Updating of EIP's computerised information system.

Updating and printing of the record books used to follow-up on the vaccinated population.

Training for the introduction of the pneumococcal vaccine.

Training to reinforce EIP management.

Oversight of vaccination and cold chain activities.

Communication campaign for the introduction of the pneumococcal vaccine

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

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

3.3 Report on country co-financing in 2009 (if applicable) Not applicable.

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

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			

Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1 st Awarded Vaccine (specify)		
2 nd Awarded Vaccine (specify)		
3 rd Awarded Vaccine (specify)		
Q. 3: Sources of funding for co-financing?		
1. Government		
2. Donor (specify)		
3. Other (specify)		
Q. 4: What factors have accelerated, slowed or hindered mobilisation 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 take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9__Co_Financing_Default_Policy.pdf

3.4 Effective Vaccine Store Management/Vaccine Management Assessment

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

If conducted in 2008/2009, please attach the report. (**Document N°....**) **Not applicable.**

An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Was an action plan prepared following the EVSM/VMA? [YES / NO]

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

Not applicable. It is not until 2010 that we are introducing vaccines with GAVI support.

When is the next EVSM/VMA* planned? [mm/yyyy]

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

3.5 Change of vaccine presentation

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

Please specify below the new vaccine presentation:

Not applicable.

Please attach the minutes of the ICC meeting (**Document N°.....**) that has endorsed the requested change. **Not applicable.**

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

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

Note: The extension for Nicaragua has been approved through 2015, according to decision letter that was signed by the Director General of the GAVI Alliance and sent to Nicaragua on 04 January 2010.

The country hereby request for an extension of GAVI support for[vaccine type(s)] vaccine for the years 2011-.....[end year]. At the same time it commits itself to co-finance the procurement of[vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of[vaccine type(s)] vaccine support is in line with the new cMYP for the years [1st and last year] which is attached to this APR (**Document N°.....**). **Not applicable.**

The country ICC has endorsed this request for extended support of[vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N°.10**) **Endorsing signatures.**

3.7 Request for continued support for vaccines for 2011 vaccination programme

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

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table 4.1 HepB & Hib; Table 4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[NO, I don't]

If you don't confirm, please explain:

Nicaragua has the policy of maintaining a security reserve of vaccine stock that is equivalent to the number of doses required to vaccinate the target population for a 6-month period. This practice has been established to be able to cope with the periods when supplier laboratories interrupt the supply of vaccines due to production problems or insufficient production to meet world demand. On numerous prior occasions, this practice has guaranteed the stability of the functioning of the immunisation programme.

To comply with this country policy, co-financing is needed for 190,700 additional doses of pneumococcal vaccine and 170,00 additional doses of rotavirus vaccine.

4 Injection Safety Support (INS)

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

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

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

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

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received
AD syringes 1/2cc 23G x 1	501,000	Orders processed in 2009 for delivery in 2010.
AD syringes 1/2cc 25G x 5/8	150,000	
AD syringes 0.1cc 27G x 3/8	192,400	
Safety box	12,000	
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:

--

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

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

If support has ended, please report what types of syringes are used and the funding sources:
Not applicable.

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
---------	---	-------------------------

BCG		
Measles		
TT		
DTP-containing vaccine		

Please report how sharps waste is being disposed of:

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.

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

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

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

During 2009, 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 could cause difficulties for the transitional plan.

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

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year: **Not applicable**

Fund from GAVI received in 2009 (US\$):

Amount spent in 2009 (US\$):.....

Balance carried over to 2010 (US\$):.....

Table 9: Expenditure for 2009 activities

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

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

Table 10: Planned activities and budget for 2010

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

5 Checklist

Table 21: Checklist of a completed APR form

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

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	Y	Y		
5	Provision of complete excel sheet for each vaccine request		Y		
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)		Y		
8	Justification of new targets if different from previous approval (section 1.1)		Y		
9	Correct co-financing level per dose of vaccine		Y		
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying		n/a		
OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		n/a		
13	Consistency between targets, coverage data and survey data	n/a	n/a		
14	Latest external audit reports (Fiscal year 2009)	*1			
15	Provide information on procedure for management of cash	Y			
16	Health Sector Review Report				
17	Provision of new Banking details	n/a			
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		n/a		
19	Attach the CSO Mapping report (Type A)				

*1 Not available. See item 2.3.

6 Comments

Comments from ICC/HSCC Chairs:

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

~ End ~

Annex

Table 1: Choose country]		's updated baseline and annual targets									
<i>Please fill-in all empty cells; just type digits: NO commas, spaces or dots between digits to allow automatic calculation wherever applicable</i>											
Target Population Number	Achievements as per JRF	Targets						COMMENTS			
	2009	2010	2011	2012	2013	2014	2015				
Total births	138,144	139,122	139,818	140,516	141,219	141,925	142,635				
Total infants' deaths	1,753	1,739	1,747	1,756	1,765	1,774	1,782				
Total surviving infants	136,391	137,383	138,071	138,760	139,454	140,151	140,853				
Total pregnant women	160,771	145,744	147,494	ND	ND	ND	ND				
Number of infants vaccinated (or to be vaccinated)	149,761	139,122	139,818	140,516	141,219	141,925	142,635				
BCG coverage (%)	108%	100%	100%	100%	100%	100%	100%				
Number of infants vaccinated (or to be vaccinated) with OPV3 coverage (%)	136,175	138,287	139,117	139,897	140,513	141,215	141,922				
OPV3 coverage (%)	100%	101%	101%	101%	101%	101%	101%				
Number of infants vaccinated (or to be vaccinated) with DTP3 coverage (%)	135,898	138,287	139,117	139,897	140,513	141,215	141,922				
DTP3 coverage (%)	100%	101%	101%	101%	101%	101%	101%				
Number of infants vaccinated (or to be vaccinated) with	138,935	139,122	139,818	140,516	141,219	141,925	142,635				
Wastage ⁽¹⁾ factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05	1.05				
Fill in these rows, if your country has been approved to receive GAVI support for Hepatitis B & Haemophilus influenzae type B vaccines											
Infants vaccinated (to be vaccinated) with 3 rd	[Choose HepB and/or Hib]								If change of presentation, specify which one in which year		
3 rd dose coverage (%)		0%	0%	0%	0%	0%	0%	0%			
Infants vaccinated (to be vaccinated) with 1 st	[Choose HepB and/or Hib]										
Wastage ⁽¹⁾ factor in base-year and planned thereafter											
Fill in these rows, if your country has been approved to receive GAVI support for Yellow Fever vaccines											
Infants vaccinated (to be vaccinated) with one	[Choose YF vaccine]										
YF coverage (%)		0%	0%	0%	0%	0%	0%	0%			
Wastage ⁽¹⁾ factor in base-year and planned thereafter											
Fill in these rows, if your country has been approved to receive GAVI support for Pneumococcal vaccine											
Infants vaccinated (to be vaccinated) with 3 rd	[Choose Pneumo vaccine]		109,906	123,878	132,085	140,513	141,215	141,922			
3 rd dose coverage (%)		0%	80%	90%	95%	101%	101%	101%			
Infants vaccinated (to be vaccinated) with 1 st	[Choose Pneumo vaccine]		118,254	137,022	138,549	141,219	141,925	142,635			
Wastage ⁽¹⁾ factor in base-year and planned thereafter			1.11	1.11	1.11	1.11	1.11	1.11			
Fill in these rows, if your country has been approved to receive GAVI support for Rotavirus vaccine											
Infants vaccinated (to be vaccinated) with last	[Choose Rota vaccine]	130,376	132,166	132,827	133,490	134,158	134,829	135,503			
Last dose coverage (%)		96%	96%	96%	96%	96%	96%	96%			
Infants vaccinated (to be vaccinated) with 1 st	[Choose Rota vaccine]	136,200	139,122	139,818	140,516	141,219	141,925	142,635			
Wastage ⁽¹⁾ factor in base-year and planned thereafter		1.05	1.05	1.05	1.05	1.05	1.05	1.05			
Fill in these rows, if your country has been approved to receive GAVI support for Measles second dose											
Infants vaccinated (to be vaccinated) with 2 nd	[Choose Measles vaccine]										
Infants vaccinated (to be vaccinated) with 1 st	[Choose Measles vaccine]										
1 st dose coverage (%)		0%	0%	0%	0%	0%	0%	0%			
Wastage ⁽¹⁾ factor in base-year and planned thereafter											
Other information on routine immunisation programme											
Pregnant women vaccinated with TT+		80,582	54,173	54,773							
TT+ coverage (%)		50%	37%	37%	#VALORI	#VALORI	#VALORI	#VALORI			
Annual DTP Drop out rate		2.18	0.6	0.5	0.5	0.5	0.5	0.5			
Annual Measles Drop out rate (for countries applying)											
NOTE ON VACCINE WASTAGE FACTOR											
[1] Countries are expected to plan for a maximum of 50% wastage rate for a lyophilised vaccine in 10 or 20-dose vial, 25% for a liquid vaccine in a 10 or 20-dose vial, 10% for any vaccine lyophilised in 2-dose vial, and 5% for any vaccine liquid in 1-dose vial. The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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. In Table 1, insert the wastage factor which is equivalent to the wastage rate as per the											
Vaccine wastage rate		5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
Equivalent wastage factor		1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2

Fill in these rows only if your country has been approved for ISS support.

The country [Choose country]

requests ISS support as a reward for the additional number of children vaccinated in 2009, as specified in Table 3 below

Base-year

21

	2008		2009	
	A	B	A	B
1 Number of infants vaccinated with DTP3 ^[Note 1] (from JRF) specify:	132,688	135,898	Self-populated from Table 1	
2 Number of additional infants that are reported to be vaccinated with DTP3:		3,210	Self-populated [B1-A1]	
3 Calculating \$20 per additional child vaccinated with DTP3:		\$64,200	Self-populated [B2*\$20]	
4 Rounded-up estimate of expected reward:		\$64,500		

Note 1: Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3. 1

Note 2: Base-year is the previous year with the highest DTP3 achievement. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF. If 2009 is the year for calculation of the first reward, then the base-year is 2008 and the baseline number of infants is the target of 2008 that was documented in the approved original proposal.

Tables 4.3. : The country [Choose country]

requests for GAVI support to procure [Choose Pneumo vaccine] vaccine as specified in Table 4.3.2, and commits itself to co-finance the procurement of the same vaccine as specified in Table 4.3.3

PLEASE FILL Table 4.3.1. and view the SUPPORT REQUESTED in table 4.3.2. and 4.3.3. which are self-populated

Table 4.3.1 : Specifications		2010	2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	Self-populated from Table 1	# 137,363	138,071	138,760	139,454	140,151	140,853	697,289
Number of children to be vaccinated with the third dose	Self-populated from Table 1	# 109,906	123,878	132,085	140,513	141,215	141,922	679,613
Immunization coverage with the third dose	Self-populated from Table 1	# 80%	90%	95%	101%	101%	101%	101%
Number of children to be vaccinated with the first dose	Self-populated from Table 1	# 118,254	137,022	138,549	141,219	141,925	142,635	701,350
Number of doses per child	Self-populated	# 3	3	3	3	3	3	3
Estimated vaccine wastage factor	Self-populated from Table 1	# 1.11	1.11	1.11	1.11	1.11	1.11	1.11
Vaccine stock as at 1 January 2010	Specify number	#	0					
Number of doses per vial	Specify number	#	2	2	2	2	2	2
AD syringes required	Type 1 for YES; Type 0 for NO	#	1	1	1	1	1	1
Reconstitution syringes required	Self-populated (1=YES; 0=NO)	#	0	0	0	0	0	0
Safety boxes required	Self-populated (1=YES; 0=NO)	#	1	1	1	1	1	1
Vaccine price per dose	To copy from UNICEF prices tab	\$	3.500	3.500	3.500	3.500	3.500	3.500
Country co-financing per dose **	To copy from co-financing tab	\$	\$0.30	\$0.40	\$0.40	\$0.40	\$0.40	\$0.40
AD syringe price per unit	Self-populated (Copied from UNICEF prices tab)	\$	\$0.050	\$0.050	\$0.055	\$0.055	\$0.055	\$0.055
Reconstitution syringe price per unit	Self-populated (Copied from UNICEF prices tab)	\$	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
Safety box price per unit	Self-populated (Copied from UNICEF prices tab)	\$	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550
Freight cost as % of vaccines value	To copy from UNICEF prices tab	%	1.00%	1.00%	1.00%	1.00%	1.00%	2.00%
Freight cost as % of devices value	Self-populated (Copied from UNICEF prices tab)	%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%

ESTIMATED GAVI SUPPORT AND COUNTRY CO-FINANCING

Required supply item	For endorsement						
	2010	2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#	432,600	411,200	420,100	420,700	423,300	2,107,900
Number of AD syringes	#	434,200	411,400	420,300	420,800	423,400	2,110,100
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	4,825	4,575	4,675	4,675	4,700	23,450
Total value to be co-financed by GAVI	\$	\$1,556,000	\$1,479,000	\$1,513,500	\$1,515,500	\$1,540,000	\$7,604,000

Table 4.3.2 (self-populated): Supply that is procured by GAVI and related cost in US\$.

Required supply item	2010	2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#	39,400	51,500	52,500	52,600	52,300	248,300
Number of AD syringes	#	39,600	51,500	52,500	52,600	52,400	248,600
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	450	575	600	600	600	2,825
Total value to be co-financed by the country	\$	\$142,000	\$185,500	\$189,000	\$189,500	\$190,500	\$896,500

Table 4.3.3 (self-populated): Supply that is procured by the Country and related cost in US\$

Item	Formula	2010		2011		2012		2013		2014		2015	
		Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
A. Country Co-finance		118,254	8.34%	137,022	8.34%	141,219	11.10%	141,925	11.10%	141,925	11.10%	141,925	11.10%
B. Number of children to be vaccinated with the first dose	$F \times G - H$	3		3		3		3		3		3	
C. Number of doses needed	$B \times C$	354,786		411,066		462,225		473,626		473,626		473,626	
D. Estimated vaccine wastage factor	$D \times E$	393,786		456,283		513,310		521,218		521,218		521,218	
E. Number of doses needed including wastage	$(F - F \text{ of previous year}) \times 0.25$	15,624		15,624		1,271		247		247		247	
F. Vaccines buffer stock ¹		0		0		0		0		0		0	
G. Vaccine stock as at 1 January 2010		0		0		0		0		0		0	
H. Total vaccine doses needed	$(D + G - H) \times 1.1$	473,626		473,626		462,639		462,639		462,639		462,639	
I. Number of doses per vial	$I / J \times 1.1$	39,508		39,508		51,467		51,467		51,467		51,467	
J. Number of AD syringes (+10% wastage) need	$(D + G - H) \times 1.1$	473,626		473,626		462,639		462,639		462,639		462,639	
K. Reconstitution syringes (+10% wastage) need	$(K \times L) / 100 \times 1.1$	439		439		5,137		5,137		5,137		5,137	
L. Total of safety boxes (+10% of extra needed)	$I \times (\$ \text{ from Tab 1})$	\$1,651,677		\$1,651,677		\$1,619,236		\$1,619,236		\$1,619,236		\$1,619,236	
M. Cost of vaccines needed	$L \times (\$ \text{ from Tab 1})$	\$23,445		\$23,445		\$25,139		\$25,139		\$25,139		\$25,139	
N. Cost of AD syringes needed	$M \times (\$ \text{ from Tab 1})$	\$2,891		\$2,891		\$3,825		\$3,825		\$3,825		\$3,825	
O. Cost of reconstitution syringes needed	$N \times (\% \text{ from Tab 1})$	\$16,517		\$16,517		\$15,192		\$15,192		\$15,192		\$15,192	
P. Cost of safety boxes needed	$(O + P) \times (\% \text{ from Tab 1})$	\$2,634		\$2,634		\$2,596		\$2,596		\$2,596		\$2,596	
Q. Freight cost for vaccines needed	$(N + O + P) \times (\% \text{ from Tab 1})$	\$1,897,163		\$1,897,163		\$1,885,991		\$1,885,991		\$1,885,991		\$1,885,991	
R. Total fund needed	$I^* (\$ \text{ from Tab 1})$	\$141,572		\$141,572		\$141,572		\$141,572		\$141,572		\$141,572	
S. Total country co-financing	$I^* (\$ \text{ from Tab 1})$	\$141,572		\$141,572		\$141,572		\$141,572		\$141,572		\$141,572	
T. Country co-financing % of GAVI supported program	U / T	8.34%		8.34%		11.12%		11.12%		11.12%		11.12%	

Table 4.3.4 (self-populated): Calculation of requirements

1 The buffer stock for vaccines is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. If needed, it should be replaced in the following years.

2 It applies only for lyophilised vaccines; write zero for other vaccines.

Tables 4.4. : The country [Choose country]

requests for GAVI support to procure [Choose Rota vaccine] vaccine as specified in Table 4.4.2, and commits itself to co-finance the procurement of the same vaccine as specified in Table 4.4.3

PLEASE FILL Table 4.4.1. and view the SUPPORT REQUESTED in table 4.4.2. and 4.4.3. which are self-populated

Table 4.4.1 : Specifications	Instructions	2010	2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	Self-populated from Table 1	# 137,383	138,071	138,760	139,454	140,151	140,853	687,289
Number of children to be vaccinated with the last dose	Self-populated from Table 1	# 132,166	132,827	133,490	134,158	134,829	135,503	670,807
Immunization coverage with the last dose	Self-populated from Table 1	# 96%	96%	96%	96%	96%	96%	96%
Number of children to be vaccinated with the first dose	Self-populated from Table 1	# 139,122	139,818	140,516	141,219	141,925	142,635	706,113
Number of doses per child **	Specify number	# 3	3	3	3	3	3	3
Estimated vaccine wastage factor	Self-populated from Table 1	# 1.05	1.05	1.05	1.05	1.05	1.05	1.05
Vaccine stock as at 1 January 2010	Specify number	# 0	0	0	0	0	0	0
Number of doses per vial	Specify number	# 1	1	1	1	1	1	1
AD syringes required	Self-populated (1=YES, 0=NO)	# 0	0	0	0	0	0	0
Reconstitution syringes required	Self-populated (1=YES, 0=NO)	# 0	0	0	0	0	0	0
Safety boxes required	Self-populated (1=YES, 0=NO)	# 1	1	1	1	1	1	1
Vaccine price per dose	To copy from UNICEF prices tab	\$ 3.330	3.330	3.330	2.664	2.664	2.664	2.664
Country co-financing per dose **	To copy from co-financing tab	\$ 0.15	0.20	0.20	0.20	0.20	0.20	0.20
AD syringe price per unit	Self-populated (Copied from UNICEF prices tab)	\$ 0.000	0.000	0.000	0.000	0.000	0.000	0.000
Reconstitution syringe price per unit	Self-populated (Copied from UNICEF prices tab)	\$ 0.000	0.000	0.000	0.000	0.000	0.000	0.000
Safety box price per unit	Self-populated (Copied from UNICEF prices tab)	\$ 0.550	0.550	0.550	0.550	0.550	0.550	0.550
Freight cost as % of vaccines value	Self-populated (Copied from UNICEF prices tab)	% 1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
Freight cost as % of devices value	Self-populated (Copied from UNICEF prices tab)	% 10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%

** # Rota 3ds schedule is used, the co-financing level copied from the separate tab must be multiplied by 0.666 (e.g. for 2nd vaccine of least poor group = Co-financing levels / 0.666)

ESTIMATED GAVI SUPPORT AND COUNTRY CO-FINANCING

Required supply item	For approval					For endorsement				
	2010	2011	2012	2013	2014	2015	TOTAL			
Number of vaccine doses	#	421,400	416,900	412,400	414,500	416,600	2,081,800			
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	#	4,700	4,650	4,600	4,625	4,625	23,200			
Total value to be co-financed by GAVI	\$	\$1,420,000	\$1,405,000	\$1,112,500	\$1,118,000	\$1,123,500	\$6,179,000			

Required supply item	2010	2011	2012	2013	2014	2015	TOTAL
Number of vaccine doses	#	19,700	26,400	33,100	33,200	33,400	145,800
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	#	225	300	375	375	375	1,650
Total value to be co-financed by the country	\$	\$66,500	\$89,000	\$89,500	\$90,000	\$90,000	\$425,000

Table 4.4.4 (self-populated): Calculation of requirements

Item	Formula	2010 Total	2011 Government	GAVI	Total Government	2012 Government	GAVI	Total Government	2013 Government	GAVI	Total Government	2014 Government	GAVI	Total Government	2015 Government	GAVI	Total Government
A. Country Co-finance		4.45%	6,223	133,595	140,516	8,339	132,177	141,219	10,471	130,748	141,925	10,523	131,402	142,635	10,576	132,059	
B. Number of children to be vaccinated with the first dose	From Tab 1	139,122	139,818	140,516	140,516	140,516	140,516	140,516	140,516	140,516	140,516	140,516	140,516	140,516	140,516	140,516	
C. Number of doses per child	From Tab 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
D. Number of doses needed	$B \times C$	417,366	419,454	421,548	421,548	421,548	421,548	421,548	421,548	421,548	421,548	421,548	421,548	421,548	421,548	421,548	
E. Estimated vaccine wastage factor	From Tab 1	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
F. Number of doses needed including wastage	$D \times E$	438,234	440,427	442,623	442,623	442,623	442,623	442,623	442,623	442,623	442,623	442,623	442,623	442,623	442,623	442,623	
G. Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	548	24	524	550	33	517	554	41	513	556	41	515	559	41	518	
H. Vaccine stock as at 1 January 2010	From Tab 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I. Total vaccine doses needed	$F + G - H$	440,975	440,975	442,347	443,175	26,301	416,874	445,393	33,024	412,369	447,620	33,190	414,430	449,859	33,356	416,504	
J. Number of doses per vial	From Tab 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
K. Number of AD syringes (+10% wastage) need	$(I + G - H) \times 1.11$	490,482	490,482	490,482	490,482	0	490,482	490,482	0	490,482	490,482	0	490,482	490,482	0	490,482	
L. Reconstitution syringes (+10% wastage) need	$I / J + 1.11$	490,482	490,482	490,482	490,482	0	490,482	490,482	0	490,482	490,482	0	490,482	490,482	0	490,482	
M. Total of safety boxes (+10% of extra need) need	$(K + L) / 100 \times 1.11$	5,439	5,439	5,439	5,439	292	4,627	4,944	367	4,577	4,969	368	4,600	4,993	370	4,623	
N. Cost of vaccines needed	$I \times (\$ \text{ from Tab 1})$	\$1,468,446	\$65,361	\$1,403,085	\$1,475,773	\$87,953	\$1,388,190	\$1,186,526	\$87,977	\$1,096,551	\$1,192,459	\$88,417	\$1,104,042	\$1,196,425	\$88,859	\$1,109,966	
O. Cost of AD syringes needed	$K \times (\$ \text{ from Tab 1})$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
P. Cost of re-constitution syringes needed	$L \times (\$ \text{ from Tab 1})$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Q. Cost of safety boxes needed	$M \times (\$ \text{ from Tab 1})$	\$2,892	\$120	\$2,572	\$2,706	\$161	\$2,545	\$2,719	\$202	\$2,518	\$2,733	\$203	\$2,530	\$2,746	\$204	\$2,543	
R. Freight cost for vaccines needed	$N \times (\% \text{ from Tab 1})$	\$14,864	\$654	\$14,684	\$14,758	\$876	\$13,862	\$11,865	\$880	\$10,986	\$11,925	\$884	\$11,040	\$11,984	\$888	\$11,085	
S. Freight cost for devices needed	$(O+P+Q) \times (\% \text{ from Tab 1})$	\$269	\$12	\$257	\$271	\$16	\$255	\$272	\$20	\$252	\$273	\$20	\$253	\$275	\$20	\$254	
T. Total fund needed	$(N+O+P+Q+R+S)$	\$1,486,092	\$66,146	\$1,419,946	\$1,493,507	\$88,635	\$1,404,872	\$1,201,385	\$89,079	\$1,112,306	\$1,207,990	\$89,524	\$1,117,866	\$1,213,431	\$89,972	\$1,123,459	
U. Country co-financing	$I^* (\$ \text{ from Tab 1})$	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	\$66,146	
V. Country co-financing % of GAVI supported prod	U / T	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	4.45%	

1 The buffer stock for vaccines is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. If eroded, it should be replaced in the following years.

2 It applies only for lyophilised vaccines, write zero for other vaccines.



AIDE MÉMOIRE

2009 Annual Meeting of the

Coordination Roundtable for the Health Sector/FONSALUD

Venue: CENABI-MINSA

05 May 2009

2:00 - 4:00 p.m.

PARTICIPANTS:

Development Partners (DPs):

Christina Hörnicke	Austria
Hans Wessels	Chief of Development Aid - The Netherlands
María Jesús Largaespada	Embassy of the Netherlands
Frank Knaapen	Embassy of the Netherlands
Riikka Raatikainen	Embassy of Finland
Carin Zetterlund-Brune	Embassy of Sweden
Maria Tegbor	Embassy of Sweden
Miriam Montenegro	World Bank
Darling Omeir	UNFPA
Manuel Pascual Salcedo	AECID

Observer Partners:

Maria Angélica Gómez	PAHO/WHO
Maritza Ortíz	PAHO/WHO
Emma Sánchez	IADB
Raul Rivera	IADB
Walkiria Soto	IADB

The Ministry of Health (MINSA):

Alejandro Solís	Director General of Planning and Development (DGPD)
Magaly Echevoyen	Director (<i>a.i.</i>) of Foreign Aid / DGPD
Sergio Guerrero	Director of Finance
Ramón Cortéz	Director of Procurement
Johanna Talavera	Coordinating Unit for External Funds (UCFE) /
General Division of Administration & Finance (DGAF)	
Maritza Torres	UCFE / DGAF

The Ministry of Foreign Relations (MINREX):

Humberto González	SWAp Coordinator, Secretariat of Economic Relations and Cooperation (SREC)
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AGENDA

TIME	ACTIVITY	RESPONSIBLE PARTY
2:00- 2:30 p.m.	Review of agreements from previous Sector Roundtable/FONSALUD meeting (29 October 2008)	Mr. Alejandro Solís M.
2:30- 3:00 p.m.	Institutional Strengthening: a) Results of the 2008 Financial Audit 2008 b) Disbursements by Sector Roundtable/FONSALUD Partners 2009-2011 c) ToR for Joint Audit e) GAVI Alliance	Mr. Sergio Guerrero / Ms. Johanna Talavera

PROCEEDINGS:

The meeting was opened with the presentation of the agenda and an assessment of the agreements that had been reached in the Health Sector Roundtable/FONSALUD meeting of 30 October 2008 by Mr. Alejandro Solís, Director General of Planning and Development, MINSA.

Six of the ten agreements have been fulfilled. Some processes are pending for the following agreements:

Agreement No. 2: Send the ToR to the FONSALUD bilateral partners for their approval. The IADB suggested delegating representation and having the partners' inputs presented by the FONSALUD liaison in order to gain time. A schedule was agreed upon in order to conclude the following actions by 15 May 2009:

1. Agree upon proposed ToR.
2. Agree upon the short list of auditing firms.
3. Agree upon tender specifications and conditions.

Agreement No. 3: Submit to the Development Partners (DPs) the presentation on the proposed comprehensive Plan of Action for the implementation of the 2007 Audit Recommendations (Responsible: DGAF).

Agreement No. 6: Send the WB and IADB Audit Report to the DPs, (Responsible: DGAF).

Agreement No. 7: Distribute the *Manual of Technical Standards for Internal Control of the Ministry of Health*, approved by the Office of the Comptroller General, (October 2007 edition), (Responsible: DGAF).

Continuing with the agenda, MINSA reported on progress in the 2008 audit: 70% of IADB Loan 1607, 50% of FONSALUD bilateral grants, and 50% of WB loans. The first draft of the Final Audit Report on FONSALUD Bilateral Grants is due on 22 June 2009.

The DPs questioned MINSA regarding the measures that would be taken if the audit were not ready by the deadline, given the past experience with this consulting firm. DGAF responded that they were monitoring the process to ensure compliance.

The DPs recommended enforcing the clauses of the contract. They further recommended that MINSA assess the auditing firm's performance over the past three years, focusing on the implications of non-compliance, which has resulted in a lack of liquidity in the projects and has adversely affected the population's health and the coverage levels.

It was suggested that a report be prepared to document the auditing firm's non-compliance in terms of meeting deadlines, assigning personnel, etc. The report, which would be used should the contract with the auditing firm be terminated, will be prepared by the DGAF and monitored by the DGPD.

The DPs asked that the 2008 IADB-WB Audit Report be officially sent to each of them, together with the Action Implementation Plan to follow-up on the audit findings. The DGAF agreed to send them.

MINSA reported that the FONSALUD current financial situation is quite critical. This is partially due to the conditionality of the DP disbursements, which depend upon the delivery of the audit report (Finland and the Netherlands).

The DPs reported that the delay was due to confusion in the number of the deposit account for disbursements. The Netherlands made a General Budget Support disbursement, which was transferred to the Central Bank, which in turn transferred it to the Single General Treasury account in euros. Due to a banking error, the payment was sent twice without the sender realizing that the first attempt had been

successful. This led to confusion and a delay in the funds reaching the FONSALUD account. The AECID disbursement was returned twice

because the disbursement's bank routing was incorrect. The disbursement was not made effective until January 2009.

The Ministry of Health reported that a total of 23.82 million dollars is scheduled to be disbursed in 2009 by the IADB, WB, Austria, Sweden, the Netherlands, and Finland. However, the amount will be less, as Sweden communicated that their aid will be redirected under a different modality, outside the SWAp.

It was reported that there are 11.01 million córdobas in available funds as of 31 April 2009. There is a deficit of 39.78 million córdobas.

Dr. Alejandro Solís M. requested that the DPs show flexibility and agility in making disbursements as scheduled. In light of the current financial crisis, MINSA does not have the resources required to execute its plans.

In light of this situation, the IADB agreed to make an adjustment in some of the Public Investment Programme (PIP) projects that were to have been executed with funds from Loan 1607/SF-NI. Those funds will be transferred to recurrent expenditures to purchase 50,000,000 córdobas in medicines to support the Health Emergency. The affected PIP projects will be transferred to and executed with funds from Loan 1897/BL-NI.

The WB reported that up to 5,000,000 dollars in additional grant aid could be made available in approximately three weeks. Due to the urgency of the Health Emergency, it was agreed to advance 500,000 dollars, which will be taken temporarily from Loan 4050. A communication to that effect will be sent to Mr. Rafael Cortéz, Project Task Manager. It was further suggested that MINSA immediately submit a request for the final disbursement of the pending balance; the WB would immediately support that request.

The other DPs indicated that they will take a stand regarding the Health Emergency after they have analyzed MINSA's requirements. With regard to FONSALUD, there seem to be few possibilities of making disbursements prior to the presentation of the audit results.

PAHO stated that it would have to receive the report on the first disbursement before it could make a second disbursement from the GAVI Alliance project.

Mr. Solís explained that the Government of Nicaragua is very respectful of the decisions made by the donor community, but asked that the scope of the problem presented by MINSA be assessed, as well as the consequences it

would bring to the health of the Nicaraguan population, who must be kept informed regarding the health situation. He also mentioned that in spite of the

situation it is facing, the Ministry of Health is providing health service coverage to the population in the degree possible.

In closing, the DPs were thanked for their attention and collaboration.

AGREEMENTS

1. Accompanied by immediately an official communiqué, MINSAs (DGAF) will send the bilateral DPs the 2008 Audit ToR for their approval on 15 May 2009.
2. Parallel to the process of receiving final approval of the audit ToR, MINSAs (DGAF-UCFE/Coordinating Unit for External Funds) may advance in other processes to create the conditions necessary for the selection of the consulting firm.
3. MINSAs (DGAF) will send the Plan of Action for implementing the audit recommendations to the DPs on 15 May 2009.
4. MINSAs (DGAF) will formalize the sending of the IADB and WB 2007 Audit Report on 08 May 2009.
5. MINSAs (DGAF) will provide the DPs with copies of the *Manual of Technical Standards and Procedures for Internal Control* approved by the Office of the Comptroller General.
6. MINSAs (DGAF-UCFE-DGPD) and the DPs will review the figures for the 2009 planned disbursements, based on the information presented by DGAF/MINSAs in the annual meeting of the Health Sector Coordination Roundtable held on 05 May 2009.
7. The Development Partners (Cooperation Liaison) will analyze the proposal presented by MINSAs to make the disbursements without conditioning them upon the presentation of the audit report this time, due to the insolvency of the FONSALUD funds.
8. MINSAs (DGPD) and MINREX (SWAp Office) will expedite the review of the Code of Conduct (CoC) and Memorandum of Understanding (MoU) and submit them for consideration and approval by the DPs.
9. MINSAs (DGAF-UCFE) will send PAHO the Technical and Financial Report on the actions carried out in the framework of the GAVI Alliance Project.
10. The Development Partners (Cooperation Liaison) will take a stand regarding the Health Emergency once they have analyzed the requirements conveyed by the Ministry of Health.



2009: AÑO 30 DE
LA REVOLUCIÓN
Viva Nicaragua Libre!

Alejandro Solís
Director General
Planning and Development
MINSA

Sergio Guerrero
Director
Financial Resources

Riikka Raatikainen
The Embassy of Finland

Humberto Gonzalez
Technical Coordinator SWAp
Secretariat of Economic Relations and Aid
(SREC) / MINREX

Carin Zetterlund-Brune
The Embassy of Sweden

Maria Jesus Largaespada
Counsellor
The Royal Embassy of the Netherlands

Christina Hoernicke
The Embassy of Austria

Manuel Pascual
AECI

Miriam Montenegro
The World Bank

Junko Sasaki
UNFPA



**MINISTRY OF HEALTH
2009 MID-YEAR MEETING OF THE
COORDINATION ROUNDTABLE FOR THE HEALTH SECTOR**

AIDE MÉMOIRE

VENUE : **CENABI-MINSA AUDITORIUM**
DATE : **29 October 2009**
TIME : **8:30 A.M.**

AGENDA : Attached

PARTICIPANTS : List attached

PROCEEDINGS

Mr. Enrique Beteta, Secretary General of the Ministry of Health (MINSA) opened the meeting by explaining that Minister of Health Guillermo Gonzalez would not be able to participate due to *force majeure*. In his remarks, he referred to Nicaragua's epidemiological situation with emphasis on the recent AH1N1 influenza and dengue epidemics and their impact upon school-age children. He stressed the role played by the organized community, which complements the institutional initiative.

He stated that the media coverage of MINSA's work tends to be negative, which breeds uncertainty and mistrust among the populace. In spite of the work being carried out, the mass media insists upon emphasizing the institution's weaknesses and limitations.

With regard to the cases of medical malpractice, which have been so underscored lately, he explained that MINSA has carried out the pertinent investigations and applied the pertinent standard procedures while actively involving the affected families.

He also described the efforts the Ministry has made to control the epidemics. He explained that the results would not have been possible without the support of the organized population, community leaders, etc., with whom preventative work has been carried out to keep these diseases from surpassing the existing institutional capacity. He indicated that the actions implemented include *abate* application and fumigation campaigns, house-to-house visits, and counselling services, among others.

He stated that MINSA is concurrently facing a mass media war waged by right-wing media, whose main objective is to defame this institution by using depressing graphic images. He reported that they surely are using shots photographed at Social Security contracted service providers' facilities to make the Government of National Reconciliation and Unity/MINSA look bad to the populace. He also referred to the medical malpractice cases that have been disseminated by the mass media; he reported that the doctors involved have been sanctioned and initiatives have been taken in coordination with the Office of the Human Rights Ombudsman. He also explained that patients' family members now are being included more in these processes and are being directly informed of the patient's diagnosis and the medical procedures to be carried out.



Next, Mr. Hans Wessels, Development Partner Liaison, expressed his satisfaction with the explanations given by the MINSA authorities regarding the newspaper coverage of health care system-related issues. He thanked MINSA for its response to the request for a meeting, which was held on 13 October 2009, and in which both this and other topics of interest were addressed.

Speaking on behalf of the Development Partners (DPs), Mr. Wessels expressed willingness to continue supporting the Ministry of Health and acknowledged the Ministry's efforts to respond to the epidemiological outbreaks in the country. He also acknowledged improvements in other areas related to health care, such as the level of community organization and participation that was evident during the joint field visit to the Tipitapa Health Centre of the Managua SILAIS on 27 October 2009.

He also referred to the 2009 Mid-year Coordination Roundtable for the Health Sector and to the progress made in both content and agenda formulation. He expressed pleasure at the good functioning of the Technical Working Groups, which work between the roundtable meetings. He indicated that they have helped regularize the functioning of these meetings and provide the timely follow-up to agreements reached in the Coordination Roundtable.

Finally, he encouraged MINSA to continue strengthening the increasingly closer dialogue between MINSA and the Development Partners. It should be mentioned that he also expressed concern for MINSA's non-participation in the Regional Parliamentary Forum on the MDGs.

Mr. Alejandro Solís, Director General of Planning and Development (DGPD) at MINSA, read and verified compliance with the agreements of the Annual Meeting of the Health Sector Coordination Roundtable, which had been held 05 May 2009. He stressed that they had received no comments on the Aide Mémoire, which had been circulated. The participants proposed that future agreements be more strategic and not be restricted to technical-administrative matters.

The **Institutional Management Report** and the **2009 Savings and Budget Reduction Plan** were presented. The presentations included the degree of compliance with the targets as of August 2009, budget execution as of September 2009, the epidemiological situation as of September 2009, and the challenges that MINSA will be facing in 2010.

In the presentation of the synthesis of the savings plan, which has been designed in response to the financial crisis and the budget cutbacks, an explanation was given regarding the budget lines that have been changed to ease the situation without affecting those expenditures that are linked directly to the population's health care. It was explained that the cutbacks in the 2009 budget have been aimed at the administrative expenditure categories. The expenditures were itemized by group, and it was shown that expenditures related to coverage expansion have not been affected by the cutback plan. At the same time, it was emphasized that MINSA is facing a budget gap that affects its ability to respond to the country's health situation. The Development Partners are therefore urged and encouraged to continue providing financial support to MINSA.

The Development Partners made the following comments regarding the Institutional Management Report through August 2009:

They expressed their recognition of the results obtained vis-à-vis extension of coverage and quality of care. They suggest that the Management report should focus on the linkage among the 11 indicators selected for monitoring the 2010 Plan. They also consider it very important that the report reflect with greater clarity the following aspects:

1. Domestic violence
2. Sexual and reproductive health of adolescents and women
3. Neonatal mortality
4. Infant mortality
5. Chronic malnutrition
6. Breast feeding
7. Early detection of disabilities
8. Decentralization
9. Gap reduction
10. HIV-AIDS
11. Access to health services on the Nicaraguan Caribbean Coast

MINSAL and the DPs agreed that the review of indicators should remain open in order to make them more strategic vis-à-vis MINSAL's priorities.

Continuing with the agenda, the *2010 Results-based Institutional Short-term Plan* was presented. It has 11 indicators as well as specific actions to guarantee compliance with the indicators contained in the *2009-2011 National Human Development Plan*. The 2010 Draft Budget was also presented by spending category and source of financing. The total budget of C\$ 5,171,813,161.00 is broken down as follows:

a) Central Level	C\$ 576,235,325.25
b) I Level of Care	C\$ 2,319,876,794.26
c) II Level of Care	C\$ 2,275,701,041.48

Next, the DGPD - MINSAL made a presentation on the eleven health indicators that had been defined jointly with the DPs by level of detail and the content of their technical description for monitoring the 2010 Plan. These indicators form part of the second amendment to the FONSALUD MoU.

The Development Partners made the following suggestions regarding the *2010 Results-based Institutional Short-term Plan*:

1. Coverage levels should indicate percentages.
2. Management impact (in the framework of the ACCRA Declaration)
3. Adolescents
4. Indicators for control for Growth and Development, Psychomotor Development and Height and Weight
5. HIV-AIDS
6. The linkage of information with the Social Security Private Service Provider Clinics
7. The involvement of other government actors
8. Maternity houses

Regarding Agreement No. 2, Mr. Julio Zapata of the Secretariat of the Presidency (SEPRES) reported that a document is being prepared by the Social Production and Youth Cabinet, which brings together all the institutions of the Government of National Reconciliation and Unity. With regard to MINSA's input, he stressed that it included issues such as youth promoters with a focus on the Family and Community Health Model (MOSAFC), HIV, contagious diseases, undesired pregnancies, drug use, youth technical leaders, a human rights approach, and spaces for dialogue with the participation of the other institutions.

The MINSA representative stated that these topics are a priority for the Government of National Reconciliation and Unity and that the Ministry is working on an assessment that includes a number of the topics mentioned; however, they maintain that the topics mentioned are implicit to the MOSAFC and are receiving their due attention. He also reported that they are strengthening the work with the SILAIS by involving them in all the processes to ensure sounder solutions. However, the recommendations made will be taken into account for upcoming reports.

Mr. Eduardo Parrales, Director of Planning in the DGPD, stated that from October through December 2009 they have been, and will continue to be, working on compliance with the targets for redirecting resources. MINSA has also been participating in the Rural Life and Health Cabinet.

The MINSA representatives reported that they are working to strengthen the IT systems so that data processing may be done as an integrated process and that they are making tremendous efforts to be able to link their system with those of other Sectors.

Mrs. Nora Orozco, Vice Minister of Health, closed the meeting by thanking the partners for the aid they provide to MINSA. She stressed that MINSA is open to responding to questions and receiving suggestions that will strengthen institutional management and help achieve the common goal of guaranteeing quality health care for the Nicaraguan populace. Together with civil society and the DPs, MINSA hopes to transform the Nicaraguan health system.

AGREEMENTS:

1. MINSA – DGPD will coordinate the organization of a special meeting of the Working Group for the selection of indicators on 05 November 2009. The DPs will present their proposed indicators using the single form, which will be distributed in the next few days.
2. MINSA will send out the proposed Technical Working Group Calendar via e-mail for review by the DPs.
3. The DPs will send written recommendations regarding the proceedings of the Coordination Roundtable held on 28 October 2009.



Gobierno de Reconciliación
y Unidad Nacional

El Pueblo, Paralelamente!

2010:
AÑO DE LA
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DIVISION GENERAL ADMINISTRATIVA FINANCIERA
UNIDAD COORDINADORA DE FONDOS EXTERNOS
INGRESOS RECIBIDOS DEL FONDO GAVI Y GASTOS EJECUTADOS
PERIODO 2008-2009

ACTIVIDAD TRANSFERENCIAS	FECHA	MONTO US
INGRESOS RECIBIDOS:		
SERVICIOS DE INMUNIZACION EN NIC	08/01/2008	27.750,00
SERVICIOS DE INMUNIZACION EN NIC	08/02/2008	100.000,00
SERVICIOS DE INMUNIZACION EN NIC	10/05/2009	27.750,00
EGRESOS:		83.436,72
SERVICIOS DE INMUNIZACIONES EN NIC Compra de 19 Refrigeradores O.P.S		21.039,72
SERVICIOS DE INMUNIZACIONES EN NIC Compra de papeleria CLIC no. 1106 1156 E/W/W		32.330,82
SERVICIOS DE INMUNIZACIONES EN NIC CLIC No. 4317 TECNOLOGICIONES S.A. Servicios para la Prevencion de la Influenza		12.324,57
SERVICIOS DE INMUNIZACIONES EN NIC CLIC No. 4457 CADI INTERNACIONAL S.A. Servicios para la Prevencion de la Influenza		5.941,10
SALDO DISPONIBLE		72.060,72

Elaborado por: Maira Lopez
Analista Financiera UCPE-MINSA

Managua, 29 Abril 2010

Revisado por: Johana Talavera R.
Coordinadora UCPE-MINSA

Autorizado por: Jaime Gonzalez
División General Administrativa F

DIVISION GENERAL
ADMINISTRATIVA FINANCIERA
UNIDAD COORDINADORA DE FONDOS EXTERNOS
MINISTERIO DE SALUD



MINISTERIO DE SALUD

Complejo Nacional de Salud "Dr. Concepcion
Delgado", Carretera Costa Atlántica, Nivel 1 de
Miy. Managua, Nicaragua.
Tel.: 222 (541) 2284710
Departamento de Salud. www.minsa.gub.ni

Recursos GAVI para Apoyo a la Introducción de la Vacuna contra el Rotavirus.

Nº. Orden	Proveedor	Nº. Factura	Concepto de la compra	Cantidad	Monto C\$	Monto US	TIC
35	Datatec	270057	Impresora	1	11,869.65	588.77	20.16
35	Datatec	270057	Disco Duro Externo 1TB	1	3,144.85	155.99	20.16
272	Datasystem	26900	Disco Duro de 160 GB para computadora escritorio	1	1,130.76	54.18	20.87
272	Datasystem	26900	Disco Duro 160 GB para computadora portátil	1	1,255.20	60.14	20.87
272	Datasystem	26901	Instalación de los Discos Duros	1	209.40	10.03	20.87
236	Casa Pellas	78027	Computadora Lenovo Modelo M57E / Monitor Pantalla Plana de 19"	2	37,134.00	1,805.25	20.57
236	Casa Pellas	78027	Microsoft Office 2007	2	27,664.00	1,344.87	20.57
236	Casa Pellas	78027	Norton Internet Security 2009	2	4,100.00	199.32	20.57
235	Comtech	271613	UPS Tripp Lite 750	2	3,009.60	146.31	20.57
210	Datasystem	26277	Antivirus Internet Security por 2 años	1	1,443.48	70.07	20.60
					90,960.94	4,434.95	



Lic. Maritza Ortiz
 Oficial Administrativo OPS/ Nicaragua

Fecha 26-4-12

PAN AMERICAN HEALTH ORGANIZATION
FINANCIAL RESOURCES AND REPORTING
OFFICIAL FINANCIAL REPORT

PROJECT TITLE: NEW VACCINES SUPPORT FOR NICARAGUA - INTRO OF ROTAVIRUS
 GRANTOR: GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI)
 GRANT PERIOD: 26 MARCH 2008 - 31 DECEMBER 2011
 COMMITMENT AMOUNT: US \$ 100,000.00
 PROJECT REFERENCE: NIC-S01-160/PG
 GRANT NUMBER: 387014

STATEMENT OF BUDGET AND DISBURSEMENTS
 PERIOD 1 JANUARY TO 31 DECEMBER 2009
 (Expressed in US Dollars)


NIC-S01-160/PG

	EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
			PRIOR	THIS PERIOD	TOTAL		
01	TRAINING	49,215.00	0.00	0.00	0.00	0.00	49,215.00
02	PROGRAM MANAGEMENT	28,910.00	0.00	0.00	0.00	0.00	28,910.00
03	INFORMATION SYSTEM	21,875.00	0.00	4,364.88	4,364.88	0.00	17,510.12
	TOTAL	100,000.00	0.00	4,364.88	4,364.88	0.00	95,635.12

CASH POSITION
 AS OF 31 DECEMBER 2009
 (Expressed in US Dollars)

CONTRIBUTIONS RECEIVED:	
ACCOUNTING PERIOD	USD
Feb-09	<u>100,000.00</u>
LESS:	
TOTAL DISBURSEMENTS	<u>4,364.88</u>
CASH BALANCE	95,635.12
LESS:	
UNLIQUIDATED OBLIGATIONS	<u>0.00</u>
UNOBLIGATED CASH BALANCE	<u><u>95,635.12</u></u>

CERTIFIED CORRECT BY:


 TONY L. CULLY, CHIEF,
 TRUST FUNDS MANAGEMENT

Washington D.C. 17 March 2010
 tk

PAN AMERICAN HEALTH ORGANIZATION
Financial Resources Management
Official Financial Report

PROJECT TITLE: INJECTION SAFETY IN NICARAGUA
 GRANTOR: GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI)
 GRANT PERIOD: 26 MAY 2006 - 31 DECEMBER 2009
 COMMITMENT AMOUNT: US\$ 462,500
 PROJECT REFERENCE: FCH-S01-185/PG (FCH-IVD-185/PG)
 GRANT NUMBER: ~~387006~~

STATEMENT OF BUDGET AND DISBURSEMENTS
 PERIOD 1 JANUARY TO 31 DECEMBER 2009
 (Expressed in US Dollars)

FCH-S01-185/PG (FCH-IVD-185/PG)

EXPENDITURE CATEGORY	AMOUNT ALLOTTED	DISBURSEMENTS			UNLIQUIDATED OBLIGATIONS	ALLOTMENT BALANCE
		PRIOR	THIS PERIOD	TOTAL		
SUPPLIES	462,500.00	301,761.56	74,872.07	376,633.63	0.00	85,866.37
TOTAL	462,500.00	301,761.56	74,872.07	376,633.63	0.00	85,866.37

CASH POSITION
 AS OF 31 DECEMBER 2009
 (Expressed in US Dollars)

CONTRIBUTIONS RECEIVED:	
Jan-06	138,000.00
Mar-06	163,000.00
Apr-07	131,000.00
Jan-09	<u>30,500.00</u>
TOTAL CONTRIBUTIONS RECEIVED	462,500.00
LESS:	
TOTAL DISBURSEMENTS	<u>376,633.63</u>
CASH BALANCE	85,866.37
LESS:	
UNLIQUIDATED OBLIGATIONS	<u>0.00</u>
UNOBLIGATED CASH BALANCE	<u>85,866.37</u>

CERTIFIED CORRECT BY: _____


 TONY L. CULLY, CHIEF
 TRUST FUNDS MANAGEMENT

Washington DC 17 February 2010
 tk



Gobierno de Reconciliación
y Unidad Nacional
El Pueblo, Presidente!

2010 :
AÑO DE LA
SOLIDARIDAD
Viva Nicaragua Libre!

EQUIPOS FRIGORÍFICOS DE LA CADENA DE FRÍO RECIBIDOS Y ENTREGADOS EN EL AÑO 2009

Donante	GAVI				UNICEF				OPS				PLAN NICARAGUA			
	Sunfrost		Sunfrost		Sunfrost		Sunfrost		Dulas		Vestfrost		Sun frost			
	MK 144	MF 114	MS044	RFVB-4	RFVB-4	RFVB-4	MK 144	MF 114	VC-150F	MF 114	MK 144	MF 114	MK 144	RFVB-4		
SILAIS																
Chinandega	2	2														
Chontales	2	2									2	1			1	
Boaco	1	1														
Matagalpa	4	4														
Carazo	1	1														
Río San Juan	1	1														
RAAS	1	1														
RAAN								5								
Estelí	1	1														
Jinotega	2	2			2											
Rivas	2	2														
Nueva Segovia	2	2														
CENABI			1	1							4	2				
	19	19	1	1	2		4	4	5	2	2	1		1		

Equipos frigoríficos por tipo recibidos en el año 2009

Refrigeradores eléctricos	24
Congeladores eléctricos	23
Refrigeradores solares	10
TOTAL	57

Fuente: Cadena de Frío
Dirección de Inmunizaciones

REPUESTOS ENTREGADOS POR GAVI- AÑO 2009		Año 2009		
		Unidad	Cant	Precios estimados \$ Unitario
DESCRIPCIÓN				
REPUESTOS PARA AIRE ACONDICIONADOS SPLIT - AREA CUARTOS FRIOS				
Capacitor mixto de 30uf + 5uf, 370VAC. Uso: aire acondicionado split. de 24000BTU.	Unidad	5	15	75.00
Capacitor mixto de 25uf + 5uf, 370VAC. Uso: Aire acondicionado split. de 18000 BTU.	Unidad	5	18	90.00
Compresor de 24,000 BTU para aire acondicionado split	Unidad	1	230	230.00
Válvula de servicio o fitting de carga de 1/4".	Unidad	50	0.5	25.00
Tubería de cobre de 5/16"	rollo 50	2	25	50.00
Fusible de cartucho de 30 amperios- Eagle.	Unidad	20	1	20.00
Contacto eléctrico 240/277 VAC. COIL.24VAC, 50/60 Hz. (3100-15Q179)	Unidad	5	14	70.00
Materiales y herramientas para rehabilitación de Equipos Frigoríficos				
Lámina de aluminio 4 pies x 8 pies de 1 mm.	Unidad	1	80	80.00
Cremonas de 10"	Unidad	1	5	5.00
Cremonas de 12"	Unidad	1	5	5.00
Remache Pop de 1/6" x 1/2" M/F	Unidad	1000	0.0115	11.50
Remache Pop de 5/32" x 1/2" M/F	Unidad	1000	0.0115	11.50
Varilla acero plata al 5%	Unidad	50	1.65	82.50
Tubo capilar 0.31 de 100 pies	Unidad	1	35	35.00
Varilla de bronce revestida 3/32" x 36"	Unidad	5	1	5.00
Condensador para 1/4" Hp estático o parrilla.	Unidad	2	43	86.00
Esmeril de doble función	Unidad	1	150	150.00
Soldadura de estaño en barra	Libras	10	2	20.00
AEROSOL multiusos WD-40 FRASCOS DE 226 gramos.	Unidad	10	5	50.00
BATERIAS ALKALINAS Tipo: "AA" o doble A.	Unidad	24	2	48.00
BATERIAS ALKALINAS Tipo: "D"	Unidad	24	2	48.00
CERRADURA PARA PUERTAS para refrigeradores solares de marca: SUNFROST, Modelo: RFVB-134a	Unidad	50	2	100.00
REFRIGERANTE R-404A - DE 24 LIBRAS	Cilindro	10	175	1,750.00
REFRIGERANTE R-134A - DE 24 LIBRAS	Cilindro	3	185	555.00
ACEITE para refrigeración (R132CF POLIESTER SINTETICO)	Galón	6	100	600.00
Aislante poliuretano 230-32 componente A	Galón	1	25	25.00
Aislante poliuretano 230-32 componente B	Galón	1	25	25.00
Martillo de oreja	Unidad	1	25	25.00
Martillo de bola	Unidad	1	25	25.00
Prensa de 25-50 lbs	Unidad	1	125	125.00
Cortadora de 110 voltios	Unidad	1	100	100.00
Cautín de 1000 watts, 110 voltios (herramienta)	Unidad	1	25	25.00
Taladro eléctrico de 1/2", 120 VAC.	Unidad	1	100	100.00
Taladro eléctrico de 3/8", 120 VAC.	Unidad	1	70	70.00
Remachadora (herramienta)	Unidad	1	40	40.00
				4,762.50