

Gavi Alliance

# Annual Progress Report **2014**

Submitted by

## The Government of **Nicaragua**

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **15/05/2015:**

**Deadline for submissions: 27/05/2015:**

Please submit APR 2014 using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

The Country confirms that funds provided by the Gavi Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with 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: **2014**

Requesting for support year: **2016**

### 1.1. NVS & INS support

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

**DTP-HepatitisB-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

| Type of Support              | Vaccine                                    | Start year | End year |
|------------------------------|--|------------|----------|
| Routine New Vaccines Support | Pneumococcal (PCV13), 1 doses/vial, LIQUID | 2016       | 2018     |

|                              |                              |      |      |
|------------------------------|------------------------------|------|------|
| Routine New Vaccines Support | Rotavirus, two-dose schedule | 2016 | 2018 |
|------------------------------|------------------------------|------|------|

### 1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

### 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 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).

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 | Name   | Iván Acosta Montalván |
| 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              | General Director of Health Surveillance | (505) 22894700 Ext. 1121 | dgvs@minsa.gob.ni              |
| Engr. Maria de los Angeles Boedeker | Director, External Cooperation          | (505) 22894700 Ext. 1270 | cooperacion@minsa.gob.ni       |
| Dr Carlos Cruz                      | Director General for Health Services    | (505) 22894700 Ext. 1168 | organizaservicios@minsa.gob.ni |

### 2.2. ICC signatures page

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

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

The Gavi Alliance Transparency and Accountability Policy (TAP) is an integral part of Gavi Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the Gavi Alliance have been used for purposes stated within the approved application

and managed in a transparent manner, in accordance with government rules and regulations for financial management.

### 2.2.1. ICC report endorsement

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

| Name/Title              | Agency/Organization | Signature | Date |
|-------------------------|---------------------|-----------|------|
| Socorro Gross Galiano   | PAHO/WHO            |           |      |
| Markus Behrend          | UNFPA               |           |      |
| Philippe Barragne-Bigot | UNICEF              |           |      |
| Gabriel Grau            | USAID               |           |      |

ICC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org). All comments will be treated confidentially.

Comments from Partners:

#### 1.- UNICEF: sent comments that were explained in an attached note.

**Dr María Delia Espinoza**  
**Dr Rafael Amador**

We received the comments you sent to the Annual Progress Report – Gavi 2014. We thank you for your swift response despite the many processes you are occupied with.

Dr Martha Reyes, of the Disease Prevention Directorate, has responded as follows with regard to your comments:

**Point No 1:** It would seem this question has not been answered. Has action been taken or not? Where there vaccine management problems?

**Ministry of Health:** With regard to this question in the form, we answered that scheduling was not affected and for this reason there was no improvement plan, since we cover this with the reserves; however, review is needed with regard to the Rotavirus vaccine.

**Point No 2:** This is a question for the country: is there an interest in multiple presentations for Pentavalent? The response must be Yes, or there is no interest.

**Ministry of Health:** We replied that we do not receive the pentavalent vaccine through Gavi and thus, we specify, but to we will state further that we purchase single doses since this is not a cheap vaccine and this way we avoid wastage.

**Point No 3:** The question is whether there are changes in the plan, execution of an improvement plan having been understood and reported. Why was this marked “not selected” and why were no comments made in the blue strip?

**Ministry of Health:** as may be recalled, the form to fill out for this report is an online form on Gavi’s website, where the topics to be dealt with by the country are identified in the form by indicating the caption **not**

**selected.** However, the country has information to give in this regard, since an Improvement Plan exists for this component.

**Ministry of Health:** We will revise the matter of capital letters in Gavi.

We hope we have responded to your comments and request authorization for your final consent and **time – today –** when we can pass by your office for the **signature of your representative.**

**2.- UNFPA:** sent comments on information pending inclusion. We are attaching a note sent by Engr.

Maria de los Angeles Boedeker, Director for External Cooperation:

Thank you for your valuable and timely comments. Please find attached the latest version of the Annual Progress Report Gavi 2015, which reviews the considerations you have kindly sent us. Among other aspects, we have updated the table in point 5.3.a. As you will recall, this report was posted online. Some sections were filled up by the donor itself, who indicates what aspects our country should fill up and what aspects it should not (in the document attached, these are identified in blue), and hence, we have not filled up those aspects in which the country is not asked for information. I would be grateful for your consent to this latest version. In order to continue the process, I await your confirmation of the time – tomorrow – that would be most convenient for your representative / director to sign the same. Please check whether the name of the organization, the name of the representative, and his/her office are correctly written in the file attached.

**3.- PAHO:** PAHO told us to review point 5.1, Baseline and Annual Targets with regard to the Rotavirus vaccine started in 2014 and to indicate continuance of the dosage schedule. Moreover, it clarifies that the second dose of OPV will be applied at 4 months, the third at 6 months and the booster at 18 months; and as to Table 5.3a, it suggested making adjustments in the financial contribution of PAHO with regard to cold chain equipment and other ordinary expenses. The suggestion was raised for the Ministry of Health to run analyses on the SILAIS and municipality teams for the second stage with regard to progress in meeting commitments on the project indicators for "Health System Strengthening with Emphasis on Immunization". This is already included in the report.

### 2.3. HSCC signatures page

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

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

| Name/Title     | Agency/Organization | Signature | Date |
|----------------|---------------------|-----------|------|
| Not applicable | Not applicable      |           |      |

HSCC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org) All comments will be treated confidentially.

Comments from Partners:

NA. Our support committee is the ICC and internal coordination meetings [take place] with the different programmes, municipalities, SILAIS and the national level of the Ministry of Health.

Comments from the Regional Working Group:

Not applicable

## **2.4. Signatures Page for Gavi Alliance CSO Support (Type A & B)**

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

### 3. Table of contents

This APR reports on *Nicaragua's* activities between January – December 2014 and specifies the requests for the period of January – December 2016

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[10. Comments from ICC/HSCC Chairs](#)

[11. Annexes](#)

[\\$QHJRn7pUPLQRVGHUHIHUHQFLD\\$SR\RDORVVHUYLFLRVGHLQPXQLJDFLyQ](#)

[11.2. Annex 2 – Example income & expenditure ISS](#)

[\\$QHJRn7pUPLQRVGHUHIHUHQFLD\\$SR\RSUDUDHOIRUWDOHFLPLHQWRGHORVVLVWHPDVVDQLWDULRV](#)

[11.4. Annex 4 – Example income & expenditure HSS](#)

[\\$QHJRn7pUPLQRVGHUHIHUHQFLD2UJDQLJDFLRQHVGHODVRFHGDGFLYLO](#)

[11.6. Annex 6 – Example income & expenditure CSO](#)

[12. Attachments](#)



## 4. Baseline & annual targets

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

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

| Number   | Achievements as per JRF                               |          | Targets (preferred presentation)                      |                    |                            |                    |                            |                    |                            |                    |
|--|---|----------|---|--------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|
|  | 2014  |          | 2015  |                    | 2016                       |                    | 2017                       |                    | 2018                       |                    |
|  | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2014 | Current estimation | Previous estimates in 2014 | Current estimation | Previous estimates in 2014 | Current estimation |
| <b>Total births</b>  | 137 651   | 137 631  | 142 635   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| <b>Total infants' deaths</b>   | 1774  | 1988     | 1782  | 1777               |                            | 1758               |                            | 1743               |                            | 1728               |
| <b>Total surviving infants</b>   | 135 877   | 135 643  | 140 853   | 133 876            |                            | 132 476            |                            | 131 333            |                            | 130 200            |
| <b>Total pregnant women</b>  | 171 861   | 171 861  | 150 142   | 173 924            |                            | 173 924            |                            | 173 924            |                            | 173 924            |
| <b>Number of infants vaccinated/to be vaccinated</b>                                       | 137 651   | 159 831  | 142 635   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| <b>BCG coverage[1]</b>   | 100 %   | 116 %    | 100 %   | 100 %              | 0 %                        | 100 %              | 0 %                        | 100 %              | 0 %                        | 100 %              |
| <b>Number of infants vaccinated/to be vaccinated</b>                                       | 137 651   | 149 366  | 141 922   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| <b>OPV3 coverage[2]</b>  | 101 %   | 110 %    | 101 %   | 101 %              | 0 %                        | 101 %              | 0 %                        | 101 %              | 0 %                        | 101 %              |
| <b>Number of infants vaccinated/to be vaccinated[3]</b>                                    | 137 651   | 148 288  | 142 635   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| <b>Number of infants vaccinated/to be vaccinated[3][4]</b>                                 | 137 651   | 149 452  | 142 635   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| <b>DTP3 coverage[2]</b>  | 101 %   | 110 %    | 101 %   | 101 %              | 0 %                        | 101 %              | 0 %                        | 101 %              | 0 %                        | 101 %              |
| <b>Wastage [5] rate in base year and planned thereafter (%) for DTP</b>                    | 5   | 5        | 5   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| <b>Wastage [5] factor in base year and planned thereafter for DTP</b>                      | 1.05  | 1.05     | 1.05  | 0.00               | 1.00                       | 0.00               | 1.00                       | 0.00               | 1.00                       | 0.00               |
| <b>Number of infants vaccinated/to be vaccinated with 1st dose of Pneumococcal (PCV13)</b> | 141 925   | 148 090  | 135 653   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| <b>Number of infants vaccinated/to be vaccinated with 3rd dose of Pneumococcal (PCV13)</b> | 141 925   | 149 090  | 135 653   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| <b>Pneumococcal (PCV13) coverage[2]</b>  | 104 %   | 110 %    | 96 %  | 101 %              | 0 %                        | 101 %              | 0 %                        | 101 %              | 0 %                        | 101 %              |

|   |   |          |   |                    |                            |                    |                            |                    |                            |                    |
|---|---|----------|---|--------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|
| Wastage [5] rate in base year and planned thereafter (%)                  | 5   | 5        | 5   | 5                  | 5                          | 5                  | 5                          | 5                  | 5                          | 5                  |
| Wastage [5] factor in base year and planned thereafter (%)                | 1.05  | 1.05     | 1.05  | 1.05               | 1                          | 1.05               | 1                          | 1.05               | 1                          | 1.05               |
| Number  | Achievements as per JRF                               |          | Targets (preferred presentation)                      |                    |                            |                    |                            |                    |                            |                    |
|   | 2014  |          | 2015  |                    | 2016                       |                    | 2017                       |                    | 2018                       |                    |
|   | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2014 | Current estimation | Previous estimates in 2014 | Current estimation | Previous estimates in 2014 | Current estimation |
| Maximum wastage rate for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 %   | 5 %      | 0 %   | 5 %                | 0 %                        | 5 %                | 0 %                        | 5 %                | 0 %                        | 5 %                |
| Number of infants vaccinated/to be vaccinated with 1st dose of Rotavirus  | 141 925   | 136 408  | 135 653   | 135 653            |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| Number of infants vaccinated/to be vaccinated with 2nd dose of Rotavirus  | 141 925   | 147 498  | 135 653   | 1 356 653          |                            | 134 234            |                            | 133 076            |                            | 131 928            |
| Rotavirus coverage[2]   | 104 %   | 109 %    | 96 %  | 1013 %             | 0 %                        | 101 %              | 0 %                        | 101 %              | 0 %                        | 101 %              |
| Wastage [5] rate in base year and planned thereafter (%)                  | 5   | 5        | 5   | 5                  |                            | 5                  |                            | 5                  |                            | 5                  |
| Wastage [5] factor in base year and planned thereafter (%)                | 1.05  | 1.05     | 1.05  | 1.05               | 1                          | 1.05               | 1                          | 1.05               | 1                          | 1.05               |
| Maximum wastage rate for Rotavirus, 2-dose schedule                       | 0 %   | 5 %      | 0 %   | 5 %                | 0 %                        | 5 %                | 0 %                        | 5 %                | 0 %                        | 5 %                |
| Number of infants vaccinated/to be vaccinated with 1st dose of Measles    | 138 433   | 156 331  | 140 853   | 137 335            |                            | 136 254            |                            | 135 096            |                            | 133 931            |
| Measles coverage[2]   | 102 %   | 115 %    | 100 %   | 103 %              | 0 %                        | 103 %              | 0 %                        | 103 %              | 0 %                        | 103 %              |
| Pregnant women vaccinated with TT+  | 0   | 0        | 0   | 0                  |                            | 0                  |                            | 0                  |                            | 0                  |
| TT+ coverage[7]   | 0 %   | 0 %      | 0 %   | 0 %                | 0 %                        | 0 %                | 0 %                        | 0 %                | 0 %                        | 0 %                |
| Vit A supplement to mothers within 6 weeks from delivery                  | 0   | 0        | 0   | 0                  |                            | 0                  |                            | 0                  |                            | 0                  |
| Vit A supplement to infants after 6 months                                | 615 598   | 746 977  | 611 572   | 758 927            | NA                         | 758 927            | NA                         | 758 927            | NA                         | 758 927            |
| Annual DTP Dropout rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100                  | 0 %   | -1 %     | 0 %   | 0 %                | 0 %                        | 0 %                | 0 %                        | 0 %                | 0 %                        | 0 %                |

[1] Number of infants vaccinated out of total births

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

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

[4] Please make sure that the DTP3 tables are correctly filled out.

[5] 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.

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

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

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

The numbers for 2014 must be consistent with those that the country reported in the WHO/UNICEF Joint Reporting Form (JRF) for 2014. The numbers for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those 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:

#### f Justification for any changes in **births**

With regard to the reported population of infants under one year of age, no changes were made in 2014 but there were changes in 2015, which were in accordance with the population adjustments of the Ministry of Health based on the population data submitted by the National Institute on Development Information (INIDE), to the effect that this year, births are lower than in 2014.

#### f Justification for any changes in **surviving infants**

No changes were made in the population of surviving infants reported for 2014, but there were changes in 2015, in accordance with the population adjustments of the Ministry of Health based on the population data submitted by the National Institute on Development Data (INIDE), to the effect that this year, births are lower than in 2014.

#### f 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 supporting documentation for IPV must also be facilitated as attachment(s) to the APR to justify ANY change in the target population.**

The BCG target remains at 100% of expected live births.

There were no changes to the immunization targets reported in 2014 for OPV, pentavalent, rotavirus and pneumococcal in infants under one and for MMR in children aged one. However, there were changes in the 2015 target with regard to the population projections made by the Ministry of Health based on the population data submitted by the National Institute on Development Data (INIDE), which had already determined lower projections for 2015.

The Rotavirus vaccine target for 2015 is set at 100%. This year, three-dose schedules begun in 2014 will be completed and the new two-dose schedule will be continued.

The introduction of one dose of IPV at two months of age is programmed for October 2015 to complete the schedule for infants under one. OPV will be administered for the second and third doses.

#### f Justification for any changes in **wastage by vaccine**

No changes were made. The wastage of 5% estimated by Gavi is used for single-dose vaccines.

### 5.2. Monitoring the Implementation of Gavi Gender Policy

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **No, not 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          |
| Not applicable | Not applicable              | Not applicable         | Not applicable |

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

This is not applicable to the country due to the immunization programme criterion of universal coverage.

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

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

The Institutional Plan of Nicaragua lays down a line of equity for both sexes in the population's access to health and in the immunization programme. The current immunization programme covers all age groups, including pregnant women, boys and girls under five, of school-going age, adolescents and adults, without gender differences.

Although data is not recorded by sex in the administrative records, there is a monitoring book on the local level that keeps track of the current country schedule and enables manual recording of immunization histories by name, for newborn children up to adults. In addition, it facilitates monitoring of schedule compliance.

### 5.3. Overall Expenditures and Financing for Immunization

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

|                    |               |
|--------------------|---------------|
| Exchange rate used | 1 US\$ = 26.5 |
|--------------------|---------------|

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

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

| Expenditures by Category  | Expenditure Year | Funding source |           |        |         |                |                |                |
|---|------------------|----------------|-----------|--------|---------|----------------|----------------|----------------|
|   |                  | Country        | Gavi      | UNICEF | WHO     | Other agencies | Not applicable | Not applicable |
| Traditional Vaccines*   | 5 508 520        | 5 508 520      | 0         | 0      | 0       | 0              | 0              | 0              |
| New and underused Vaccines**                                      | 2 658 497        | 0              | 2 518 461 | 0      | 0       | 140 036        | 0              | 0              |
| Injection supplies (both AD syringes and syringes other than ADs) | 535 958          | 535 958        | 0         | 0      | 0       | 0              | 0              | 0              |
| Cold chain equipment  | 291 661          | 0              | 250 000   | 0      | 28 772  | 12 889         | 0              | 0              |
| Personnel   | 5 000 000        | 5 000 000      | 0         | 0      | 0       | 0              | 0              | 0              |
| Other routine recurrent costs                                     | 742 560          | 0              | 512 069   | 0      | 213 876 | 16 615         | 0              | 0              |

|                                     |            |               |              |   |         |         |   |   |
|-------------------------------------|------------|---------------|--------------|---|---------|---------|---|---|
| Other Capital Costs                 | 0          | 0             | 0            | 0 | 0       | 0       | 0 | 0 |
| Campaign costs                      | 703 347    | 615 972       | 0            | 0 | 17 147  | 70 228  | 0 | 0 |
| Not applicable                      |            | 0             | 0            | 0 | 0       | 0       | 0 | 0 |
|                                     |            |               |              |   |         |         |   |   |
| Total Expenditures for Immunization | 15 440 543 |               |              |   |         |         |   |   |
|                                     |            |               |              |   |         |         |   |   |
| Total Government Health             |            | 11 660<br>450 | 3 280<br>530 | 0 | 259 795 | 239 768 | 0 | 0 |

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

#### 5.4. Interagency Coordinating Committee (ICC)

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

Please attach the minutes (**Document 4**) from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Baseline and annual targets](#) to [5.3. Overall Expenditures and Financing for Immunization](#)

The comments relate to committee operation during the year.

Are any Civil Society Organisations members of the ICC?

**No**

If Yes, which ones?

|                                       |
|---------------------------------------|
| <b>List CSO member organisations:</b> |
| Not applicable                        |

#### 5.5. Priority actions in 2015 to 2016

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



**Based on our cMYP, which covers the period from 2009 to 2015, the objectives established are:**

- To achieve and maintain immunization coverage equal to or greater than 95% in all municipalities, giving priority to the municipalities with non-useful coverage rates.
- To guarantee the systematic and effective delivery of quality immunization services with human warmth within the framework of integrated health care.
- To achieve and maintain an epidemiological surveillance system with the capacity to detect and adequately investigate any suspect case of vaccine-preventable disease (VPD), as well as immediately implement the appropriate response and control measures.
- To guarantee the operation of sentinel surveillance on new vaccines, Rotavirus and Pneumococcal.
- To strengthen the internship component of safe immunization, the cold chain, proper immunization techniques, the proper disposal of waste and research on adverse events following immunization (AEFIs)
- To protect the goals achieved in the control and elimination of vaccine-preventable diseases
- To promote broad inter-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 immunization programme to improve their performance and attain programme objectives.
- To improve information quality and strengthen analysis capacity and the use of data to focus initiatives in the risk areas.
- To support the conduct of scientific operational studies related to the field of immunization.
- To expand and strengthen the cold chain.
- To develop Information, Education and Communication (IEC) plans on the local level.

**Priority Initiatives:**

- o Defining risk territories within the priority municipalities, activity planning and municipal and departmental monitoring of the strategies to improve coverage; strengthening the technical and management skills of EPI staff on all levels; monitoring of information system operation and data quality.
- o Strengthening the epidemiological surveillance system on VPDs and adverse effects following immunization (AEFIs), including surveillance over new vaccines; strengthening of immunization safety practices; strengthening the use and operation of the vaccine and supplies inventory system; expansion and strengthening of the cold chain; implementation of effective vaccine management.
- o Monitoring of the implementation of updated EPI standards.
- o Developing of a sustainability plan for the process of eliminating measles, rubella and CRS and eradicating polio; developing a local IEC plan; strengthening of organized community EPI support skills; training supervision over all EPI components; six-monthly evaluation of the progress of priority components; operative research to improve programme components.

## 5.6. Progress of transition plan for injection safety

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

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

| Vaccine                | Types of syringe used in 2014 routine EPI | Funding Sources of 2014 |
|------------------------|---|-------------------------|
| BCG                    | 0.5cc x 27G x 3/8 AD syringes             | Government funds        |
| Measles                | 0.5cc x 25G x 5/8 AD syringes             | Government Funds        |
| TT                     | 0.5cc x 22G x 1/2 AD syringes             | Government Funds        |
| Vaccine containing DTP | 0.5cc x 23G x 1 AD syringes               | Government Funds        |
| IPV                    | 0.5cc x 23 G x 1 AD syringes              | Gavi funds              |

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)

An injection safety standard exists and is included among the standards of the immunization programme, along with a plan that covers staff training, supervision, monitoring and evaluation of outcomes. No obstacles to the implementation of this injection safety standard have been found.

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

The syringes used in the EPI by all the health units are disposed of immediately in sharps boxes. The problems encountered are related to the process of final disposal, due to the insufficient volume of incinerators in the health units, the difficulties of maintenance, or their absence. Orientation tends toward joint work with sanitation personnel and the municipal authorities to ensure proper final waste disposal. In those units where no incineration is done, syringes are burned inside the sharps boxes and buried.

## 6. Immunization Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2014

Nicaragua is not reporting on Immunization Services Support (ISS) fund utilisation in 2014

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

Nicaragua is not reporting on Immunization Services Support (ISS) fund utilisation in 2014

### 6.3. Request for ISS reward

Request for ISS reward is not applicable to Nicaragua in 2014



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

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

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

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

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

|                      | (A)                                     | [ B ]                                    | [ C ]  |  |
|----------------------|---|--|--|--|
| Vaccine type         | Total doses for 2014 in Decision Letter | Total doses received by 31 December 2014 | Total doses postponed from previous years and received in 2014 | Did the country experience any stockouts at any level in 2014? |
| Pneumococcal (PCV13) | 453 300                                 | 453 600                                  | 36 000   | No   |
| Rotavirus            | 244 500                                 | 241 700                                  | 0  | No   |

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

*f* 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? ...)

300 doses more than programmed were received for Pneumococcal and 2800 less for Rotavirus, which did not affect scheduled immunization due to the existing reserves of these vaccines.

*f* 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.**

Since we have had no stockout problems, no improvement plan has been drawn up. However, we consider it necessary to review the Rotavirus received in 2014. Our infant group consisted of 137 631 boys and girls needing two doses, which comes up to a need for 275 262 doses, plus the 5% wastage. The total vaccine requirement was for 289 025 doses.

What we received consisted of 241 700 doses, for a difference of -47 325 doses, and although we had no stockout, approval of less than the requirement decreases our reserves and exposes us to the possibility of a stockout problem over the short term. Currently, we have two months of reserves in this vaccine, instead of the minimum three-month margin that the country establishes.

It is also necessary to review the amount approved for 2015, which was less than the amount required for both vaccines. An official notice will be sent for review, as this affects our existing reserves and hence affects compliance of the commitment to protect our children.

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.

There was no stockout on any level in 2014.

## 7.2. Introduction of a New Vaccine in 2014

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

| Pneumococcal (PCV13), 1 doses/vial, LIQUID                                     |     |   |
|--|-----|---|
| Nationwide introduction  | No  |   |
| Phased introduction  | No  |   |
| The time and scale of introduction was as planned in the proposal? If No, Why? | Yes | Not applicable because this vaccine was introduced in 2014. |

When is the Post introduction evaluation (PIE) planned? **August 2016**

| Rotavirus, 1 dose(s) per vial, ORAL  |    |  |
|--|----|--|
| Nationwide introduction  | No | 02/11/2015:  |
| Phased introduction  | No |  |
| The time and scale of introduction was as planned in the proposal? If No, Why? | No | There was no introduction but the Rotavirus immunization schedule was changed from 3 to 2 doses. |

When is the Post introduction evaluation (PIE) planned? **February 2017**

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

Evaluation was not conducted. It will be conducted in 2017, as related to the change from 3 doses to 2.

### 7.2.3. Adverse Events Following Immunization (AEFI)

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

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

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

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

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

### 7.2.4. Surveillance

Does your country conduct sentinel surveillance

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

b. paediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes** Does your country conduct special studies around: a. rotavirus diarrhoea? **No**

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

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

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

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

Sentinel surveillance outcomes relate to the incidence of these diseases, their mortality, and whether or not boys and girls are vaccinated; they indirectly assess immunization coverage and whether or not microorganisms contained in these vaccines are being isolated.

### 7.3. New Vaccine Introduction Grant lump sums 2014

#### 7.3.1. Financial Management Reporting

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

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

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

#### 7.3.2. Programmatic Reporting

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

No new vaccine was introduced in 2014 and we did not receive any grant.

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

No new vaccine was introduced in 2014.

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

No new vaccine was introduced in 2014 nor did we receive any grant.

### 7.4. Report on country co-financing in 2014

**Table 7.4:** Five questions on country co-financing

| Co-Financed Payments   | Q.1: What were the actual co-financed amounts and doses in 2014? |                       |
|--|--|-----------------------|
|  | Total Amount in US\$   | Total Amount in Doses |
| Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, LIQUID | 208 500  | 57 100                |
| Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL        | 69 222   | 30 000                |
|  |  |                       |

|  |   |                              |
|--|---|------------------------------|
|  | <b>Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?</b>   |                              |
| Government   | 100 % government funds: US\$ 208 500 for Pneumococcal (this amount includes syringes and sharps boxes) and US\$ 69 222 for Rotavirus.                                       |                              |
| Donor  | Not used  |                              |
| Other  | Not used  |                              |
|  |   |                              |
|  | <b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>  |                              |
| <b>Co-Financed Payments</b>                                    | <b>Total Amount in US\$</b>   | <b>Total Amount in Doses</b> |
| Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, LIQUID | 208 500   | 59 800                       |
| Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL        | 0   | 0                            |
|  |   |                              |
|  | <b>Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding</b>   |                              |
| <b>Schedule of Co-Financing Payments</b>                       | <b>Proposed Payment Date for 2016</b>   | <b>Funding source</b>        |
| Awarded Vaccine #1: Pneumococcal (PCV13), 1 doses/vial, LIQUID | December  | Government funds             |
| Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL        | December  | Government funds             |
|  |   |                              |
|  | <b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b> |                              |
|  | Not applicable The country has defined gradual financing for the new vaccines in the schedule up to such a time as when it can assume 100% of them.                         |                              |

\*Note: Co-financing is not obligatory for IPV

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/programmes\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html)

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

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

**November 2012** 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**)

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

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

If yes, provide details

In November 2012, the international evaluation on vaccine, syringe and supply inventory management and control was conducted in relation to the cold chain (storage and handling of the vaccines). The vaccine banks were found compliant with the requirements necessary to guarantee the cold chain and there were human resources trained in the handling, preventive and corrective maintenance of cold rooms and refrigeration equipment. Temperature monitoring was compliant, meeting the ranges established to guarantee the proper conservation of vaccines; the vaccine storerooms visited had an emergency plan in case of power outage and majority are equipped with temperature control.

As regards vaccine and supplies inventory, the main conclusions were that the implementation of the vaccine and supplies inventory system has improved the vaccine stock management and control processes of the National Immunization Programme and that it is a useful, effective and reliable tool combining all the processes into a single database. Notable progress was observed in its use, which provides information for managing the reception, storage and dispatch of vaccines and has allowed for an improvement in the management of this work area.

As for the improvement plan, it is attached as an annex along with its compliance report.

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

## **7.6. Monitoring Gavi Support for Preventive Campaigns in 2014**

Nicaragua is not reporting on the NVS Preventive campaign

## **7.7. Change of vaccine presentation**

Nicaragua does not require changes in any of the vaccine presentation(s) for future years.

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

If **2015** 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 **2016** and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of Gavi support for the years **2016** to **2018** for the following vaccines:

\* **Pneumococcal (PCV13), 1 dose(s)/vial, LIQUID**

\* **Rotavirus, two-dose schedule**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

\* **Pneumococcal (PCV13), 1 dose(s)/vial, LIQUID**

\* **Rotavirus, two-dose schedule**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2018, which is attached to this APR (Document No **16**). The new costing tool is also attached (Document No **17**) for the following vaccines:

\* **Pneumococcal (PCV13), 1 doses/vial, LIQUID**

\* **Rotavirus, two-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No **18**)

\* **Pneumococcal (PCV13), 1 doses/vial, LIQUID**

\* **Rotavirus, two-dose schedule**

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

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

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

The country confirms its request for continuity of co-financing up to 2018.

## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1** Commodities Cost

Estimated prices of supply are not disclosed.

**Table 7.10.2** Freight Cost

| Vaccine Antigens                             | Vaccine Types                                | 2009   | 2010   | 2011   | 2012 | 2013 | 2014   | 2015   |
|--|--|--------|--------|--------|------|------|--------|--------|
| Pneumococcal (PCV13), 1 dose(s)/vial, LIQUID | Pneumococcal (PCV13), 1 dose(s)/vial, LIQUID |        |        |        |      |      | 5.90 % | 6.00 % |
| Rotavirus, two-dose schedule                 | Rotavirus, two-dose schedule                 |        |        |        |      |      | 3.90 % |        |
| Vaccine Antigens                             | Vaccine Types                                | 2016   | 2017   | 2018   |      |      |        |        |
| Pneumococcal (PCV13), 1 dose(s)/vial, LIQUID | Pneumococcal (PCV13), 1 dose(s)/vial, LIQUID | 5.90 % | 6.00 % | 6.10 % |      |      |        |        |
| Rotavirus, two-dose schedule                 | Rotavirus, two-dose schedule                 |        |        |        |      |      |        |        |

## 7.11. Calculation of requirements

**Table 7.11.1:** Specifications for **Pneumococcal (PCV13), 1 dose(s)/vial, LIQUID**

| ID   | Source    |   | 2014     | 2015    | 2016     | 2017     | 2018     | TOTAL   |
|--|-----------|---|----------|---------|----------|----------|----------|---------|
| Number of surviving infants                                | Parameter | # | 135 877  | 140 853 | 132 476  | 131 333  | 130 200  | 670 739 |
| Number of children to be vaccinated with the first dose    | Parameter | # | 141 925  | 135 653 | 134 234  | 133 076  | 131 928  | 676 816 |
| Number of children to be vaccinated with the third dose    | Parameter | # | 141 925  | 135 653 | 134 234  | 133 076  | 131 928  | 676 816 |
| Immunization coverage with the third dose                  | Parameter | % | 104.45 % | 96.31 % | 101.33 % | 101.33 % | 101.33 % |         |
| Number of doses per child                                  | Parameter | # | 3        | 3       | 3        | 3        | 3        |         |
| Estimated vaccine wastage factor                           | Parameter | # | 1.05     | 1.05    | 1.05     | 1.05     | 1.05     |         |
| Stock in Central Store 31 December 2014                    |           | # | 110 064  |         |          |          |          |         |
| Stock across second level 31 December 2014 (if available)* |           | # |          |         |          |          |          |         |
| Stock across third level 31 December 2014 (if available)*  | Parameter | # |          |         |          |          |          |         |
| No. of doses per vial                                      | Parameter | # |          | 1       | 1        | 1        | 1        |         |
| AD syringes required                                       | Parameter | # |          | Yes     | Yes      | Yes      | Yes      |         |
| Reconstitution syringes required                           | Parameter | # |          | No      | No       | No       | No       |         |

|    |  |           |    |  |        |        |        |        |
|----|--|-----------|----|--|--------|--------|--------|--------|
|    | <b>Safety boxes required</b>                 | Parameter | #  |  | Yes    | Yes    | Yes    | Yes    |
| cc | <b>Country co-financing per dose</b>         | Parameter | \$ |  | 1.03   | 1.58   | 2.13   | 2.69   |
| ca | <b>AD syringe price per unit</b>             | Parameter | \$ |  | 0.0448 | 0.0448 | 0.0448 | 0.0448 |
| cr | <b>Reconstitution syringe price per unit</b> | Parameter | \$ |  | 0      | 0      | 0      | 0      |
| cs | <b>Safety box price per unit</b>             | Parameter | \$ |  | 0.0054 | 0.0054 | 0.0054 | 0.0054 |
| fv | <b>Freight cost as % of vaccines value</b>   | Parameter | %  |  | 6.00 % | 5.90 % | 6.00 % | 6.10 % |

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

Please describe the method used for stock count in the text box below. We assume the closing stock (31 December 2014) is the same as the opening stock (01 January 2015). If there is a difference, please provide details in the text box below:

The vaccine stock count is provided by the inventory system used by the immunization programme on the national scale: Vaccination Supplies Stock Management (VSSM version 4.7). There is no difference in stocks as of 31 December 2014 and 01 January 2015.

NB: As regards co-financing, in a note received on 13 January 2014 regarding the eligibility of Nicaragua for Gavi support and country co-financing, the co-financing reported for Pneumococcal (PCV13) was lower: 1.50, 2.02 and 2.54

### Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

| Co-financing group                              | Graduating |      |      |      |      |
|---|------------|------|------|------|------|
|   | 2014       | 2015 | 2016 | 2017 | 2018 |
| <b>Minimum co-financing</b>                     | 0.40       | 1.03 | 1.58 | 2.13 | 2.69 |
| <b>Recommended co-financing as per APR 2013</b> |            |      | 1.58 | 2.13 | 2.69 |
| <b>Your co-financing</b>                        | 0.46       | 1.03 | 1.58 | 2.13 | 2.69 |



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

|                | Formula   | 2014   | 2015    |            |      |
|----------------|---|--|---------|------------|------|
|                |   |  | Total   | Government | Gavi |
| A              | Country co-finance                                      | V  |         |            |      |
| B              | Number of children to be vaccinated with the first dose | Table 4:   | 141 925 | 135 653    |      |
| C              | Number of doses per child                               | Vaccine parameter (schedule)   | 3       | 3          |      |
| D              | Number of doses needed                                  | $B \times C$   | 425 775 | 406 959    |      |
| E              | Estimated vaccine wastage factor                        | Table 4:   | 1.05    | 1.05       |      |
| F              | Number of doses needed including wastage                | $D \times E$   |         | 427 307    |      |
| G              | Vaccines buffer stock                                   | <b>Buffer on doses needed + buffer on doses wasted</b><br><b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$<br><b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$ |         |            |      |
| H              | Stock to be deducted                                    | $H_2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$  |         |            |      |
| H <sub>2</sub> | Stock on January 1st                                    | Table 7.11.1:  | 75 521  | 110 064    |      |
| I              | Total vaccine doses needed                              | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$  |         | 370 800    |      |
| J              | No. of doses per vial                                   | Vaccine Parameter  |         |            |      |
| K              | Number of AD syringes (+ 10% wastage) needed            | $(D + G - H) \times 1.10$  |         |            |      |
| L              | Reconstitution syringes (+ 10% wastage) needed          | $(I / J) \times 1.10$  |         |            |      |
| M              | Total of safety boxes (+ 10% of extra need) needed      | $(I / 100) \times 1.10$  |         |            |      |
| N              | Cost of vaccines needed                                 | $I \times \text{vaccine price per dose (g)}$   |         |            |      |
| O              | Cost of AD syringes needed                              | $K \times \text{AD syringe price per unit (ca)}$   |         |            |      |
| P              | Cost of reconstitution syringes needed                  | $L \times \text{reconstitution price per unit (cr)}$   |         |            |      |
| Q              | Cost of safety boxes needed                             | $M \times \text{safety box price per unit (cs)}$   |         |            |      |
| R              | Freight cost for vaccines needed                        | $N \times \text{freight cost as of \% of vaccines value (fv)}$   |         |            |      |
| S              | Freight cost for devices needed                         | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$   |         |            |      |
| T              | Total fund needed                                       | $(N+O+P+Q+R+S)$  |         |            |      |
| U              | Total country co-financing                              | $I \times \text{country co-financing per dose (cc)}$   |         |            |      |
| V              | Country co-financing % of Gavi-supported proportion     | $U / T$  |         |            |      |

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

|        |   | Formula  | 2016      |            |         |
|--------|---|--|-----------|------------|---------|
|        |   |  | Total     | Government | Gavi    |
| A      | Country co-finance                                      | V  | 43.60 %   |            |         |
| B      | Number of children to be vaccinated with the first dose | Table 4:   | 134 234   | 58 521     | 75 713  |
| C      | Number of doses per child                               | Vaccine parameter (schedule)   | 3         |            |         |
| D      | Number of doses needed                                  | $B \times C$   | 402 702   | 175 563    | 227 139 |
| E      | Estimated vaccine wastage factor                        | Table 4:   | 1.05      |            |         |
| F      | Number of doses needed including wastage                | $D \times E$   | 422 838   | 184 341    | 238 497 |
| G      | Vaccines buffer stock                                   | <b>Buffer on doses needed + buffer on doses wasted</b><br><b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$<br><b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$ | - 1117    | - 486      | - 631   |
| H      | Stock to be deducted                                    | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$   | 3238      | 1412       | 1826    |
| H<br>2 | Stock on January 1st                                    | Table 7.11.1:  |           |            |         |
| I      | Total vaccine doses needed                              | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$  | 419 400   | 182 843    | 236 557 |
| J      | No. of doses per vial                                   | Vaccine Parameter  | 1         |            |         |
| K      | Number of AD syringes (+ 10% wastage) needed            | $(D + G - H) \times 1.10$  | 438 182   | 191 031    | 247 151 |
| L      | Reconstitution syringes (+ 10% wastage) needed          | $(I / J) \times 1.10$  | 0         | 0          | 0       |
| M      | Total of safety boxes (+ 10% of extra need) needed      | $(I / 100) \times 1.10$  | 4614      | 2012       | 2602    |
| N      | Cost of vaccines needed                                 | $I \times \text{vaccine price per dose (g)}$   | 1 416 734 | 617 642    | 799 092 |
| O      | Cost of AD syringes needed                              | $K \times \text{AD syringe price per unit (ca)}$   | 19 631    | 8559       | 11 072  |
| P      | Cost of reconstitution syringes needed                  | $L \times \text{reconstitution price per unit (cr)}$   | 0         | 0          | 0       |
| Q      | Cost of safety boxes needed                             | $M \times \text{safety box price per unit (cs)}$   | 26        | 12         | 14      |
| R      | Freight cost for vaccines needed                        | $N \times \text{freight cost as \% of vaccines value (fv)}$  | 83 588    | 36 442     | 47 146  |
| S      | Freight cost for devices needed                         | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$   | 0         | 0          | 0       |
| T      | Total fund needed                                       | $(N+O+P+Q+R+S)$  | 1 519 979 | 662 652    | 857 327 |
| U      | Total country co-financing                              | $I \times \text{country co-financing per dose (cc)}$   | 662 652   |            |         |
| V      | Country co-financing % of Gavi-supported proportion     | $U / T$  | 43.60 %   |            |         |

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

|                |   | Formula   | 2017      |            |         |
|----------------|---|---|-----------|------------|---------|
|                |   |   | Total     | Government | Gavi    |
| A              | Country co-finance                                      | V   | 59.65 %   |            |         |
| B              | Number of children to be vaccinated with the first dose | Table 4:  | 133 076   | 79 382     | 53 694  |
| C              | Number of doses per child                               | Vaccine parameter (schedule)  | 3         |            |         |
| D              | Number of doses needed                                  | $B \times C$  | 399 228   | 238 144    | 161 084 |
| E              | Estimated vaccine wastage factor                        | Table 4:  | 1.05      |            |         |
| F              | Number of doses needed including wastage                | $D \times E$  | 419 190   | 250 051    | 169 139 |
| G              | Vaccines buffer stock                                   | <b>Buffer on doses needed + buffer on doses wasted</b><br><i>Buffer on doses needed = (D - D of previous year original approved) x 0,25</i><br><i>Buffer on doses wasted = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25</i> | 99 764    | 59 511     | 40 253  |
| H              | Stock to be deducted                                    | $H_2$ of previous year - $0.25 \times F$ of previous year   |           |            |         |
| H <sub>2</sub> | Stock on January 1st                                    | Table 7.11.1:   |           |            |         |
| I              | Total vaccine doses needed                              | Round up( $(F + G - H) /$ vaccine package size) x vaccine package size  | 520 200   | 310 305    | 209 895 |
| J              | No. of doses per vial                                   | Vaccine Parameter   | 1         |            |         |
| K              | Number of AD syringes (+ 10% wastage) needed            | $(D + G - H) \times 1.10$   | 548 892   | 327 420    | 221 472 |
| L              | Reconstitution syringes (+ 10% wastage) needed          | $(I / J) \times 1.10$   | 0         | 0          | 0       |
| M              | Total of safety boxes (+ 10% of extra need) needed      | $(I / 100) \times 1.10$   | 5723      | 3414       | 2309    |
| N              | Cost of vaccines needed                                 | $I \times$ vaccine price per dose (g)   | 1 729 145 | 1 031 451  | 697 694 |
| O              | Cost of AD syringes needed                              | $K \times$ AD syringe price per unit (ca)   | 24 591    | 14 669     | 9922    |
| P              | Cost of reconstitution syringes needed                  | $L \times$ reconstitution price per unit (cr)   | 0         | 0          | 0       |
| Q              | Cost of safety boxes needed                             | $M \times$ safety box price per unit (cs)   | 32        | 20         | 12      |
| R              | Freight cost for vaccines needed                        | $N \times$ freight cost as % of vaccines value (fv)<br>fv   | 103 749   | 61 888     | 41 861  |
| S              | Freight cost for devices needed                         | $(O+P+Q) \times$ freight cost as % of devices value (fd)  | 0         | 0          | 0       |
| T              | Total fund needed                                       | $(N+O+P+Q+R+S)$   | 1 857 517 | 1 108 026  | 749 491 |
| U              | Total country co-financing                              | $I \times$ country co-financing per dose (cc)   | 1 108 026 |            |         |
| V              | Country co-financing % of Gavi-supported proportion     | $U / T$   | 59.65 %   |            |         |

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

|                |   | Formula  | 2018      |            |         |
|----------------|---|--|-----------|------------|---------|
|                |   |  | Total     | Government | Gavi    |
| A              | Country co-finance                                      | V  | 76.49 %   |            |         |
| B              | Number of children to be vaccinated with the first dose | Table 4:   | 131 928   | 100 910    | 31 018  |
| C              | Number of doses per child                               | Vaccine parameter (schedule)   | 3         |            |         |
| D              | Number of doses needed                                  | $B \times C$   | 395 784   | 302 728    | 93 056  |
| E              | Estimated vaccine wastage factor                        | Table 4:   | 1.05      |            |         |
| F              | Number of doses needed including wastage                | $D \times E$   | 415 574   | 317 865    | 97 709  |
| G              | Vaccines buffer stock                                   | <b>Buffer on doses needed + buffer on doses wasted</b><br><b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$<br><b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$ | 98 903    | 75 650     | 23 253  |
| H              | Stock to be deducted                                    | $H_2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$  |           |            |         |
| H <sub>2</sub> | Stock on January 1st                                    | Table 7.11.1:  |           |            |         |
| I              | Total vaccine doses needed                              | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$  | 514 800   | 393 761    | 121 039 |
| J              | No. of doses per vial                                   | Vaccine Parameter  | 1         |            |         |
| K              | Number of AD syringes (+ 10% wastage) needed            | $(D + G - H) \times 1.10$  | 544 156   | 416 215    | 127 941 |
| L              | Reconstitution syringes (+ 10% wastage) needed          | $(I / J) \times 1.10$  | 0         | 0          | 0       |
| M              | Total of safety boxes (+ 10% of extra need) needed      | $(I / 100) \times 1.10$  | 5663      | 4332       | 1331    |
| N              | Cost of vaccines needed                                 | $I \times \text{vaccine price per dose (g)}$   | 1 683 396 | 1 287 598  | 395 798 |
| O              | Cost of AD syringes needed                              | $K \times \text{AD syringe price per unit (ca)}$   | 24 379    | 18 648     | 5731    |
| P              | Cost of reconstitution syringes needed                  | $L \times \text{reconstitution price per unit (cr)}$   | 0         | 0          | 0       |
| Q              | Cost of safety boxes needed                             | $M \times \text{safety box price per unit (cs)}$   | 31        | 24         | 7       |
| R              | Freight cost for vaccines needed                        | $N \times \text{freight cost as \% of vaccines value (fv)}$  | 102 688   | 78 545     | 24 143  |
| S              | Freight cost for devices needed                         | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$   | 0         | 0          | 0       |
| T              | Total fund needed                                       | $(N+O+P+Q+R+S)$  | 1 810 494 | 1 384 812  | 425 682 |
| U              | Total country co-financing                              | $I \times \text{country co-financing per dose (cc)}$   | 1 384 812 |            |         |
| V              | Country co-financing % of Gavi-supported proportion     | $U / T$  | 76.49 %   |            |         |

|    |                                       |           |    |        |            |        |        |  |
|----|---------------------------------------|-----------|----|--------|------------|--------|--------|--|
| ca | AD syringe price per unit             | Parameter | \$ | 0.0448 | 0.0448     | 0.0448 | 0.0448 |  |
| cr | Reconstitution syringe price per unit | Parameter | \$ | 0      | ceciliaCe0 | 0      | 0      |  |
| cs | Safety box price per unit             | Parameter | \$ | 0.0054 | 0.0054     | 0.0054 | 0.0054 |  |
| fv | Freight cost as % of vaccines value   | Parameter | %  |        |            |        |        |  |

Table 7.11.1: Specifications for Rotavirus, two-dose schedule

| ID | Source   |           | 2014 | 2015     | 2016    | 2017     | 2018     | TOTAL    |         |
|----|--|-----------|------|----------|---------|----------|----------|----------|---------|
|    | Number of surviving infants                                | Parameter | #    | 135 877  | 140 853 | 132 476  | 131 333  | 130 200  | 670 739 |
|    | Number of children to be vaccinated with the first dose    | Parameter | #    | 141 925  | 135 653 | 134 234  | 133 076  | 131 928  | 676 816 |
|    | Number of children to be vaccinated with the second dose   | Parameter | #    | 141 925  | 135 653 | 134 234  | 133 076  | 131 928  | 676 816 |
|    | Immunization coverage with the second dose                 | Parameter | %    | 104.45 % | 96.31 % | 101.33 % | 101.33 % | 101.33 % |         |
|    | Number of doses per child                                  | Parameter | #    | 2        | 2       | 2        | 2        | 2        |         |
|    | Estimated vaccine wastage factor                           | Parameter | #    | 1.05     | 1.05    | 1.05     | 1.05     | 1.05     |         |
|    | Stock in Central Store 31 December 2014                    |           | #    | 222 553  |         |          |          |          |         |
|    | Stock across second level 31 December 2014 (if available)* |           | #    |          |         |          |          |          |         |
|    | Stock across third level 31 December 2014 (if available)*  | Parameter | #    |          |         |          |          |          |         |
|    | No. of doses per vial                                      | Parameter | #    |          | 1       | 1        | 1        | 1        |         |
|    | AD syringes required                                       | Parameter | #    |          | No      | No       | No       | No       |         |
|    | Reconstitution syringes required                           | Parameter | #    |          | No      | No       | No       | No       |         |
|    | Safety boxes required                                      | Parameter | #    |          | No      | No       | No       | No       |         |
| cc | Country co-financing per dose                              | Parameter | \$   |          | 0.76    | 1.14     | 1.51     | 1.88     |         |

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

The vaccine stock count is provided by the inventory system used by the immunization programme on the national scale: Vaccination Supplies Stock Management (VSSM version 4.7). There is no difference in stocks as of 31 December 2014 and 01 January 2015.

Note on Rotavirus stocks: These stocks include doses for the 3-dose and 2-dose schedules.

### Maximum wastage rate for Rotavirus, 2-dose schedule

| Co-financing group   | Graduating | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------------------|------------|------|------|------|------|------|
| Minimum co-financing |            | 0.30 | 0.76 | 1.13 | 1.51 | 1.88 |

|   |      |      |      |      |      |
|---|------|------|------|------|------|
| <b>Recommended co-financing<br/>as per APR 2013</b> |      |      | 1.13 | 1.51 | 1.88 |
| <b>Your co-financing</b>                            | 0.30 | 0.76 | 1.14 | 1.51 | 1.88 |

|        |   | Formula  | 2014    | 2015    |            |      |
|--------|---|--|---------|---------|------------|------|
|        |   |  |         | Total   | Government | Gavi |
| A      | Country co-finance                                      | V  |         |         |            |      |
| B      | Number of children to be vaccinated with the first dose | Table 4:   | 141 925 | 135 653 |            |      |
| C      | Number of doses per child                               | Vaccine parameter (schedule)   | 2       | 2       |            |      |
| D      | Number of doses needed                                  | $B \times C$   | 283 850 | 271 306 |            |      |
| E      | Estimated vaccine wastage factor                        | Table 4:   | 1.05    | 1.05    |            |      |
| F      | Number of doses needed including wastage                | $D \times E$   |         | 284 872 |            |      |
| G      | Vaccines buffer stock                                   | <b>Buffer on doses needed + buffer on doses wasted</b><br><b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$<br><b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$ |         |         |            |      |
| H      | Stock to be deducted                                    | $H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$   |         |         |            |      |
| H<br>2 | Stock on 01 January                                     | Table 7.11.1:  | 192 825 | 222 553 |            |      |
| I      | Total vaccine doses needed                              | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$  |         | 240 000 |            |      |
| J      | No. of doses per vial                                   | Vaccine Parameter  |         |         |            |      |
| K      | Number of AD syringes (+ 10% wastage) needed            | $(D + G - H) \times 1.10$  |         |         |            |      |
| L      | Reconstitution syringes (+ 10% wastage) needed          | $(I / J) \times 1.10$  |         |         |            |      |
| M      | Total of safety boxes (+ 10% of extra need) needed      | $(K + L) / 100 \times 1.10$  |         |         |            |      |
| N      | Cost of vaccines needed                                 | $I \times \text{vaccine price per dose (g)}$   |         |         |            |      |
| O      | Cost of AD syringes needed                              | $K \times \text{AD syringe price per unit (ca)}$   |         |         |            |      |
| P      | Cost of reconstitution syringes needed                  | $L \times \text{reconstitution price per unit (cr)}$   |         |         |            |      |
| Q      | Cost of safety boxes needed                             | $M \times \text{safety box price per unit (cs)}$   |         |         |            |      |
| R      | Freight cost for vaccines needed                        | $N \times \text{freight cost as \% of vaccines value (fv)}$  |         |         |            |      |
| S      | Freight cost for devices needed                         | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$   |         |         |            |      |
| T      | Total fund needed                                       | $(N+O+P+Q+R+S)$  |         |         |            |      |
| U      | Total country co-financing                              | $I \times \text{country co-financing per dose (cc)}$   |         |         |            |      |
| V      | Country co-financing % of Gavi-supported proportion     | $U / T$  |         |         |            |      |

|        |   | Formula   | 2016    |            |         |
|--------|---|---|---------|------------|---------|
|        |   |   | Total   | Government | Gavi    |
| A      | Country co-finance                                      | V   | 50.53 % |            |         |
| B      | Number of children to be vaccinated with the first dose | Table 4:  | 134 234 | 67 832     | 66 402  |
| C      | Number of doses per child                               | Vaccine parameter (schedule)  | 2       |            |         |
| D      | Number of doses needed                                  | B x C   | 268 468 | 135 663    | 132 805 |
| E      | Estimated vaccine wastage factor                        | Table 4:  | 1.05    |            |         |
| F      | Number of doses needed including wastage                | D x E   | 281 892 | 142 446    | 139 446 |
| G      | Vaccines buffer stock                                   | <b>Buffer on doses needed + buffer on doses wasted</b><br><b>Buffer on doses needed</b> = (D - D of previous year original approved) x 0,25<br><b>Buffer on doses wasted</b> = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25 | - 744   | - 375      | - 369   |
| H      | Stock to be deducted                                    | H2 of previous year - 0.25 x F of previous year   | 151 335 | 76 473     | 74 862  |
| H<br>2 | Stock on 01 January                                     | Table 7.11.1:   |         |            |         |
| I      | Total vaccine doses needed                              | Round up((F + G - H) / vaccine package size) x vaccine package size   | 130 500 | 65 945     | 64 555  |
| J      | No. of doses per vial                                   | Vaccine Parameter   | 1       |            |         |
| K      | Number of AD syringes (+ 10% wastage) needed            | (D + G - H) x 1.10  | 0       | 0          | 0       |
| L      | Reconstitution syringes (+ 10% wastage) needed          | (I / J) x 1.10  | 0       | 0          | 0       |
| M      | Total of safety boxes (+ 10% of extra need) needed      | (K + L) / 100 x 1.10  | 0       | 0          | 0       |
| N      | Cost of vaccines needed                                 | I x vaccine price per dose (g)  | 294 408 | 148 770    | 145 638 |
| O      | Cost of AD syringes needed                              | K x AD syringe price per unit (ca)  | 0       | 0          | 0       |
| P      | Cost of reconstitution syringes needed                  | L * reconstitution price per unit (cr)  | 0       | 0          | 0       |
| Q      | Cost of safety boxes needed                             | M x safety box price per unit (cs)  | 0       | 0          | 0       |
| R      | Freight cost for vaccines needed                        | N x freight cost as % of vaccines value (fv)<br>fv  | 0       | 0          | 0       |
| S      | Freight cost for devices needed                         | (O+P+Q) x freight cost as % of devices value (fd)   | 0       | 0          | 0       |
| T      | Total fund needed                                       | (N+O+P+Q+R+S)   | 294 408 | 148 770    | 145 638 |
| U      | Total country co-financing                              | I x country co-financing per dose (cc)  | 148 770 |            |         |
| V      | Country co-financing % of Gavi-supported proportion     | U / T   | 50.53 % |            |         |



|                |   | Formula  | 2017    |            |         |
|----------------|---|--|---------|------------|---------|
|                |   |  | Total   | Government | Gavi    |
| A              | Country co-finance                                      | V  | 66.93 % |            |         |
| B              | Number of children to be vaccinated with the first dose | Table 4:   | 133 076 | 89 072     | 44 004  |
| C              | Number of doses per child                               | Vaccine parameter (schedule)   | 2       |            |         |
| D              | Number of doses needed                                  | $B \times C$   | 266 152 | 178 143    | 88 009  |
| E              | Estimated vaccine wastage factor                        | Table 4:   | 1.05    |            |         |
| F              | Number of doses needed including wastage                | $D \times E$   | 279 460 | 187 050    | 92 410  |
| G              | Vaccines buffer stock                                   | <b>Buffer on doses needed + buffer on doses wasted</b><br><b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$<br><b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$ | 66 510  | 44 517     | 21 993  |
| H              | Stock to be deducted                                    | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$   |         |            |         |
| H <sub>2</sub> | Stock on 01 January                                     | Table 7.11.1:  |         |            |         |
| I              | Total vaccine doses needed                              | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$  | 346 500 | 231 922    | 114 578 |
| J              | No. of doses per vial                                   | Vaccine Parameter  | 1       |            |         |
| K              | Number of AD syringes (+ 10% wastage) needed            | $(D + G - H) \times 1.10$  | 0       | 0          | 0       |
| L              | Reconstitution syringes (+ 10% wastage) needed          | $(I / J) \times 1.10$  | 0       | 0          | 0       |
| M              | Total of safety boxes (+ 10% of extra need) needed      | $(K + L) / 100 \times 1.10$  | 0       | 0          | 0       |
| N              | Cost of vaccines needed                                 | $I \times \text{vaccine price per dose (g)}$   | 781 704 | 523 215    | 258 489 |
| O              | Cost of AD syringes needed                              | $K \times \text{AD syringe price per unit (ca)}$   | 0       | 0          | 0       |
| P              | Cost of reconstitution syringes needed                  | $L \times \text{reconstitution price per unit (cr)}$   | 0       | 0          | 0       |
| Q              | Cost of safety boxes needed                             | $M \times \text{safety box price per unit (cs)}$   | 0       | 0          | 0       |
| R              | Freight cost for vaccines needed                        | $N \times \text{freight cost as \% of vaccines value (fv)}$<br>fv  | 0       | 0          | 0       |
| S              | Freight cost for devices needed                         | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$   | 0       | 0          | 0       |
| T              | Total fund needed                                       | $(N+O+P+Q+R+S)$  | 781 704 | 523 215    | 258 489 |
| U              | Total country co-financing                              | $I \times \text{country co-financing per dose (cc)}$   | 523 215 |            |         |
| V              | Country co-financing % of Gavi-supported proportion     | $U / T$  | 66.93 % |            |         |

|                    | Formula | 2018    |            |      |
|--------------------|---------|---------|------------|------|
|                    |         | Total   | Government | Gavi |
| Country co-finance | V       | 83.33 % |            |      |

|   |  |         |         |         |
|---|--|---------|---------|---------|
| Number of children to be vaccinated with the first dose | Table 4:   | 131 928 | 109 940 | 21 988  |
| Number of doses per child                               | Vaccine parameter (schedule)   | 2       |         |         |
| Number of doses needed                                  | $B \times C$   | 263 856 | 219 880 | 43 976  |
| Estimated vaccine wastage factor                        | Table 4:   | 1.05    |         |         |
| Number of doses needed including wastage                | $D \times E$   | 277 049 | 230 875 | 46 174  |
| Vaccines buffer stock                                   | <b>Buffer on doses needed + buffer on doses wasted</b><br><b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0,25$<br><b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$ | 65 936  | 54 947  | 10 989  |
| Stock to be deducted                                    | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$   |         |         |         |
| Stock on 01 January                                     | Table 7.11.1:  |         |         |         |
| Total vaccine doses needed                              | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$  | 343 500 | 286 250 | 57 250  |
| No. of doses per vial                                   | Vaccine Parameter  | 1       |         |         |
| Number of AD syringes (+ 10% wastage) needed            | $(D + G - H) \times 1.10$  | 0       | 0       | 0       |
| Reconstitution syringes (+ 10% wastage) needed          | $(I / J) \times 1.10$  | 0       | 0       | 0       |
| Total of safety boxes (+ 10% of extra need) needed      | $(K + L) / 100 \times 1.10$  | 0       | 0       | 0       |
| Cost of vaccines needed                                 | $I \times \text{vaccine price per dose (g)}$   | 774 936 | 645 780 | 129 156 |
| Cost of AD syringes needed                              | $K \times \text{AD syringe price per unit (ca)}$   | 0       | 0       | 0       |
| Cost of reconstitution syringes needed                  | $L \times \text{reconstitution price per unit (cr)}$   | 0       | 0       | 0       |
| Cost of safety boxes needed                             | $M \times \text{safety box price per unit (cs)}$   | 0       | 0       | 0       |
| Freight cost for vaccines needed                        | $N \times \text{freight cost as \% of vaccines value (fv)}$  | 0       | 0       | 0       |
| Freight cost for devices needed                         | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$   | 0       | 0       | 0       |
| Total fund needed                                       | $(N+O+P+Q+R+S)$  | 774 936 | 645 780 | 129 156 |
| Total country co-financing                              | $I \times \text{country co-financing per dose (cc)}$   | 645 780 |         |         |
| Country co-financing % of Gavi-supported proportion     | $U / T$  | 83.33 % |         |         |

## 8. Health Systems Strengthening Support (HSS)

Please use this APR section (8. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, 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.

### Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:
  - a. Progress achieved in en **2014**
  - b. HSS implementation during January – April **2015** (interim reporting)
  - c. Plans for **2016**
  - d. Proposed changes to approved activities and budget (see No. 4 below)

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

2. In order to better align HSS support reporting to country processes, for countries of which the **2014** fiscal year starts in January **2014** and ends in December 2014, HSS reports should be received by the Gavi Alliance before **15th May 2015**. For other countries, HSS reports should be received by the Gavi Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March **2015**, the HSS reports are expected by Gavi Alliance by September **2015**.
3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.
4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at Gavi or by emailing [gavihss@gavi.org](mailto:gavihss@gavi.org).
5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).
6. Please ensure that, **prior to its submission to the Gavi Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for in the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.
7. Please attach all required [supporting documents](#). These include:
  - a. Minutes of all the HSCC meetings held in **2014**
  - b. Minutes of the HSCC meeting in **2015** that endorses the submission of this report.
  - c. Latest Health Sector Review report
  - d. Financial statement for the use of HSS funds in the 2014 calendar year.
  - e. External audit report for HSS funds during the most recent fiscal year (if available)
8. The Gavi Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:
  - a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
  - b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
  - c. Outline of technical support that may be required to either support the implementation or monitoring of the Gavi HSS investment in the coming year

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

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

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

If negative, please indicate the anticipated termination date of the HSS grant.

Given that the funds for 2013 and 2014 were received in 2014, implementation will end in 2015, and the pending amount for 2015, if received, will be executed in 2015-2016.

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

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

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

Civil Society Organizations, considered community members of the Family, Community and Life Committees (Gabinetes de la Familia Comunidad y Vida, GFCV), along with brigadiers and midwives, among others, **do not receive funds**, but receive training and promotional material as a support base for community participation in health.

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

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

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

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

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

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

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

If yes, please indicate the amount of funding requested: US\$ **632284**

These funds must be sufficient to carry out implementation of the HSS grant up to December 2016.

Table 8.1.3a (US)\$

|  | 2009 | 2010 | 2011 | 2012 | 2013    | 2014    |
|--|------|------|------|------|---------|---------|
| Original annual budgets<br>(as per the originally approved HSS proposal) | 0    | 0    | 0    | 0    | 553 250 | 620 566 |

|  |   |   |   |   |   |           |
|--|---|---|---|---|---|-----------|
| Revised annual budgets<br>(if revised by previous<br>Annual Progress<br>Reviews)   | 0 | 0 | 0 | 0 | 0 | 0         |
| Total funds received<br>from Gavi during the<br>calendar year (A)  | 0 | 0 | 0 | 0 | 0 | 1 173 796 |
| Remaining funds (carry<br>over) from the previous<br>year (B)  | 0 | 0 | 0 | 0 | 0 | 0         |
| Total Funds available<br>during the calendar year<br>(C=A+B)   | 0 | 0 | 0 | 0 | 0 | 1 173 796 |
| Total expenditure during<br>the calendar year (D).   | 0 | 0 | 0 | 0 | 0 | 614 245   |
| Balance carried forward<br>to next calendar year<br>(E=CD)   | 0 | 0 | 0 | 0 | 0 | 559 551   |
| <b>Amount of funding<br/>requested for future<br/>calendar year(s)</b><br>[please ensure you<br>complete this row if you<br>are requesting a new<br>tranche] | 0 | 0 | 0 | 0 | 0 | 0         |

|  | 2015    | 2016 | 2017 | 2018 |
|--|---------|------|------|------|
| Original annual budgets<br>(as per the originally<br>approved HSS proposal)      | 632 284 | 0    | 0    | 0    |
| Revised annual budgets<br>(if revised by previous<br>Annual Progress<br>Reviews) | 0       | 0    | 0    | 0    |
| Total funds received<br>from Gavi during the<br>calendar year (A)                | 0       | 0    | 0    | 0    |
| Remaining funds (carry<br>over) from the previous<br>year (B)                    | 559 551 | 0    | 0    | 0    |
| Total Funds available<br>during the calendar year<br>(C=A+B)                     | 559 551 | 0    | 0    | 0    |
| Total expenditure during<br>the calendar year (D).                               | 430 534 | 0    | 0    | 0    |
| Balance carried forward<br>to next calendar year<br>(E=CD)                       | 129 017 | 0    | 0    | 0    |

|   |         |   |   |   |
|---|---------|---|---|---|
| <b>Amount of funding requested for future calendar year(s)</b><br>[please ensure you complete this row if you are requesting a new tranche] | 632 284 | 0 | 0 | 0 |
|---|---------|---|---|---|

**Table 8.1.3b (Local currency)**

|   | 2009       | 2010 | 2011 | 2012 | 2013       | 2014       |
|---|------------|------|------|------|------------|------------|
| Original annual budgets<br><i>(as per the originally approved HSS proposal)</i>   | 0          | 0    | 0    | 0    | 13 677 999 | 16 320 886 |
| Revised annual budgets<br><i>(if revised by previous Annual Progress Reviews)</i>   | 0          | 0    | 0    | 0    | 0          | 0          |
| Total funds received from Gavi during the calendar year (A)   | 0          | 0    | 0    | 0    | 0          | 30 271 729 |
| Remaining funds (carry over) from the previous year (B)   |            | 0    | 0    | 0    | 0          | 0          |
| Total Funds available during the calendar year (C=A+B)  | 0          | 0    | 0    | 0    | 0          | 30 271 729 |
| Total expenditure during the calendar year (D).   | 0          | 0    | 0    | 0    | 0          | 16 144 390 |
| Balance carried forward to next calendar year (E=CD)  | 0          | 0    | 0    | 0    | 0          | 14 127 339 |
| <b>Amount of funding requested for future calendar year(s)</b><br>[please ensure you complete this row if you are requesting a new tranche] | 0          | 0    | 0    | 0    | 0          | 0          |
|   | 2015       | 2016 | 2017 | 2018 |            |            |
| Original annual budgets<br><i>(as per the originally approved HSS proposal)</i>   | 17 261 353 | 0    | 0    | 0    |            |            |
| Revised annual budgets<br><i>(if revised by previous Annual Progress Reviews)</i>   | 0          | 0    | 0    | 0    |            |            |

|   |            |   |   |   |
|---|------------|---|---|---|
| Total funds received from Gavi during the calendar year (A)   | 0          | 0 | 0 | 0 |
| Remaining funds (carry over) from the previous year (B)   | 27 741 354 | 0 | 0 | 0 |
| Total Funds available during the calendar year (C=A+B)  | 14 127 339 | 0 | 0 | 0 |
| Total expenditure during the calendar year (D).   | 11 485 660 | 0 | 0 | 0 |
| Balance carried forward to next calendar year (E=CD)  | 2 641 679  | 0 | 0 | 0 |
| <b>Amount of funding requested for future calendar year(s)</b><br>[please ensure you complete this row if you are requesting a new tranche] | 17 261 353 | 0 | 0 | 0 |

### Report of Exchange Rate Fluctuation

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

[Table 8.1.3.c](#)

| Exchange Rate          | 2009 | 2010 | 2011 | 2012 | 2013 | 2014  |
|------------------------|------|------|------|------|------|-------|
| Opening on 1 January   | 0    | 0    | 0    | 0    | 0    | 25.78 |
| Closing on 31 December | 0    | 0    | 0    | 0    | 0    | 26.3  |

### Detailed expenditure of HSS funds during the 2014 calendar year

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

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

### Has an external audit been conducted? **No**

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

### 8.2. Progress on HSS activities in the 2014 fiscal year

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

Please provide the following information for each planned activity:

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

[Table 8.2: HSS activities in the 2014 reporting year](#)



| <b>Major Activities</b><br>(insert as many rows as necessary)   | <b>Planned Activity for 2014</b>  | <b>Percentage of Activity completed (annual)</b><br>(where applicable) | <b>Source of information/data</b><br>(if relevant) |
|---|---|--|--|
| <b>Comprehensive visits to remote communities</b>   | Comprehensive visits per municipality   | 100  | SILAIS Reports                                     |
| <b>Continuous evaluation of families in greater risk</b>  | Continuous evaluation of families   | 83   | SILAIS Reports                                     |
| <b>Organizational aspects for patient safety</b>  | Health care staff training  | 89   | SILAIS Reports                                     |
| <b>Nursing internships on patient safety</b>  | Health care staff training  | 100  | SILAIS Reports                                     |
| <b>Analysis of clinical records and use of monitoring notebooks on immunized children</b>   | Analysis of records for pregnancy and children under five<br>Use of the monitoring notebook per sector                                  | 89   | SILAIS Reports                                     |
| <b>Training in the process of statistical data gathering and analysis (with emphasis on the improvement of immunization data quality)</b> | Timely and appropriate submission of statistical reports by municipalities<br>Accuracy in Pentavalent doses (third doses) on all levels | 92   | SILAIS Reports                                     |
| <b>Supervision, monitoring and evaluation SILAIS Municipalities, including all components of the NIP</b>                                  | Supervision and monitoring by health care levels  | 100  | SILAIS and Central MoH Reports                     |
| <b>Training in the standards of immunization management components</b>  | Staff trained as programmed SILAIS Municipalities   | 89   | SILAIS Reports                                     |
| <b>Preparation of Health Situation Analyses in priority municipalities</b>  | Preparation of Health Situation Analyses in municipalities  | 100  | SILAIS Reports                                     |
| <b>Preparation of results-oriented institutional plans on the municipal level</b>   | Municipalities with institutional plans including immunization  | 100  | SILAIS Reports                                     |
| <b>Training on surveillance standards</b>   | Notification of suspicious measles, rubella and AFP cases<br>Appropriate research of measles, rubella cases                             | 100  | SILAIS Reports                                     |

|  |  |    |                |
|--|--|----|----------------|
| <b>Community network training in key practices</b>           | Community network members trained in key practices | 89 | SILAIS Reports |
| <b>Completion and analysis of community census forms</b>     | Communities with diagnoses completed               | 86 | SILAIS Reports |
| <b>Training the community network on the Childbirth Plan</b> | Pregnant women with childbirth plan                | 86 | SILAIS Reports |

|   |   |    |                |
|---|---|----|----------------|
| <b>Training the community network on ECMAC</b>                    | Community delivery of contraceptive methods   | 86 | SILAIS Reports |
| <b>Perception of immunization schedule risk by the population</b> | Design of promotional materials, local dissemination of the promotion plan and evaluation of user perception. | 89 | SILAIS Reports |
| <b>Improvement plan implemented</b>                               | Community human resources trained, community encounters and improvement plan implemented                      | 81 | SILAIS Reports |
| <b>Training local staff on cold chain operating standards</b>     | Staff trained in cold chain standards   | 92 | SILAIS Reports |
| <b>Training the community network on the Census Management</b>    | Pregnant women monitored through census management  | 92 | SILAIS Reports |

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

| <b>Major Activities</b> (insert as many rows as necessary)                 | <b>Explain progress achieved and relevant constraints</b>   |
|--|---|
| <b>Comprehensive visits to remote communities</b>                          | Based on the six-month period target, two scheduled visits were made.   |
| <b>Continuous evaluation of families in greater risk</b>                   | Of the 36 municipalities, 30 completed the process of continuous family evaluation.   |
| <b>Organizational aspects for patient safety</b>                           | 32 of the 36 priority municipalities completed health staff training.   |
| <b>Nursing internships towards patient safety</b>                          | All 36 municipalities trained 100% of their nursing staff in patient safety   |
| <b>Analysis of clinical records and use of monitoring notebook</b>         | 32 of the 36 priority municipalities comply with 100% of clinical record analysis and the use of the monitoring notebook; the progress of the remaining four has not been completed   |
| <b>Training in the data-gathering and analysis process</b>                 | 33 municipalities show 100% compliance with the timely and proper submission of statistical reports and the accuracy of Pentavalent doses (third doses) on all levels. Three municipalities need to strengthen these activities |
| <b>Supervision, monitoring and evaluation SILAIS Municipalities</b>        | 100% compliance with the activities of supervision and monitoring on the different levels.  |
| <b>Training in the standards of management components</b>                  | 32 of the 36 priority municipalities completed 100% of health staff training.   |
| <b>Preparation of Health Situation Analyses in priority municipalities</b> | 100% of the municipalities prepare Health Situation Analyses.   |
| <b>Preparation of results-oriented institutional plans</b>                 | 100% of the municipalities avail of institutional plans, including EPI components   |
| <b>Training on surveillance standards</b>                                  | 100% of the municipalities trained their staff in vaccine-preventable disease surveillance standards  |
| <b>Supervision, monitoring and evaluation SILAIS Municipalities</b>        | 100% of the staff reporting suspect cases of measles, rubella and AFP conduct appropriate investigation.  |
| <b>Community network training in key practices</b>                         | 33 of the 36 priority municipalities completed 100% of the community network training in key practices.   |
| <b>Completion and analysis of community census forms</b>                   | 32 of the 36 priority municipalities completed 100% of the diagnoses for their communities  |
| <b>Training the community network on the Childbirth Plan</b>               | 32 of the 36 priority municipalities have their pregnant women on the Childbirth Plan   |
| <b>Training the community network on ECMACI</b>                            | 32 of the 36 priority municipalities deliver contraceptive methods through the community  |
| <b>population knowing the perception of risk regarding</b>                 | 33 municipalities have implemented 100% of their communication plans  |
| <b>Percentage of improvement plan implemented</b>                          | 29 municipalities have implemented their improvement plan.  |
| <b>Training the local staff on cold chain standards</b>                    | 33 municipalities have completed the training process in cold chain standards   |
| <b>Training the community network on the Census Management</b>             | 33 municipalities comply 100% with the monitoring of pregnant women through census management.  |

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

All the activities were conducted in the 36 municipalities. Some were completed 100% in relation to the targets programmed for the six-month period whereas these were partially implemented in a minority of others, between seven and three municipalities.

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

The funds were not used as incentives, but as support for the execution of the scheduled activities.

### 8.3. General overview of targets achieved

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

**Table 8.3:** Progress on targets achieved

| Name of Objective or Indicator (insert as many rows as necessary) | Baseline       |                           | Agreed target till end of support in original HSS application | 2014 Target |  |  |  |  |      | Data Source   | Explanation if any targets were not achieved  |
|---|----------------|---------------------------|---|-------------|--|--|--|--|------|---------------|---|
|   | Baseline value | Baseline source/date      |   |             |  |  |  |  |      |               |   |
| % of fulfilment in comprehensive visits by municipality           | NA             | SILAIS Programming - 2012 | 12 visits in three years for each municipality.               | 4           |  |  |  |  | 2    | SILAIS Report | Given that the budget was not received until 2014, activities were programmed for a six-month period instead of one year. |
| % of families under continuous evaluation                         | NA             | MOSAFC                    | 100 % the first year and updating during the next two years   | 100%        |  |  |  |  | 83%  | SILAIS Report | Municipalities not complying were those in the more remote geographic areas   |
| Number of health care staff trained in patient safety             | NA             | MOSAFC                    | 90 % for every year   | 90%         |  |  |  |  | 89%  | SILAIS Report | Municipalities not complying were those in the more remote geographic areas   |
| % of records on pregnancy and children under five analysed        | NA             | MOSAFC                    | 90 % for every year   | 90%         |  |  |  |  | 89 % | SILAIS Report | Municipalities not complying were those in the more remote geographic areas   |
| Use percentage of the monitoring notebook per sector              | NA             | EPI Standards             | 100% yearly   | 100%        |  |  |  |  | 89%  | SILAIS Report | Municipalities not complying were those in the more remote geographic areas   |

|   |    |                        |             |      |  |  |  |  |  |       |               |   |
|---|----|------------------------|-------------|------|--|--|--|--|--|-------|---------------|---|
| <b>% of municipalities submitting proper statistical reports on time</b>            | NA | Statistical procedures | 100% yearly | 100% |  |  |  |  |  | 92%   | SILAIS Report | Municipalities not complying did not finish 100% of the training.   |
| <b>Accuracy rate in Pentavalent doses (third doses) on all levels</b>               | NA | EPI procedures         | 100% yearly | 100% |  |  |  |  |  | 92%   | SILAIS Report | The monthly reports give a lower figure of doses administered than was recorded in the daily report forms.              |
| <b>Percentage of supervisions conducted as scheduled</b>                            | NA | Management programming | 100% yearly | 100% |  |  |  |  |  | 100%  | SILAIS Report |   |
| <b>Percentage of staff trained in management components as scheduled</b>            | NA | EPI schedule           | 100% yearly | 100% |  |  |  |  |  | 100%  | SILAIS Report |   |
| <b>Percentage of municipalities with Health Situation Analyses prepared</b>         | NA | MOSAFC                 | 100% yearly | 100% |  |  |  |  |  | 100 % | SILAIS Report |   |
| <b>Percentage of municipalities with Institutional Plans including immunization</b> | NA | Management programming | 100%        | 100% |  |  |  |  |  | 100%  | SILAIS Report |   |
| <b>Report rates on measles, rubella and AFP</b>                                     | NA | EPI Standards          | 100% yearly | 100% |  |  |  |  |  | 100%  | SILAIS Report |   |
| <b>Percentage of proper research on measles/ rubella cases</b>                      | NA | EPI Standards          | 100% yearly | 100% |  |  |  |  |  | 100%  | SILAIS Report | Some municipalities that did not report cases conducted active searches, giving proof that there were no suspect cases. |
| <b>% of community network members trained in key practices</b>                      | NA | MOSAFC                 | 90 % yearly | 90 % |  |  |  |  |  | 89 %  | SILAIS Report |   |
| <b>% of communities with diagnoses completed</b>                                    | NA | MOSAFC                 | 100% yearly | 100% |  |  |  |  |  | 86%   | SILAIS Report | Municipalities not complying were those in the more remote geographic areas   |

|   |    |                        |             |      |  |  |  |  |  |     |               |  |
|---|----|------------------------|-------------|------|--|--|--|--|--|-----|---------------|--|
| % of pregnant women with childbirth plan                                | NA | MOSAFC                 | 90% yearly  | 90%  |  |  |  |  |  | 86% | SILAIS Report | Municipalities not complying were those in the more remote geographic areas  |
| % of pregnant women monitored through census management                 | NA | MOSAFC                 | 100% yearly | 100% |  |  |  |  |  | 92% | SILAIS Report | Municipalities not complying were those in the more remote geographic areas  |
| Percentage of population aware of immunization schedule risk perception | NA | EPI schedule           | 100% yearly | 100% |  |  |  |  |  | 89% | SILAIS Report | Municipalities not complying were those in the more remote geographic areas  |
| Percentage of improvement plan implemented                              | NA | Management programming | 100% yearly | 100% |  |  |  |  |  | 81% | SILAIS Report | Municipalities not complying with training and diagnosis were also affected in terms of Improvement Plan implementation. |
| Percentage of local staff trained in cold chain operating standards     | NA | EPI schedule           | 100%        | 100% |  |  |  |  |  | 92% | SILAIS Report | Municipalities not complying were those in the more remote geographic areas  |

## 8.4. Programme implementation in 2014

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

Achievements attained in 2014:

- We managed to conduct comprehensive visits to the 36 priority municipalities, ensuring health care to the prioritized population, with emphasis on immunization
- 100% of the municipalities implemented their Institutional Plan, including the immunization component
- Staff were trained in key components to improve population health care, including EPI standards
- Local strategies for children's and women's health care were strengthened (ECMAC, Childbirth Plan and Census Management, among others)
- Communities were trained in the support components for local level health activities, with priority given to immunization
- A local promotion plan was implemented to make the population perceive the risks of vaccine-preventable diseases
- Data recording and data quality in the programmes improved, including accuracy of vaccine data
- Surveillance of vaccine-preventable diseases was strengthened
- The supervision plan for the period was fulfilled.

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

**Problems and Solutions:**

The funds were received late, affecting schedules, so tax resources were optimized to meet the targets and indicators for immunization and other components.

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

Activities are conducted through the Family and Community Health Teams, an authority that monitors programme implementation and evaluation for the different health care levels.

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

The indicators established for this project are harmonized on the basis of country health priorities and commitments.

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

The Family and Community Health Model makes it possible to strengthen the focus on improving health service quality and also fortify the leading role of families and organized communities.

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

Civil society participation takes place through community organizations, such as the Family, Community and Life Committees, where youth, women and men actively participate in health management.

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

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any - actions taken to address any issues and to improve management - any changes to management processes in the coming year.

Late disbursement did not constrain internal management. The targets for the period were met through transferences to the municipalities concerned and purchases for strengthening EPI operative management.

## 8.5. Planned HSS Activities for 2015

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

**Table 8.4:** Planned activities for 2015

| Major Activities<br>(insert as many rows as necessary) | Planned Activity for 2015 | Original budget for 2015 (as approved in the HSS proposal or adjusted during past annual progress reviews) | 2015 expenditure (as of de April 2015) | actual | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2015 (if relevant) |
|--|---------------------------|--|--|--------|--------------------------------|--|---------------------------------------|
|--|---------------------------|--|--|--------|--------------------------------|--|---------------------------------------|

|  |  |         |         |    |                |   |
|--|--|---------|---------|----|----------------|---|
| The same activities as in the HSS Plan 2013-2015 | We project to sustain and strengthen the activities already established. | 559 551 | 430 534 | No | Not applicable | 0 |
|  |  | 559 551 | 430 534 |    |                | 0 |

## 8.6. Planned HSS Activities for 2016

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

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

**Table 8.6:** Planned HSS Activities for 2016

| Major Activities (insert as many rows as necessary) | Planned Activity for 2016  | Original budget for 2016 (as approved in the HSS proposal or adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2016 (if relevant) |
|---|--|--|--------------------------------|--|---------------------------------------|
| The same activities as in the HSS Plan 2013-2015    | We project to sustain and strengthen the activities already established. | 632 284  | No                             | Not applicable   | 0                                     |
|   |  | 632 284  |                                |  |                                       |

## 8.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at Gavi or by emailing [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org)

## 8.8. Other sources of funding for HSS

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

**Table 8.8:** Sources of HSS funds in your country

| Donor   | Amount US\$ | Duration of support                | Type of activities funded   |
|---|-------------|------------------------------------|---|
| Mesoamerica on the national level                   | 3 400 000   | 2012.-2014                         | Combating epidemics, support for women and children's components and equipment.                         |
| WB in 4 SILAIS in the country (Donations and Loans) | 30 000 000  | 2010-2014                          | Training, support for women and children's components, equipment Infrastructure, extension of coverage. |
| Joint Programme to contribute to MDGs 4 and 5       | 3 800 000   | three years (closes November 2015) | Support for women and children's components, medical and non-medical equipment for neonatal wards       |



8.8.1. Is Gavi's HSS support reported on the national health sector budget? **Yes**

### 8.9. Reporting on the HSS grant

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

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

Table 8.9.1: Data sources

| Data sources used in this report                   | How information was validated   | Problems experienced, if any |
|--|---|------------------------------|
| SILAIS Reports<br>Statistical data<br>Supervisions | Validated through monitoring visits verifying support for the activities and through the system of statistical records. |                              |

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

We consider that the system facilitates the reporting process.

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

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. Latest Health Sector Review report

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

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

Nicaragua **has not received Gavi TYPE A CSO support**

Nicaragua is not reporting on Gavi TYPE B CSO support for 2014

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

Nicaragua **has not received Gavi TYPE B CSO support**

Nicaragua is not reporting on Gavi TYPE B CSO support for 2014

## 10. Comments from ICC/HSCC Chairs

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

The information received was already included in a previous paragraph.

## 11. Annexes

### \$QH[Rn7pUPLQRVGHUHIHUHQFLD\$SR\RDORVVHUYLFLRVGHLQPXQL]DFLyQ

#### TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus Gavi will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, Gavi requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points a) through f), below. A sample basic statement of income and expenditure is provided on next page.
- Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - Income received from Gavi during 2014
  - Other income received during 2014 (interests, fees, etc.)
  - Total expenditure during the calendar year
  - Closing balance as of 31 December 2014
  - A detailed analysis of expenditures during 2014, based on **your government's own system of economic classification** (VWHDQIOLVLVGHEHUHVXPLUHOWERDODQXDOGHJHJUHVRVFRUUHVSRQGLHQWHDODxRHQFXHVWLyQnFRQIRUPHDO VLWHPDGHFODVLILDFLyQHFRQyPLFDSURSLRGHVXJRELHUQRn\ODVFDWHJRURtDVGHFRVWRVSHUWLQHQWHVSRUHMHPsor salaries and wages. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the Gavi Alliance in its review of the financial statements.
- V. Although accounts do not have to be audited/certified before being submitted to Gavi, it will be understood that accounts will be examined exhaustively during each of the country's external audits for 2014. Audits for ISS are due to the Gavi Secretariat 6 months following the close of each country's financial year.

### 11.2. Annex 2 – Example income & expenditure ISS

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

*An example statement of income & expenditure*

| Summary of income and expenditure – Gavi ISS                              |                            |                |
|---|----------------------------|----------------|
|   | Local<br>currency<br>(CFA) | Value in USD * |
| <b>Balance brought forward from 2013</b> (balance as of 31 December 2013) | 25 392 830                 | 53 000         |
| <b>Summary of income received during 2014</b>                             |                            |                |
| Income received from Gavi   | 57 493 200                 | 120 000        |
| Income from interest  | 7 665 760                  | 16 000         |
| Other income (fees)   | 179 666                    | 375            |
| <b>Total Income</b>   | <b>38 987 576</b>          | <b>81 375</b>  |
| <b>Total expenditure during 2014</b>                                      | <b>30 592 132</b>          | <b>63 852</b>  |

|   |            |         |
|---|------------|---------|
| <b>Balance as of 31 December 2014</b> (balance carried forward to 2015) | 60 139 325 | 125 523 |
|---|------------|---------|

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

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

\*\* 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.

**\$QH[Rn7pUPLQRVGHUHIHQFLD\$SRIRSDUDHOIRUWDOHFLPLHQWRGHORVVLVWHPDV**  
**health systems**

#### TERMS OF REFERENCE:

#### FINANCIAL STATEMENTS FOR **HEALTH SYSTEM STRENGTHENING**

- I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus Gavi will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, Gavi requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
  - a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from Gavi during 2014
  - c. Other income received during 2014 (interests, fees, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the Gavi Alliance in its review of the financial statements.

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

#### 11.4. Annex 4 – Example income & expenditure HSS

##### MINIMUM REQUIREMENTS FOR HSS :

*An example statement of income & expenditure*

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

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

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

\*\* 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.

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TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANIZATION** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus Gavi will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, Gavi requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - Income received from Gavi during 2014
  - Other income received during 2014 (interests, fees, etc.)
  - Total expenditure during the calendar year
  - Closing balance as of 31 December 2014
  - A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages and salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the Gavi Alliance in its review of the financial statements.
- V. Although accounts do not have to be audited/certified before being submitted to Gavi, it will be understood that accounts will be examined exhaustively during each of the country's external audits for 2014. Audits for CSO 'Type B' are due to the Gavi Secretariat 6 months following the close of each country's financial year.

## 11.6. Annex 6 – Example income & expenditure CSO

### MINIMUM REQUIREMENTS FOR CSO Type B FINANCIAL STATEMENTS

*An example statement of income & expenditure*

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

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







| Detailed analysis of expenditure by economic classification ** - Gavi HSS |               |               |               |               |                 |                  |
|---|---------------|---------------|---------------|---------------|-----------------|------------------|
|   | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in US\$ |
| <b>Salary expenditure</b>   |               |               |               |               |                 |                  |



|                               |                   |               |                   |               |                   |               |
|-------------------------------|-------------------|---------------|-------------------|---------------|-------------------|---------------|
| Wages & salaries              | 2 000 000         | 4174          | 0                 | 0             | 2 000 000         | 4174          |
| Per diem payments             | 9 000 000         | 18 785        | 6 150 000         | 12 836        | 2 850 000         | 5949          |
| <b>Non-salary expenditure</b> |                   |               |                   |               |                   |               |
| Training                      | 13 000 000        | 27 134        | 12 650 000        | 26 403        | 350 000           | 731           |
| Fuel                          | 3 000 000         | 6262          | 4 000 000         | 8349          | -1 000 000        | -2087         |
| Maintenance & overheads       | 2 500 000         | 5218          | 1 000 000         | 2087          | 1 500 000         | 3131          |
| <b>Other expenditures</b>     |                   |               |                   |               |                   |               |
| Vehicles                      | 12 500 000        | 26 090        | 6 792 132         | 14 177        | 5 707 868         | 11 913        |
| <b>TOTALS FOR 2014</b>        | <b>42 000 000</b> | <b>87 663</b> | <b>30 592 132</b> | <b>63 852</b> | <b>11 407 868</b> | <b>23 811</b> |

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

## 12. Attachments

| Document Number | Document  | Section | Mandatory   | File  |
|-----------------|---|---------|---|---|
| 1               | Signature of Minister of Health (or delegated authority)  | 2.1     |   | <a href="#">Firmas ministr@s.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:19:22<br><b>Size:</b> 278 KB |
| 2               | Signature of Minister of Finance (or delegated authority) | 2.1     |  | <a href="#">Firmas ministr@s.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:19:35<br><b>Size:</b> 278 KB |
| 3               | Signatures of members of HSCC                             | 2.2     |  | <a href="#">Firmas ONG's.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:19:53<br><b>Size:</b> 280 KB     |
| 4               | Minutes of the ICC meeting in 2015 endorsing APR 2014     | 5.4     |  | <a href="#">Acta 11-05-15.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:20:25<br><b>Size:</b> 814 KB    |
| 5               | HSCC signatures page                                      | 2.3     |  | <a href="#">Firmas ONG's.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:22:35<br><b>Size:</b> 280 KB     |
| 6               | Minutes of the HSCC meeting in 2015 endorsing APR 2014    | 8.9.3   |  | <a href="#">Acta 11-05-15.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:22:51<br><b>Size:</b> 814 KB    |

|    |   |        |   |   |
|----|---|--------|---|---|
| 7  | ISS Grant Financial Report (Fiscal Year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health                     | 6.2.1. | X | <a href="#">Informe Financiero Gavi 2015.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:23:06<br><b>Size:</b> 892 KB |
| 8  | External audit report for ISS grant (Fiscal Year 2014)  | 6.2.3. | X | <a href="#">Auditoría FONSALUD 2013.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:34:56<br><b>Size:</b> 1 MB        |
| 9  | Post Introduction Evaluation Report   | 7.2.1. | X | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:24:54<br><b>Size:</b> 11 KB                           |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1. | ✓ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:30:29<br><b>Size:</b> 11 KB                           |
| 11 | External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250 000                    | 7.3.1. | ✓ | <a href="#">Auditoría FONSALUD 2013.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:31:08<br><b>Size:</b> 1 MB        |

|    |  |     |   |  |
|----|--|-----|---|--|
| 12 | Report on VSSM evaluation                                  | 7.5 | ✓ | <a href="#">VSSM EVALUATION REPORT NIC .doc</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:31:27<br><b>Size:</b> 1 MB             |
| 13 | Latest EVSM/VMA/EVM improvement plan                       | 7.5 | ✓ | <a href="#">Plan VSSM 2013.xlsx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:32:46<br><b>Size:</b> 19 KB                        |
| 14 | EVSM/VMA/EVM improvement plan implementation status        | 7.5 | ✓ | <a href="#">Lineamientos estandarizados VSSM 47 2.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:32:58<br><b>Size:</b> 22 KB |
| 16 | Valid cMYP if requesting extension of support              | 7.8 | ✓ | <a href="#">Prorroga financiamiento GAVI.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:50:40<br><b>Size:</b> 11 KB          |
| 17 | Valid cMYP costing tool if requesting extension of support | 7.8 | ✓ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:33:33<br><b>Size:</b> 11 KB                                    |

|    |   |        |   |   |
|----|---|--------|---|---|
| 18 | Minutes of ICC meeting endorsing extension of vaccine support if applicable   | 7.8    | ✓ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:33:44<br><b>Size:</b> 11 KB                           |
| 19 | Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health  | 8.1.3. | ✓ | <a href="#">Informe Financiero Gavi 2015.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:35:31<br><b>Size:</b> 892 KB |
| 20 | Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health  | 8.1.3. | ✓ | <a href="#">Informe Financiero Gavi 2015.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:35:55<br><b>Size:</b> 892 KB |
| 21 | External audit report for HSS grant (Fiscal Year 2014)  | 8.1.3. | ✓ | <a href="#">Auditoría FONSALUD 2013.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:36:20<br><b>Size:</b> 1 MB        |
| 22 | HSS Health Sector review report   | 8.9.3. | ✓ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:45:35<br><b>Size:</b> 11 KB                           |
| 23 | Report for Mapping Exercise CSO Type A  | 9.1.1. | ✗ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:36:41<br><b>Size:</b> 11 KB                           |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2014)   | 9.2.4. | ✗ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:36:54<br><b>Size:</b> 11 KB                           |
| 25 | External audit report for CSO Type B (Fiscal year 2014)   | 9.2.4. | ✗ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:37:06<br><b>Size:</b> 11 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 2014 as of (i) 1 January and (ii) 31 December 2014 | 0      | ✓ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:37:21<br><b>Size:</b> 11 KB                           |
| 27 | Actas_ reunión_ Comité de Coordinación Interagencial_ cambio_de_presentación_vacunas  | 7.7    | ✗ | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:37:37<br><b>Size:</b> 11 KB                           |

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| 28 | Justification for changes in target population | 5.1 | X | <a href="#">NA.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:37:53<br><b>Size:</b> 11 KB   |
|    | Other Document                                 |     | X | <a href="#">Minuta de Acuerdo Reunión Mesa Sectorial.pdf</a> <b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:22:07<br><b>Size:</b> 790 KB<br><hr/> <a href="#">Plan Multianual PNI al 2015.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> 15/05/2015 07:38:09<br><b>Size:</b> 1 MB |