



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of
Nicaragua

Reporting on year: **2013**

Requesting support for year: **2015**

Date of submission: **19/05/2014**

Deadline for submissions: 22/05/2014

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: 2013

Requesting support for year: 2015

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose per ampoule, LIQUID	Pneumococcal (PCV13), 1 dose per ampoule, LIQUID	2015
Routine New Vaccines Support	Rotavirus 3-dose schedule	Rotavirus 2-dose schedule	2015

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available [here](#).

2. Signatures

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

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

For the Government of: **Nicaragua**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Sonia Castro González	Name	Iván Acosta
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full Name	Position	Telephone	Email
Dr. Carlos Sáenz Torres	Director General for Health Monitoring - MINSA	(505) 22894700 Ext. 1121	dgs@minsa.gob.ni
Emilce Herrera González	Director for External Cooperation - MINSA	(505) 22894700 Ext. 1270	cooperacion@minsa.gob.ni

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Philippe Barragne Bigot	UNICEF		

Dr. Socorro Gross Galiano	PAHO/WHO		
Dr. Markus Behrend	UNFPA		
José Manuel Mariscal	General Coordinator - AECID		
Gabriel Grau	Interim Mission Director - USAID		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

USAID: No additional comments to make to the GAVI report. USAID congratulates Nicaragua on the advances made in immunisation and in the steps taken towards sustainability.

UNICEF: Requested review of points 5.7, 5.8, 6, 7.3.1, 7.4, 7.4 and 11 [SIC], with regard to completion of information. The information was revised and the report completed.

AECID: No additional comments.

UNFPA: Comments made regarding evaluating the inclusion of the HPV virus for 2015. UNFPA expressed that they understand that a series of technical and financial studies and analyses are required, but consider that the benefits are greater. Another aspect is to have more accurate statistical data; coverage rates of over 100% demand scrutiny. As a new national census is to be carried out in 2015, this would be an excellent opportunity to obtain more accurate information on vaccination coverage.

PAHO: No comments to add; the PAHO immunisation advisor has assisted in reviewing this report.

Comments from the Regional Working Group:

Only an Inter-Agency group is involved.

2.3. HSCC signatures page

Nicaragua is not reporting on the use of HSS funds in 2013.

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

Nicaragua is not reporting on the use of CSO (Type A & B) funds in 2014.

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values as shown in the Wastage Rate Table in the guidelines. For pentavalent vaccine in 10-dose vials, the referential wastage rate is to be taken into account.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	140,146	140,146	141,925	137,651	142,635	142,635
Total infants' deaths	1,765	1,765	1,774	1,774	1,782	1,782
Total surviving infants	138381	138,381	140,151	135,877	140,853	140,853
Total pregnant women	169,823	169,823	149,151	171,861	150,142	150,142
Number of infants vaccinated or to be vaccinated	140,146	160,522	141,925	137,651	142,635	142,635
BCG coverage	100 %	115 %	100 %	100 %	100 %	100 %
Number of infants vaccinated or to be vaccinated	140,146	151,875	141,215	137,651	141,922	141,922
OPV3 coverage	101 %	110 %	101 %	101 %	101 %	101 %
Number of infants vaccinated or to be vaccinated	140,146	152,274	141,925	137,651	142,635	142,635
Number of infants vaccinated or to be vaccinated	141,547	151,763	141,215	137,651	141,922	142,635
DTP3 coverage	102 %	110 %	101 %	101 %	101 %	101 %
Wastage [1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5
Wastage [1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated or to be vaccinated with 1st dose of pneumococcal (PVC13)	134,158	152,274	141,925	137,651	142,635	142,635
Infants vaccinated or to be vaccinated with 3rd dose of pneumococcal (PVC13)	134,158	151,263	141,925	137,651	138,036	142,635
Pneumococcal (PCV13) coverage	97 %	109 %	101 %	101 %	98 %	101 %
Wastage [1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated or to be vaccinated with 1 st dose of rotavirus	141,219	150,368	141,925	137,651	142,635	142,635
Number of infants vaccinated or to be	137,343	149,215	137,348	137,651	138,036	142,635

vaccinated with final dose of Rotavirus						
Rotavirus coverage	102 %	108 %	101 %	101 %	98 %	101 %
Wastage [1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate for rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated or to be vaccinated with 1st dose of measles	139.575	158.480	140.151	138.433	140.853	140.853
Measles coverage	101 %	115 %	100 %	102 %	100 %	100 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	760.476	735.301	615.598	615.598	611.572	611.572
Annual DTP Dropout rate [(DTP1 - DTP3) / DTP1] x 100	-1 %	0 %	1 %	0 %	0 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

^[1] The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$
A = total number of doses distributed for use according to the supply records with correction for stock b period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the WHO/UNICEF Joint Reporting Form (JRF) for 2013. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets 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 fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

There was no change to the number of reported population aged under one year in 2013, although there was in 2014, following adjustments made by the Ministry of Health based on population data supplied by the National Institute for Development Information (*Instituto Nacional de Información de Desarrollo*, INIDE), the official population figures for the country.

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

There was no change to the number of surviving infants reported in 2013, although there was in 2014, based on population data supplied by the INIDE.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

The target for BCG is being maintained at 100% with regard to the population aged under one year. There have been no changes in the reported targets for 2013 for OPV, pentavalent, pneumococcal or rotavirus in the population aged under one year, or for MMR in children aged one year. There have, however, been changes in the targets for 2014. These targets have to do with adjustments made by the Ministry of Health based on INIDE population data, establishing lower forecasts for the year. Scheduled rotavirus coverage is maintained at 98%.

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

No changes, the wastage percentage of 5% estimated by GAVI is maintained.

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

National coverage rate of more than 95% were maintained for all vaccines for children aged under one year, using the group of children aged under one year as the denominator, as established by the country, rather than surviving children (aged one year), as defined by GAVI.

Municipalities with pentavalent coverage rates of less than 95% dropped from 63 out of 153 in 2011 to 36 in 2012 and 33 in 2013. This achievement is owed to the strengthening of systematic vaccination, vaccination targeted at at-risk and hard-to-access municipalities, and the contribution made by the National Vaccination Day.

With regard to third doses of vaccinations applied in 2013 compared to 2012, an additional 1055 doses of OPV were added, an additional 1389 doses of pentavalent, an additional 2133 doses of rotavirus and an additional 2720 doses of pneumococcal vaccine, in the third year since they were introduced.

In 2013 priority was given to strengthening the management of the immunisation programme, with the following achievements:

- The country's 18 Integrated Local Health Systems (SILAIS) 100% supplied with vaccines and consumables and national stocks monitored weekly.
- The implementation of the vaccine and consumables inventory system has improved the management and control of vaccine stocks at state and SILAIS levels.
- SILAIS and municipal EPI teams strengthened in programme regulation components.
- SILAIS and municipal EPI teams strained in components and organisation of the National Vaccination Day.
- 100% implementation of supervision scheduling for priority SILAIS.
- Certificate of elimination of measles, rubella and CRS adapted.
- Quality epidemiological surveillance maintained at national level, in compliance with international indicators.
- Sentinel surveillance maintained for pneumonia and bacterial meningitis, as well as for rotavirus. This provides continuous information regarding the burden of the disease and the strains in circulation, as well as making it possible to assess the impact of the vaccination programme.

There are difficulties with regard to:

- Maintaining vaccination coverage rates of 95% and more in hard-to-access areas and maintaining these coverage rates that had attained them in 2013, owing to the high cost of vaccinating the population in hard-to-access areas.
- The need to complete the implementation and use of the vaccines and consumables inventory system at municipal level, which requires training and equipping processes.
- The installation of the online information system at municipal level, requiring equipment and internet connection.
- The urgent need to extend the cold chain at national and local level; an extension project has been drawn up.

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

Not applicable.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data source	Reference Year for Estimate	DTP3 Coverage estimate	
		Boys	Girls
ENDESA Survey	2011-2012	94.1	94.5

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

Nicaragua's Institutional Plan establishes equal access to healthcare and the National Vaccination Programme offers vaccination to both genders equally. The current vaccination schedule covers all age groups, with no gender differences. Although the administrative records do not specify gender, vaccination booklets and vaccination histories allow for patients to be registered by name from birth to adulthood; this makes it possible to follow the vaccination schedule of male and female children. The results of the ENDESA 2011-2012 survey, which segregates survey data by vaccination and gender, show similar results.

We therefore believe that the coverage rates attained and the result of the ENDESA survey confirm that male and female children have equal access to the immunisation programme.

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

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

Nicaragua's immunisation programme has no gender barriers and the Family and Community Health Model establishes equal rights to health services, including immunisation.

5.4. Data assessments

5.4.1. 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).

There are no discrepancies; the immunisation programme coverage rates are as reflected in the WHO/UNICEF tables.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

From 2012 onwards, the Ministry of Health Statistics Office established data quality monitoring for its different programmes. The consistency of Immunisation Programme data has been observed to be more than 95%, as has the vaccine opportunity rate.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

- In 2012, with PAHO support, new software to log vaccine information coverage was implemented. This gives online information on doses applied and coverage at SILAIS and municipal levels. Vaccination booklets were adapted to log the calendar by age groups and children's vaccination booklets were updated to ensure that people's vaccination schedules were logged and monitored for life. This tool also makes it possible to verify vaccination status if a vaccination booklet is lost.

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

Continuation with the use of the immunisation programme information logging software, continued strengthening of the managerial component of the immunisation programme resources information system at all levels, and continued monitoring and supervision of data quality with the Statistics Office.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 25	Enter the rate only; please do not enter local currency name
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Table 5.5a: Overall expenditure and financing for immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year	Funding source						
		Country	GAVI	UNICEF	WHO	N/A	N/A	N/A
Traditional vaccines*	5,158,922	5,009,169	0	0	149,753	0	0	0
New and underused vaccines**	3,195,729	0	3,195,729	0	0	0	0	0
Injection supplies (AD syringes and syringes other than AD)	478,421	0	478,421	0	0	0	0	0
Cold chain equipment	0	0	0	0	0	0	0	0
Personnel	2,500,000	2,500,000	0	0	0	0	0	0
Other routine costs	2,538,692	2,538,692	0	0	0	0	0	0
Other capital costs	229,497	11,081	0	0	218,416	0	0	0
Campaign costs	827,030	724,205	0	0	102,825	0	0	0
0		0	0	0	0	0	0	0
Total expenditure on immunisation	14,928,291							
Total government spending on health		10,783,147	3,674,150	0	470,994	0	0	0

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

5.5.1. If no government funding has been allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

Not applicable

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Memoire	Implemented?
Not applicable	No

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Not applicable

If none has been implemented, briefly state below why those requirements and conditions were not met.

Not applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the HSCC meet in 2013? **2**

Please attach the minutes (**Document No. 4**) from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5. Overall Expenditure and Financing for Immunisation](#)

Meeting: 22 October 2013. Review of Financial Management Report by GAVI and conditions established by GAVI for disbursement of first tranche of the HSS project. The following resolutions were reached:

- To send GAVI the report with the comments from the Ministry of Health (MINSA) and PAHO/WHO, via Dr. Carlos Saenz
- To call a meeting of the Technical Committee to validate the SILAIS and Municipal Plan using HSS/GAVI funding.

Meeting: The meeting held on 11 November 2013 had two objectives:

- To review and approve the Financial Management report drawn up by the GAVI team
- To approve the Annual Operating Plans (AOPs) for the SILAIS out of HSS funds.

The meeting resolved that once the considerations of the committee have been taken up, the financial management report is approved and is to be sent to GAVI via External Partners. With regard to the HSS project, the AOP, its strategic lines and the assignation of resources to the municipalities for the first year of implementation are approved. The first Purchases and Procurement plan for the project is also approved.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:
Not applicable

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015?

Based on the Multi-Year Plan for 2009-2014, the main objectives are:

- To attain and maintain vaccination coverage rates of at least 95% for all vaccines, for all municipalities with non-useful coverage.
- To guarantee the systematic and effective delivery of quality immunisation services with human warmth within the framework of integrated healthcare.
- To achieve and maintain an epidemiological surveillance system with the capacity of detecting and adequately investigating any suspicious case of VPDs, as well as immediately implementing the appropriate response measures.
- To guarantee the monitoring of new vaccines, in order to measure their impact.
- To strengthen the safe vaccination practices, cold chain, proper vaccination techniques, proper disposal of waste and events supposedly attributable to vaccination or immunisation (ESAVIS) components.
- To safeguard achievements attained in the control and prevention of VPDs.
- To promote broad inter-sector, intra-sector, inter-programme and community participation to guarantee the attainment of the aims proposed.
- To develop technical and management skills and abilities among the staff working in the immunisation programme, to improve their performance and attain the programme objectives.

- To improve information quality and strengthen analysis capacity and the use of information to focus initiatives in risk areas.
- To support the conduct of operative studies related to the field of immunisation.
- To extend and strengthen the cold chain.
- To develop an Information, Education and Communication (IEC) plan at local level.

Priority actions:

- To define risk territories within priority municipalities, planning activities and follow-up at municipal and regional level.
- To strengthen the technical and managerial capacities of EPI personnel at all levels.
- To monitor the use of the new EPI information and data quality systems.
- To strengthen epidemiological surveillance system for VPDs and ESAVIS, including monitoring new vaccines.
- To strengthen safe vaccination practices.
- To monitor the use and operation of the vaccine and consumables inventory system.
- To strengthen and extend the cold chain.
- To strengthen the capacities of the organised civil society.
- To update and provide training in EPI standards.
- To develop a sustainability plan for the measles, rubella and CRS elimination process.
- To develop a local IEC plan.
- To provide training supervision in all EPI components.
- Bi-annual assessment of achievements in priority components.
- Operative investigation to improve programme components.
- Systematisation of successful experiences.

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine:	Types of syringe used in 2013 in routine EPI	Funding sources for 2013
BCG	0.1cc x 27G x 3/8	Government
Measles	0.5cc x 25G x 1	Government
TT	0.5cc x 23G x 1	Government
DTP-containing vaccine	0.5cc x 25G x 1	Government

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

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

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

No obstacles were found with regard to health personnel, who were trained in updated standards, and sharps boxes are available for immediate disposal; the problem is with the final elimination process.

Please explain how sharps waste is being disposed of, problems encountered, etc. in 2013.

EPI sharp objects in all health units are disposed of immediately in sharps disposal boxes. The problems encountered concern the final elimination process, because of insufficient volume, maintenance problems and non-existence of incinerators at health units. Healthcare workers and municipal authorities are being encouraged to work together to ensure proper final elimination of these objects. In units where sharps are not

incinerated, they are burnt and buried.

6. ISS

6.1. Report on the use of ISS funds in 2013

	Amount in US\$	Amount in local currency
Funding received in 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total expenditure in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

6.1.1. 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.

Not applicable; we received no ISS funding for 2013.

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

Not applicable

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013.

Not applicable. Support funds are reported with regard to point 6.1.4, but we received no GAVI funding for 2013.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7). (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (specify Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Nicaragua is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
Pneumococcal (PCV13)	374,400	426,600	3	No
Rotavirus	401,400	511,300	4	No

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

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

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

More vaccines are reported as against the number scheduled for 2013, because accumulated vaccines pending co-funding were received. We had no problems with vaccine stocks at any level.

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

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

At present we are requesting two deliveries in the 1st and 3rd quarter, to avoid shortages.

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

No stock-outs at any level.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Pneumococcal (PCV13), 1 dose per vial, LIQUID		
Phased introduction	No	01/05/2014
Nationwide introduction	No	01/05/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not applicable

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

7.2.2. When is the Post introduction Evaluation (PIE) planned? **June 2015**

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

Not applicable, we entered dates to ensure the report went through.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises?
No

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

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

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

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

Not applicable

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012(B)	0	0
Total funds available in 2013(C=A+B)	0	0
Total expenditure in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year.

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10.11). (Terms of reference for this financial statement are attached in **Annexe 1.**) Financial statements should be signed by the Finance Manager of the EPI Programme and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Programmatic Reporting

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

Not applicable

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

Not applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Not applicable

7.4. Report on country co-financing in 2013

Table 7.4: Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed payments	Total amount in US\$	Total amount in doses
Awarded Vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	150,000	41,400
Awarded Vaccine #2: Rotavirus, 1 dose per vial, ORAL	80,500	14,800
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	5009169	
Donor	3195729	
Other	149753	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed payments	Total amount in US\$	Total amount in doses
Awarded Vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	150,000	41,800
Awarded Vaccine #2: Rotavirus, 1 dose per vial, ORAL	0	0
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding?		
Schedule of Co-Financing payments	Proposed payment date for 2015	Source of funding
Awarded Vaccine #1: Pneumococcal (PCV13), 1 dose per vial, LIQUID	October	Taxes
Awarded Vaccine #2: Rotavirus, 1 dose per vial, ORAL	October	Taxes
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
The process is being revised in the national budget for inclusion so as to ensure co-funding.		

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/about/governance/programme-policies/co-financing/>

Not in default.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

When was the last Effective Vaccine Management (EVM) or alternative assessment conducted? (Effective Vaccine Store Management and Vaccine Management Assessment) **October 2012**

Please attach:

- (a) EVM assessment (**Document No. 12**).
- (b) Improvement plan after EVM (**Document No. 13**).
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

The progress report on EVM/VMA/EVSM improvement is a mandatory requirement

Are there any changes in the Improvement plan? Were they justified? **Yes**

If yes, provide details

The management and control of vaccines, syringes and supplies were assessed, and the storage and handling of vaccines in the cold chain was also assessed. The strengths encountered included vaccines banks complying with the necessary requirements to guarantee the cold chain, human resources are trained in the handling and preventive maintenance of refrigeration equipment, temperatures are maintained within the ranges established to guarantee proper storage of vaccines, and the cold rooms visited have emergency plans in place in the event of electricity cuts, and most have climate-controlled environments.

The implementation of the inventory process has improved management of the control and handling of vaccine and consumable stocks.

Throughout **2014 [sic]**, PAHO training in EVM was received, and strengthening and component monitoring is scheduled for the year at all levels.

When is the next Effective Vaccine Management (EVM) Assessment planned? **July 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Nicaragua does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer during 2013 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. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in through UNICEF. Planning for a switch in presentation should be

initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **Rotavirus, 1 dose per vial, ORAL**

Please attach the minutes of the ICC and NITAG meetings that endorsed the requested change (if available) (Document No 27).

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Nicaragua is not available

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following:

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

The request for 2015 for the pneumococcal 13valent and rotavirus vaccines is confirmed.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1 Cost of commodities

Estimated prices of supply are not disclosed

Table 7.10.2 Freight Cost

Vaccine antigens	Vaccine types	No threshold	200.000\$		250.000\$	
			<=	>	<=	>
Meningococcal type A	MENINACONJUGATE	10.20 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
DTP-HepB	HEPBHIB	2.00 %				
Yellow fever	YF	7.80 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
MR	MR	13.20 %				
Rotavirus	ROTA	5.00 %				
Measles 2 nd dose	MEASLES	14.00 %				

Vaccine antigens	Vaccine types	500.000\$		2.000.000\$	
		<=	>	<=	>
Meningococcal type A	MENINACONJUGATE				
Pneumococcal (PCV13)	PNEUMO				
Pneumococcal (PCV10)	PNEUMO				
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
Yellow fever	YF				
HPV bivalent	HPV				
HPV quadrivalent	HPV				
MR	MR				
Rotavirus	ROTA				
Measles 2 nd dose	MEASLES				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	138,381	140,151	140,853	419,385
	Number of children to be vaccinated with 1st dose	Table 4	#	134,158	141,925	142,635	418,718
	Number of children to be vaccinated with 3rd dose	Table 4	#	134,158	141,925	142,635	418,718
	Immunisation coverage with 3rd dose	Table 4	%	96.95	101.27	101.27	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	144,000			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	144,000			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Sharps boxes required	Parameter	#		Yes	Yes	
cc	Country co-funding per dose	Co-funding table	\$		0.46	1.03	
ca	Unit price of AD syringes	Table 7.10.1	\$		0.0450	0.0450	
cr	Unit price of reconstitution syringes	Table 7.10.1	\$		0	0	
cs	Unit price of sharps boxes	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of value of vaccines	Table 7.10.2	%		6.00 %	6.00 %	
fd	Freight cost as % of value of devices	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and

Same amount; vaccines inventory closes on 31 January 2013 and delivery takes place **the same month**

Co-financing tables for pneumococcal (PCV13), 1 dose per ampoule, LIQUID

Co-financing group	Graduating		
	2013	2014	2015
Minimum co-financing	0.34	0.40	1.03
Recommended co-financing as per APR 2012			
Your co-financing	0.40	0.46	1.03

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015
Number of vaccine doses	#	270,500	300,100
Number of AD syringes	#	276,700	311,900
Number of reconstitution syringes	#	0	0
Number of sharps boxes	#	3,050	3,450
Total value to be co-financed by GAVI	\$	985,000	1,086,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015
Number of vaccine doses	#	39,200	119,400
Number of AD syringes	#	40,100	124,100
Number of reconstitution syringes	#	0	0
Number of sharps boxes	#	450	1,375
Total value to be co-financed by country	\$	142,500	432,000

Table 7.11.4 Calculation of requirements for: **Pneumococcal (PCV13), 1 dose per vial, LIQUID**

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00 %	12.64 %		
B	Number of children to be vaccinated with 1 st dose	Table 4	134,158	141,925	17,933	123,992
C	Number of doses per child	Vaccination parameter (schedule)	3	3		
D	Number of doses required	$B \times C$	402,474	425,775	53,799	371,976
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed, including wastage factor	$D \times E$		447,064	56,489	390,575
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$		6,117	773	5,344
H	Stock to be deducted	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$				
H₂	Stocks at 1 January	Table 7.11.1	0			
I	Total vaccine doses required	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		309,600	39,120	270,480
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1.10$		316,682	40,015	276,667
L	Reconstitution syringes (+ 10% wastage) required	$(I / J) \times 1.10$		0	0	0
M	Total sharps boxes (+ 10% extra) required	$(K + L) / 100 \times 1.10$		3,484	441	3,043
N	Cost of required vaccines	$I \times \text{vaccine price per dose (g)}$		1,049,854	132,654	917,200
O	Cost of AD syringes required	$K \times \text{unit price of AD syringes (ca)}$		14,251	1,801	12,450
P	Cost of reconstitution syringes required	$L \times \text{unit price of reconstitution syringes}$		0	0	0
Q	Cost of sharps boxes needed	$M \times \text{unit price of sharps boxes (cs)}$		18	3	15
R	Freight cost for required vaccines	$N \times \text{freight cost as \% of value of vaccines (fv)}$		62,992	7,960	55,032
S	Freight cost for required devices	$(O+P+Q) \times \text{freight cost as \% of value of devices (fd)}$		0	0	0
T	Total funding required	$(N+O+P+Q+R+S)$		1,127,115	142,416	984,699
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		142,416		
V	Country co-financing as % of GAVI supported proportion	U / T		12.64 %		

Table 7.11.4 Calculation of requirements for: pneumococcal (PCV13), 1 dose per vial, LIQUID

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	V	28.46 %		
B	Number of children to be vaccinated with first dose	Table 4	142,635	40,595	102,040
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses required	$B \times C$	427,905	121,785	306,120
E	Estimated vaccination wastage factor	Table 4	1.05		
F	Number of doses required, including wastage	$D \times E$	449,301	127,875	321,426
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	560	160	400
H	Stock to be deducted	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$	32,234	9,175	23,059
H 2	Stock at 1 January	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	419,400	119,365	300,035
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+10% wastage) required	$(I + G - H) \times 1.10$	435,855	124,048	311,807
L	Reconstitution syringes (+ 10% wastage) required	$(I / J) \times 1.10$	0	0	0
M	Total sharps boxes (+ 10% extras) required	$(K + L) / 100 \times 1.10$	4,795	1,365	3,430
N	Cost of vaccines required	$I \times \text{vaccine price per dose (g)}$	1,413,378	402,258	1,011,120
O	Cost of AD syringes required	$K \times \text{unit price of AD syringes (ca)}$	19,614	5,583	14,031
P	Cost of reconstitution syringes required	$L \times \text{unit price of reconstitution syringes}$	0	0	0
Q	Cost of safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	24	7	17
R	Freight cost of vaccines required	$N \times \text{freight cost as \% of value of vaccines (fv)}$	84,803	24,136	60,667
S	Freight cost of devices needed	$(O+P+Q) \times \text{freight cost as \% of value of devices (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	1,517,819	431,983	1,085,836
U	Total country co-financing	$I \times \text{country financing per dose (cc)}$	431,982		
V	Country co-financing as % of GAVI supported proportion	U / T	28.46 %		

Table 7.11.1: Specifications for rotavirus, 1 dose per vial, ORAL

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	138,381	140,151	140,853	419,385
	Number of children to be vaccinated with first dose	Table 4	#	141,219	141,925	142,635	425,779
	Number of children to be vaccinated with 2 nd dose	Table 4	#	137,343	137,348	142,635	417,326
	Immunisation coverage with 2 nd dose	Table 4	%	102.05 %	101.27 %	101.27 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	162,000			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	162,000			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Sharps boxes required	Parameter	#		No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.30	0.76	
ca	Unit price of AD syringes	Table 7.10.1	\$		0.0450	0.0450	
cr	Unit price of reconstitution syringes	Table 7.10.1	\$		0	0	
cs	Unit price of sharps boxes	Table 7.10.1	\$		0.0050	0.0050	
fv	Freight cost as % of value of vaccines	Table 7.10.2	%		5.00 %	5.00 %	
fd	Freight cost as % of value of devices	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Co-financing tables for rotavirus, 1 dose per vial, ORAL

Co-financing group	Graduating
--------------------	------------

	2013	2014	2015
Minimum co-financing	0.17	0.30	0.76
Recommended co-financing as per APR 2012			
Your co-financing	0.20	0.30	0.76

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2014	2015
Number of vaccine doses	#	121,300	152,700
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of sharps boxes	#	0	0

Total value to be co-financed by GAVI	\$	326,500	409,500
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Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015
Number of vaccine doses	#	15,300	60,400
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of sharps boxes	#	0	0
Total value to be co-financed by the country	\$	41,000	162,000

Table 7.11.4 Calculation of requirements for: **Rotavirus, 1 dose per vial, ORAL**

	Fórmula	2013	2014			
			total	Gobierno	GAVI	
A	Country co-finance	V	0,00 %	11,16 %		
B	Number of children to be vaccinated with 1st dose	Cuadro 4	141,219	141,925	15,834	126,091
C	Number of doses per child	Parámetro de la vacuna (calendario)	2	2		
D	Number of doses required	$B \times C$	282,438	283,850	31,668	252,182
E	Estimated vaccine wastage factor	Cuadro 4	1.05	1.05		
F	Number of doses required, incluyendo la tasa de perdida	$D \times E$		298,043	33,251	264,792
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$		371	42	329
H	Stock to be deducted	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$				
H 2	Stock at 1 January	Cuadro 7.11.1	0			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		136,500	15,229	121,271
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1.10$		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total sharps boxes (+10% extra) required	$(I / 100) \times 1.10$		0	0	0
N	Cost of vaccines required	$I \times \text{price of vaccine per dose (g)}$		349,577	39,000	310,577
O	Cost of AD syringes required	$K \times \text{unit price of AD syringes (ca)}$		0	0	0
P	Cost of reconstitution syringes required	$L \times \text{unit price of reconstitution syringes}$		0	0	0
Q	Cost of sharps boxes required	$M \times \text{unit price of sharps boxes (cs)}$		0	0	0
R	Freight cost for vaccines required	$N \times \text{freight cost as \% of value of vaccines (fv)}$		17,479	1,951	15,528
S	Freight cost for devices required	$(O+P+Q) \times \text{freight cost as \% of value of devices (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		367,056	40,950	326,106
U	Total de country financing	$I \times \text{Country co-finance per dose (cc)}$		40,950		
V	Country co-financing as % of GAVI supported proportion	U / T		11.16 %		

Cuadro 7.11.4 Calculation of requirements for: **rotavirus, 1 dose per vial, ORAL**

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	28.35 %		
B	Number of children to be vaccinated with 1st dose	Table 4	142,635	40,439	102,196
C	Number of doses per child	Vaccine parameter (schedule)	2		
D	Number of doses required	$B \times C$	285,270	80,878	204,392
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required, incluyendo la tasa de perdida	$D \times E$	299,534	84,922	214,612
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	373	106	267
H	Stock to be deducted	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$	87,489	24,805	62,684
H 2	Stock at 1 January	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	213,000	60,389	152,611
J	Number of doses per vial	Vaccine parameter de vacuna	1		
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1.10$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total sharps boxes (+10% extra) required	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines required	$I \times \text{price of vaccine per dose (g)}$	543,789	154,172	389,617
O	Cost of AD syringes required	$K \times \text{unit price of AD syringes (ca)}$	0	0	0
P	Cost of reconstitution syringes required	$L \times \text{unit price of reconstitution syringes}$	0	0	0
Q	Cost of sharps boxes required	$M \times \text{unit price of sharps boxes (cs)}$	0	0	0
R	Freight cost for vaccines required	$N \times \text{freight cost as \% of value of vaccines (fv)}$	27,190	7,709	19,481
S	Freight cost for devices required	$(O+P+Q) \times \text{freight cost as \% of value of devices (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	570,979	161,880	409,099
U	Total de Country co-finance	$I \times \text{Country co-finance per dose (cc)}$	161,880		
V	Country co-financing as % of GAVI supported proportion	U / T	28.35 %		

8. Injection safety support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support

Nicaragua is not required to report on the use of HSS funds in 2014.

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

10. Strengthened Involvement of Civil Society Organisations (CSOs): Type A and Type B

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

Nicaragua has received no GAVI TYPE A CSO support

Nicaragua is not reporting on GAVI TYPE A CSO support for 2013

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

Nicaragua has received no GAVI TYPE B CSO support

Nicaragua is not reporting on GAVI TYPE B CSO support for 2013

11. 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

Our comments are given in the comments on the signatures of the ICC.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

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

Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Sectionq	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Firmas Ministros Adj 1 y 2.pdf File desc: Date/time: 16/05/2014 04:59:51 Size: 473 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Firmas Ministros Adj 1 y 2.pdf File desc: Date/time: 16/05/2014 05:02:29 Size: 473 KB
3	Signature of members of ICC	2.2	✓	Firma de CTI - Organizaciones Adj 3 y 4.pdf File desc: Date/time: 16/05/2014 05:10:02 Size: 253 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Reunión 2014 adj5.docx File desc: Date/time: 16/05/2014 05:16:05 Size: 34 KB
5	Signature of members of HSCC	2.3	✗	Not applicable.docx File desc: Date/time: 19/05/2014 05:36:09 Size: 12 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	Not applicable.docx File desc: Date/time: 19/05/2014 05:38:26 Size: 12 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	Not applicable.docx File desc: Date/time: 19/05/2014 05:41:15 Size: 12 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Not applicable.docx File desc: Date/time: 19/05/2014 05:43:24 Size: 12 KB

9	Post Introduction Evaluation Report	7.2.2	✓	Not applicable.docx File desc: Date/time: 19/05/2014 05:47:52 Size: 12 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Not applicable.docx File desc: Date/time: 19/05/2014 05:50:38 Size: 12 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1	✓	Not applicable.docx File desc: Date/time: 19/05/2014 05:52:48 Size: 12 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	Not applicable.docx File desc: Date/time: 19/05/2014 05:58:18 Size: 12 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Informe de Avance VSSM.docx File desc: Date/time: 16/05/2014 05:40:04 Size: 45 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Plan Mejora VSSM 2013.xlsx File desc: Date/time: 16/05/2014 05:46:04 Size: 14 KB
16	Valid cMYP if requesting extension of support	7.8	✗	PlanMultianualPNIal2015.doc File desc: Date/time: 16/05/2014 05:49:17 Size: 2 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	Not applicable.docx File desc: Date/time: 19/05/2014 05:33:44 Size: 12 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Not applicable.docx File desc: Date/time: 19/05/2014 06:00:42 Size: 12 KB

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	Auditoría FONDSALUD 2012.pdf File desc: Date/time: 16/05/2014 05:53:44 Size: 739 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	Not applicable.docx File desc: Date/time: 19/05/2014 06:03:58 Size: 12 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	X	Not applicable.docx File desc: Date/time: 19/05/2014 06:06:18 Size: 12 KB
22	HSS Health Sector review report	9.9.3	X	Not applicable.docx File desc: Date/time: 19/05/2014 06:08:19 Size: 12 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	X	Not applicable.docx File desc: Date/time: 19/05/2014 06:11:24 Size: 12 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	X	Not applicable.docx File desc: Date/time: 19/05/2014 06:13:21 Size: 12 KB
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	X	Not applicable.docx File desc: Date/time: 19/05/2014 06:15:41 Size: 12 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Not applicable.docx File desc: Date/time: 19/05/2014 06:22:48 Size: 12 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	Not applicable.docx File desc: Date/time: 19/05/2014 06:25:34 Size: 12 KB

	Other		X	<p>Consideraciones al Informe Anual de Progreso 2013 - Alianza GAVI UNFPA.eml.msg File desc: Date/time: 16/05/2014 05:21:47 Size: 39 KB</p> <p>Consideraciones al Informe Anual de Progreso 2013 - Alianza GAVI UNICEF.eml.msg File desc: Date/time: 16/05/2014 05:24:12 Size: 716 KB</p> <p>Consideraciones al Informe Anual de Progreso 2013 - Alianza GAVI USAID.eml.msg File desc: Date/time: 16/05/2014 05:27:33 Size: 41 KB</p> <p>Informe Anual de Progreso 2013 - Alianza GAVI AECID.eml.msg File desc: Date/time: 16/05/2014 05:30:47 Size: 59 KB</p> <p>Informe Final Nic. GAVI al 15-05-2014-12mayo.doc File desc: Date/time: 16/05/2014 05:57:32 Size: 2 MB</p> <p>Solicitud de consideraciones al Informe Anual de progreso 2013-Alianza GAVI UNICEF2.eml.msg File desc: Date/time: 16/05/2014 05:18:55 Size: 62 KB</p>

