*GAVI Alliance*

# Annual Progress Report 2011

Submitted by

## The Government of

## *Yemen*

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **7/10/2012**

**Deadline for submission: 5/22/2012**

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance 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 will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The 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: **2011**

Requesting for support year: **2013**

## 1.1. NVS & INS support

| Type of Support | Current Vaccine | Preferred presentation | Active until |
|---|---|---|---|
| Routine New Vaccines Support | DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 2015 |
| Routine New Vaccines Support | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 2015 |
| Routine New Vaccines Support | Rotavirus, 2 -dose schedule | Rotavirus, 2 -dose schedule | 2015 |

## 1.2. Programme extension

No NVS support eligible to extension this year

## 1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilisation in 2011 | Request for Approval of |
|---|---|---|
| ISS | Yes | ISS reward for 2011 achievement: Yes |
| HSS | Yes | next tranche of HSS Grant N/A |
| CSO Type A | No | Not applicable N/A |
| CSO Type B | No | CSO Type B extension per GAVI Board Decision in July 2011: N/A |

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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 Yemen hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Yemen

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. Magid AL GUNAID | **Name** | Mr. Abdulkarim Al-Wali (DG of Finance |
| **Date** | | **Date** | |
| **Signature** | | **Signature** | |

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

| Full name | Position | Telephone | Email |
|---|---|---|---|
| Dr. Ali JAHHAF | DG of Family Health | 00967777980913 | aljahhaf@yahoo.com |
| Dr. M.Osama MERE | Medical Officer. VPI. WHOYemen | 00967711994099 | mereo@yem.emro.who.int |
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| Mr. Jalal AL QADHI | GAVI Fund Financial Officer | 00967733872376 | jalal_al_qadi@yahoo.com |

## 2.2. ICC signatures page

*If the country is reporting on Immunisation 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 immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

| Name/Title | Agency/Organization | Signature | Date |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | | | |

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

## 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), , 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 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 |
|---|---|---|---|
| | | | |

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Yemen is not reporting on CSO (Type A & B) fund utilisation in 2012

# 3. Table of Contents

*This APR reports on Yemen's activities between January – December 2011 and specifies the requests for the period of January – December 2013*

**Sections**

# 4. Baseline & annual targets

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2011 | | 2012 | | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2011 | Current estimation | Previous estimates in 2011 | Current estimation | Previous estimates in 2011 | Current estimation |
| **Total births** | 873,978 | 873,978 | 901,460 | 901,460 | 929,806 | 929,806 | 959,043 | 959,043 | 989,200 | 989,200 |
| **Total infants' deaths** | 59,371 | 59,371 | 61,164 | 61,164 | 62,947 | 62,947 | 64,716 | 64,716 | 66,464 | 66,464 |
| **Total surviving infants** | 814607 | 814,607 | 840,296 | 840,296 | 866,859 | 866,859 | 894,327 | 894,327 | 922,736 | 922,736 |
| **Total pregnant women** | 873,978 | 873,879 | 901,460 | 901,460 | 929,806 | 929,806 | 959,043 | 959,043 | 989,200 | 989,200 |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 611,785 | 519,805 | 676,095 | 676,095 | 743,845 | 743,845 | 815,187 | 815,187 | 890,280 | 890,280 |
| **BCG coverage** | 70 % | 59 % | 75 % | 75 % | 80 % | 80 % | 85 % | 85 % | 90 % | 90 % |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 741,292 | 657,925 | 773,072 | 773,072 | 806,178 | 806,178 | 840,668 | 840,668 | 876,600 | 876,600 |
| **OPV3 coverage** | 91 % | 81 % | 92 % | 92 % | 93 % | 93 % | 94 % | 94 % | 95 % | 95 % |
| **Number of infants vaccinated (to be vaccinated) with DTP1** | 773,876 | 721,597 | 798,281 | 798,281 | 832,184 | 832,184 | 867,498 | 867,498 | 904,282 | 904,282 |
| **Number of infants vaccinated (to be vaccinated) with DTP3** | 741,292 | 657,634 | 773,072 | 773,072 | 806,178 | 806,178 | 840,668 | 840,668 | 876,600 | 876,600 |
| **DTP3 coverage** | 91 % | 81 % | 92 % | 92 % | 93 % | 93 % | 94 % | 94 % | 95 % | 95 % |
| **Wastage[1] rate in base-year and planned thereafter (%) for DTP** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib** | 773,876 | 721,597 | 798,281 | 798,281 | 832,184 | 832,184 | 867,498 | 867,498 | 904,282 | 904,282 |
| **Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib** | 741,292 | 657,634 | 773,072 | 773,072 | 806,178 | 806,178 | 840,668 | 840,668 | 876,600 | 876,600 |
| **DTP-HepB-Hib coverage** | 91 % | 81 % | 92 % | 92 % | 93 % | 93 % | 94 % | 94 % | 95 % | 95 % |
| **Wastage[1] rate in base-year and planned thereafter (%)** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| **Wastage[1] factor in base-year and planned thereafter (%)** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| **Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid** | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)** | 773,876 | 661,917 | 798,281 | 798,281 | 832,184 | 832,184 | 867,498 | 867,498 | 904,282 | 904,282 |
| **Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)** | 741,292 | 452,144 | 773,072 | 773,072 | 806,178 | 806,178 | 840,668 | 840,668 | 876,600 | 876,600 |
| **Pneumococcal (PCV13) coverage** | 91 % | 56 % | 92 % | 92 % | 93 % | 93 % | 94 % | 94 % | 95 % | 95 % |
| **Wastage[1] rate in base-year and planned thereafter (%)** | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2011 | | 2012 | | 2013 | | 2014 | | 2015 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2011 | Current estimation | Previous estimates in 2011 | Current estimation | Previous estimates in 2011 | Current estimation |
| **Wastage[1] factor in base-year and planned thereafter (%)** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| **Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid** | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus** | | 0 | 798,281 | 394,939 | 832,184 | 832,184 | 867,498 | 867,498 | 904,282 | 904,282 |
| **Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus** | | 0 | 773,072 | 386,536 | 806,178 | 806,178 | 840,668 | 840,668 | 876,600 | 876,600 |
| **Rotavirus coverage** | | 0 % | 92 % | 46 % | 93 % | 93 % | 94 % | 94 % | 95 % | 95 % |
| **Wastage[1] rate in base-year and planned thereafter (%)** | | 0 | 5 | 5 | 0 | 5 | 0 | 5 | 0 | 5 |
| **Wastage[1] factor in base-year and planned thereafter (%)** | | 1 | 1.05 | 1.05 | 1 | 1.05 | 1 | 1.05 | 1 | 1.05 |
| **Maximum wastage rate value for Rotavirus 2-dose schedule** | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| **Number of infants vaccinated (to be vaccinated) with 1st dose of Measles** | 651,685 | 576,576 | 714,251 | 714,251 | 780,173 | 780,173 | 849,611 | 849,611 | 885,827 | 885,827 |
| **Measles coverage** | 80 % | 71 % | 85 % | 85 % | 90 % | 90 % | 95 % | 95 % | 96 % | 96 % |
| **Pregnant women vaccinated with TT+** | 568,086 | 94,918 | 585,949 | 585,949 | 604,374 | 604,374 | 623,378 | 623,378 | 642,980 | 642,980 |
| **TT+ coverage** | 65 % | 11 % | 65 % | 65 % | 65 % | 65 % | 65 % | 65 % | 65 % | 65 % |
| **Vit A supplement to mothers within 6 weeks from delivery** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Vit A supplement to infants after 6 months** | 651,685 | 525,549 | 714,251 | 714,251 | 780,173 | 780,173 | 849,611 | 849,611 | 885,827 | 885,827 |
| **Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100** | 4 % | 9 % | 3 % | 3 % | 3 % | 3 % | 3 % | 3 % | 3 % | 3 % |

*

** Number of infants vaccinated out of total surviving infants

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

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

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

# 5. General Programme Management Component

## 5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**
- Justification for any changes in **surviving infants**
- Justification for any changes in **targets by vaccine**

  Rotavirus vaccine was planned to be introduced in Jan 2012 but due to vaccine supply, it was postponed and planned to be introduced in June 2012, therefore, the coverage of the 2nd dose of Rota would be 46%.
  EPI set the coverage as in the cMYP since all planned activities will be implemented since the situation in the country is relaxing.
- Justification for any changes in **wastage by vaccine**

## 5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

**Main Achievements:**
• Pneumococcal vaccine was smoothly introduced into national EPI in Feb 2011.
• Annualized PCV13 3rd dose coverage was 75% comparing with 81% for Penta 3. the difference could be attributed to the weak supervision due to the prevailing security situation which affected vaccine distribution especially at HF level.
• Four rounds of Outreach Activities, including the integrated ones in about 24 districts, were conducted as planned and they contributed 25% to the total coverage.
• Enhancement of supervision at all levels through sustaining implementation of the regular supervisory visits.
• At lease one supervisory visit was paid to every governorate and 286 (86%) districts and 2757 (88%) HFs were visited during 2011. Supervisory check list was used and analyzed during these visits.
• Enhancement of skills of all vaccinators through refreshing training during the introduction of Pneumococcal vaccine.
• Implementing one round of National Polio campaign in Nov 2011 with coverage 96% of under 5 children. The annual polio report was accepted by the Regional Certification Committee.

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

The planned target for 2011 was 91% fro OPV3/Penta3, unfortunately, coverage reached was only 81% due to the civil-unrest across the country throughout most of 2011, which affected access in many areas and caused temporary closure of some HFs.

## 5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

| Data Source | Timeframe of the data | Coverage estimate |
|---|---|---|
| | | |

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

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

What action have you taken to achieve this goal?

## 5.4. Data assessments

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

There is only one source of data which is the administrative data.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

- Data quality was main topic in all training courses for EPI staff.
- Regular feedback to the lower level has been done including verification of the coverage data. Feedback was done through official letters and through regular review meetings.
- Biannual review meetings at the central level for the governorates staff were held.
- Annual review meeting was done at the governorate level for all district supervisors.
- Maintaining the level of vaccinators up to standard through refreshing trainings (all vaccinators received refreshing training every year). The training included all topics of EPI including quality of Data.
- Standardize supervisory check list to be used at all levels which includes components on data quality.
- Maintaining monthly supervisory visits at the local level (governorates, districts and central level).
- Regular monitoring of completeness and timeliness of reporitng at all levels.

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

- Sustaining the already established activities.
- DQS will be conducted in 2012 to further improve the data system.
- Expansion of computerizing the coverage data at the governorate level.

## 5.5. Overall Expenditures and Financing for Immunisation

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

| **Exchange rate used** | 1 US$ = 214 | Enter the rate only; Please do not enter local currency name |
|---|---|---|

**Table 5.5a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

| Expenditure by category | Expenditure Year 2011 | Source of funding |
|---|---|---|

| | | Country | GAVI | UNICEF | WHO | | | |
|---|---|---|---|---|---|---|---|---|
| Traditional Vaccines* | 1,461,304 | 1,461,304 | 0 | 0 | 0 | | | |
| New and underused Vaccines** | 23,455,138 | 2,021,838 | 21,433,300 | 0 | 0 | | | |
| Injection supplies (both AD syringes and syringes other than ADs) | 907,872 | 77,312 | 830,560 | 0 | 0 | | | |
| Cold Chain equipment | 0 | 0 | 0 | 0 | 0 | | | |
| Personnel | 6,717,031 | 6,717,031 | 0 | 0 | 0 | | | |
| Other routine recurrent costs | 3,359,972 | 988,971 | 534,699 | 499,792 | 1,336,510 | | | |
| Other Capital Costs | 3,121,976 | 3,121,976 | 0 | 0 | 0 | | | |
| Campaigns costs | 2,853,250 | 461,262 | 0 | 1,604,487 | 787,501 | | | |
| | | 0 | 0 | 0 | 0 | | | |
| | | | | | | | | |
| Total Expenditures for Immunisation | 41,876,543 | | | | | | | |
| | | | | | | | | |
| Total Government Health | | 14,849,694 | 22,798,559 | 2,104,279 | 2,124,011 | | | |

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

**Table 5.5b:** Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

| Expenditure by category | Budgeted Year 2012 | Budgeted Year 2013 |
|---|---|---|
| Traditional Vaccines* | 1,648,568 | 1,781,672 |
| New and underused Vaccines** | 25,307,314 | 26,877,788 |
| Injection supplies (both AD syringes and syringes other than ADs) | 764,465 | 808,153 |
| Injection supply with syringes other than ADs | 0 | 0 |
| Cold Chain equipment | 300,000 | 17,955 |
| Personnel | 8,429,637 | 8,705,009 |
| Other routine recurrent costs | 6,029,362 | 6,376,808 |
| Supplemental Immunisation Activities | 10,655,033 | 6,757,344 |
| Total Expenditures for Immunisation | 53,134,379 | 51,324,729 |

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

No, since all the committments made are not enoght to cover all the activities. Full one round of NIDs (camapign) is not yet funded and the outreach activities (other routien recurrent cost) are alos not completely funded. Cold chain rehabilitation will be affected.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Yes, other routine recurrent costs and campaigns cost will be affected. All partners (MoH, WHO and UNIECF) are working together to mobilize the required resources.

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, fully implemented**

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

| Action plan from Aide Mémoire | Implemented? |
|---|---|
| Financial manual need to be developed and approved by GAVI. | Yes |

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

- Fund disbursement to sub-national entities: Done through CAC Bank to GHOs, GHOs opened bank accounts.No bank branches in all districts, so districts get funds by cheques from the GHO.<?xml:namespace prefix = o />

- Cash payments more 2000$: Applied

- Internal control procedures: Financial manual prepared and approved

- Accounting and financial reporting: Report submitted to the HSSCC in each meeting conducted

- Internal audit: Department of internal audit for the ministry is the department in charge for internal auditing regarding GAVI support as well as others

- External audit:: Will be done with this round of auditing and the internal ministry regulation regarding this issue are applied.

- Procurement: Applied

- Banking arrangements: Done

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

Transfer of cash to districts through bank accounts showed up to be not practical, because branches of banks are mostly available at main towns, this arrangement needs to adjusted

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **2**

Please attach the minutes **(Document N° )** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

Recommendations :
- To support Rota vaccine introduction and ask MoH to make preparations required.
- To approve the APR 2010.

Concerns:
- Routine coverage in the conflict-affected areas.

Are any Civil Society Organisations members of the ICC? **Yes**

**If Yes,** which ones?

| List CSO member organisations: |
|---|
| National Society for Women and Child Development |

## 5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

- Enhancement of routine immunizations in the conflict-affected areas to rapidly increase coverage via close supervision and follow up, refreshing training for the vaccinators, rehabilitate the cold chain, implementation of social mobilization campaign and implementation of more frequent quality outreach activities.
- Sustain and increase the routine coverage to more than 90% by expansion of the fixed services and implementation of at least four phases of the outreach activities every year.
- Sustain securing the governmental share of pentavalent, pneumococcal and rota vaccines costs.
- Introduce Rota vaccine in June 2012.
- Apply for rubella introduction in 2013.
- Implement post-introduction evaluation for peneuomococcal and rota vaccine in early 2013.
- Implement EVSM/EVM in the 2nd half of 2012.
- Qualifying the central store for the Global certification.
- Sustain the lab-based surveillance of bacterial meningitis, pneumococcal and rota virus diseases to assess the burden of these diseases.
- Sustain polio free status particularly implementing of two rounds of polio NIDs every year.
- Implemnt national measels campiagn in 2012 and enhancement of the case-based surveillance.
- Implement the third round of MNT campaign in the high risk areas.

Are they linked with cMYP? **Yes**

## 5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

| Vaccine | Types of syringe used in 2011 routine EPI | Funding sources of 2011 |
|---|---|---|
| BCG | AD syringes, AD syringes for reconstitution 2 ml | Government |
| Measles | AD syringes, AD syringes for reconstitution 5 ml | Government |
| TT | AD syringes | Government |
| DTP-containing vaccine | AD syringes | GAVI - Government |
| Pneumococcal Vaccine PCV13 | AD syringes 0.5 ml | GAVI - Government |

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

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

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

no obstacles.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Through:
- Incinerators in some districts.
- Burning and burying.

# 6. Immunisation Services Support (ISS)

## 6.1. Report on the use of ISS funds in 2011

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2011 *(A)* | 0 | 0 |
| Remaining funds (carry over) from 2010 *(B)* | 317,741 | 67,996,574 |
| Total funds available in 2011 *(C=A+B)* | 317,741 | 67,996,574 |
| Total Expenditures in 2011 *(D)* | 187,667 | 40,160,738 |
| Balance carried over to 2012 *(E=C-D)* | 130,074 | 27,835,836 |

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

It is described in the financial manual and followed accordingly. (will be written here)

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

Described in the financial manual. (will be written here)

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Support supervision at all levels.

Pneumococcal vaccine introduction launching

Immunization cold chain vehicles insurance

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

## 6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number ) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

## 6.3. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

**Table 6.3:** Calculation of expected ISS reward

| | | | | Base Year** | 2011 |
|---|---|---|---|---|---|
| | | | | A | B*** |
| 1 | Number of infants vaccinated with DTP3* (from JRF) **specify** | | | 690848 | 657634 |
| 2 | Number of **additional** infants that are reported to be vaccinated with DTP3 | | | | -33214 |
| 3 | Calculating | $20 | per additional child vaccinated with DTP3 | | 0 |
| 4 | **Rounded-up estimate of expected reward** | | | | 0 |

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

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

## 7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

**Table 7.1**: Vaccines received for 2011 vaccinations against approvals for 2011

| | [ A ] | [ B ] | |
|---|---|---|---|
| **Vaccine type** | **Total doses for 2011 in Decision Letter** | **Total doses received by 31 December 2011** | **Total doses of postponed deliveries in 2012** |
| DTP-HepB-Hib | | 2,665,600 | 0 |
| Pneumococcal (PCV13) | | 2,669,400 | 324,000 |
| Rotavirus | | 0 | 0 |

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

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

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

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

## 7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| **Vaccine introduced** | Pneumococcal vaccine | |
|---|---|---|
| **Phased introduction** | No | |
| **Nationwide introduction** | Yes | 29/01/2011 |
| **The time and scale of introduction was as planned in the proposal? If No, Why ?** | No | The introduction was delayed because of the unavailability of the vaccine in global market |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **February 2013**

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° 20) )

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

## 7.3. New Vaccine Introduction Grant lump sums 2011

### 7.3.1. Financial Management Reporting

| | Amount US$ | Amount local currency |
|---|---|---|
| Funds received during 2011 (A) | 270,000 | 57,780,000 |
| Remaining funds (carry over) from 2010 (B) | 4,792 | 1,025,488 |
| Total funds available in 2011 (C=A+B) | 274,792 | 58,805,488 |
| Total Expenditures in 2011 (D) | 4,792 | 1,025,488 |
| Balance carried over to 2012 (E=C-D) | 270,000 | 57,780,000 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year ( Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and 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

Printing Promotional materials for Pneumococcal introduction.

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

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

## 7.4. Report on country co-financing in 2011

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

| | **Q.1: What were the actual co-financed amounts and doses in 2011?** | |
|---|---|---|
| **Co-Financed Payments** | **Total Amount in US$** | **Total Amount in Doses** |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 1,596,078 | 445,000 |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 425,760 | 124,300 |
| 1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL | 0 | 0 |
| | | |
| | **Q.2: Which were the sources of funding for co-financing in reporting year 2011?** | |
| Government | Government | |
| Donor | | |
| Other | | |
| | | |
| | **Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?** | |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 59,572 | |

| | | |
|---|---|---|
| | | |
| | **Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding** | |
| **Schedule of Co-Financing Payments** | Proposed Payment Date for 2013 | Source of funding |
| | | |
| 1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | January | Government |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | January | Government |
| 1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL | January | Government |
| | | |
| | **Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing** | |
| | | |

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2008**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

| Deficiency noted in EVM assessment | Action recommended in the Improvement plan | Implementation status and reasons for for delay, if any |
|---|---|---|
| Lack of cold chain capacity | Expansion of cold chain | implemented by expansion by 13 cold rooms in 2009 |
| Use of freeze indicators during vaccine distribu | Securing freesing watch | done |

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2012**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Yemen does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Yemen does not require to change 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 2012

Renewal of multi-year vaccines support for Yemen is not available in 2012

## 7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements
**Yes**

If you don't confirm, please explain

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

**Table 7.10.1:** Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

| Vaccine | Presentation | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| **DTP-HepB, 10 dose(s) per vial, LIQUID** | 10 | | | | | |
| **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** | 1 | | 2.182 | 2.017 | 1.986 | 1.933 |
| **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** | 10 | | 2.182 | 2.017 | 1.986 | 1.933 |
| **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED** | 2 | | 2.182 | 2.017 | 1.986 | 1.933 |
| **HPV bivalent, 2 dose(s) per vial, LIQUID** | 2 | | 5.000 | 5.000 | 5.000 | 5.000 |
| **HPV quadrivalent, 1 dose(s) per vial, LIQUID** | 1 | | 5.000 | 5.000 | 5.000 | 5.000 |
| **Measles, 10 dose(s) per vial, LYOPHILISED** | 10 | | 0.242 | 0.242 | 0.242 | 0.242 |
| **Meningogoccal, 10 dose(s) per vial, LIQUID** | 10 | | 0.520 | 0.520 | 0.520 | 0.520 |
| **MR, 10 dose(s) per vial, LYOPHILISED** | 10 | | 0.494 | 0.494 | 0.494 | 0.494 |
| **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** | 2 | | 3.500 | 3.500 | 3.500 | 3.500 |
| **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** | 1 | | 3.500 | 3.500 | 3.500 | 3.500 |
| **Yellow Fever, 10 dose(s) per vial, LYOPHILISED** | 10 | | 0.900 | 0.900 | 0.900 | 0.900 |
| **Yellow Fever, 5 dose(s) per vial, LYOPHILISED** | 5 | | 0.900 | 0.900 | 0.900 | 0.900 |
| **Rotavirus, 2-dose schedule** | 1 | | 2.550 | 2.550 | 2.550 | 2.550 |
| **Rotavirus, 3-dose schedule** | 1 | | 5.000 | 3.500 | 3.500 | 3.500 |
| **AD-SYRINGE** | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| **RECONSTIT-SYRINGE-PENTAVAL** | 0 | | 0.047 | 0.047 | 0.047 | 0.047 |
| **RECONSTIT-SYRINGE-YF** | 0 | | 0.004 | 0.004 | 0.004 | 0.004 |
| **SAFETY-BOX** | 0 | | 0.006 | 0.006 | 0.006 | 0.006 |

**Note:** WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table 7.10.1:** Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

| Vaccine | Presentation | 2016 |
|---|---|---|
| **DTP-HepB, 10 dose(s) per vial, LIQUID** | 10 | |
| **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** | 1 | 1.927 |
| **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** | 10 | 1.927 |
| **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED** | 2 | 1.927 |
| **HPV bivalent, 2 dose(s) per vial, LIQUID** | 2 | 5.000 |
| **HPV quadrivalent, 1 dose(s) per vial, LIQUID** | 1 | 5.000 |
| **Measles, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.242 |
| **Meningogoccal, 10 dose(s) per vial, LIQUID** | 10 | 0.520 |
| **MR, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.494 |
| **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** | 2 | 3.500 |
| **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** | 1 | 3.500 |
| **Yellow Fever, 10 dose(s) per vial, LYOPHILISED** | 10 | 0.900 |
| **Yellow Fever, 5 dose(s) per vial, LYOPHILISED** | 5 | 0.900 |
| **Rotavirus, 2-dose schedule** | 1 | 2.550 |
| **Rotavirus, 3-dose schedule** | 1 | 3.500 |
| **AD-SYRINGE** | 0 | 0.047 |
| **RECONSTIT-SYRINGE-PENTAVAL** | 0 | 0.047 |
| **RECONSTIT-SYRINGE-YF** | 0 | 0.004 |
| **SAFETY-BOX** | 0 | 0.006 |

**Note:** WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table 7.10.2:** Freight Cost

| Vaccine Antigens | VaccineTypes | No Threshold | 500,000$ | |
|---|---|---|---|---|
| | | | <= | > |
| DTP-HepB | HEPBHIB | 2.00 % | | |
| DTP-HepB-Hib | HEPBHIB | | 23.80 % | 6.00 % |
| Measles | MEASLES | 14.00 % | | |
| Meningogoccal | MENINACONJUGATE | 10.20 % | | |
| Pneumococcal (PCV10) | PNEUMO | 3.00 % | | |
| Pneumococcal (PCV13) | PNEUMO | 6.00 % | | |
| Rotavirus | ROTA | 5.00 % | | |
| Yellow Fever | YF | 7.80 % | | |

## 7.11. Calculation of requirements

**Table 7.11.1:** Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | **Number of surviving infants** | Table 4 | # | 814,607 | 840,296 | 866,859 | 894,327 | 922,736 | 4,338,825 |
| | **Number of children to be vaccinated with the first dose** | Table 4 | # | 721,597 | 798,281 | 832,184 | 867,498 | 904,282 | 4,123,842 |
| | **Number of children to be vaccinated with the third dose** | Table 4 | # | 657,634 | 773,072 | 806,178 | 840,668 | 876,600 | 3,954,152 |
| | **Immunisation coverage with the third dose** | Table 4 | % | 80.73 % | 92.00 % | 93.00 % | 94.00 % | 95.00 % | |
| | **Number of doses per child** | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | **Estimated vaccine wastage factor** | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | |
| | **Vaccine stock on 1 January 2012** | | # | 1,039,000 | | | | | |
| | **Number 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 | |
| | **Safety boxes required** | Parameter | # | | Yes | Yes | Yes | Yes | |
| **g** | **Vaccine price per dose** | Table 7.10.1 | $ | | 2.18 | 2.02 | 1.99 | 1.93 | |
| **cc** | **Country co-financing per dose** | Co-financing table | $ | | 0.75 | 0.62 | 0.60 | 0.58 | |
| **ca** | **AD syringe price per unit** | Table 7.10.1 | $ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| **cr** | **Reconstitution syringe price per unit** | Table 7.10.1 | $ | | 0 | 0 | 0 | 0 | |
| **cs** | **Safety box price per unit** | Table 7.10.1 | $ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| **fv** | **Freight cost as % of vaccines value** | Table 7.10.2 | % | | 6.00 % | 6.00 % | 6.00 % | 6.00 % | |
| **fd** | **Freight cost as % of devices value** | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

## Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

| **Co-financing group** | Intermediate |
|---|---|

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Minimum co-financing** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Recommended co-financing as per APR 2010** | | | 0.62 | 0.60 | 0.58 |
| **Your co-financing** | 0.67 | 0.75 | 0.62 | 0.60 | 0.58 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Number of vaccine doses** | # | 1,056,800 | 1,899,200 | 1,993,500 | 2,084,000 |
| **Number of AD syringes** | # | 1,875,000 | 2,008,700 | 2,108,400 | 2,204,200 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 | 0 |
| **Number of safety boxes** | # | 20,825 | 22,300 | 23,425 | 24,475 |
| **Total value to be co-financed by GAVI** | $ | 2,540,500 | 4,163,500 | 4,304,500 | 4,383,000 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Number of vaccine doses** | # | 479,300 | 749,000 | 767,100 | 793,600 |
| **Number of AD syringes** | # | 850,400 | 792,200 | 811,300 | 839,400 |
| **Number of re-constitution syringes** | # | 0 | 0 | 0 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of safety boxes** | # | 9,450 | 8,800 | 9,025 | 9,325 |
| **Total value to be co-financed by the Country** | $ | 1,152,000 | 1,642,000 | 1,656,500 | 1,669,000 |

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 1)

| | | Formula | 2011 | 2012 | | |
|---|---|---|---|---|---|---|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | *V* | 0.00 % | 31.20 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 721,597 | 798,281 | 249,069 | 549,212 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | 3 | | |
| D | Number of doses needed | *B X C* | 2,164,791 | 2,394,843 | 747,205 | 1,647,638 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 2,273,031 | 2,514,586 | 784,566 | 1,730,020 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | | 60,389 | 18,842 | 41,547 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | 1,039,000 | | | |
| I | Total vaccine doses needed | *F + G – H* | | 1,535,975 | 479,234 | 1,056,741 |
| J | Number of doses per vial | *Vaccine Parameter* | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | | 2,725,308 | 850,312 | 1,874,996 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | | 30,251 | 9,439 | 20,812 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | | 3,351,498 | 1,045,687 | 2,305,811 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | | 126,727 | 39,540 | 87,187 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | | 176 | 55 | 121 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | | 201,090 | 62,742 | 138,348 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | | 12,691 | 3,960 | 8,731 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | | 3,692,182 | 1,151,982 | 2,540,200 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | | 1,151,982 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | | 31.20 % | | |

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

| | | Formula | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | *V* | 28.28 % | | | 27.79 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 832,184 | 235,360 | 596,824 | 867,498 | 241,046 | 626,452 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | | 3 | | |
| D | Number of doses needed | *B X C* | 2,496,552 | 706,079 | 1,790,473 | 2,602,494 | 723,138 | 1,879,356 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 2,621,380 | 741,383 | 1,879,997 | 2,732,619 | 759,295 | 1,973,324 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 26,699 | 7,552 | 19,147 | 27,810 | 7,728 | 20,082 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | | | | | | |
| I | Total vaccine doses needed | *F + G – H* | 2,648,079 | 748,934 | 1,899,145 | 2,760,429 | 767,022 | 1,993,407 |
| J | Number of doses per vial | *Vaccine Parameter* | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 2,800,809 | 792,129 | 2,008,680 | 2,919,638 | 811,261 | 2,108,377 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 31,089 | 8,793 | 22,296 | 32,408 | 9,005 | 23,403 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 5,341,176 | 1,510,600 | 3,830,576 | 5,482,212 | 1,523,306 | 3,958,906 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 5,341,176 | 36,835 | 93,403 | 5,482,212 | 37,724 | 98,040 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 181 | 52 | 129 | 188 | 53 | 135 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 320,471 | 90,637 | 229,834 | 328,933 | 91,399 | 237,534 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 13,042 | 3,689 | 9,353 | 13,596 | 3,778 | 9,818 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 5,805,108 | 1,641,809 | 4,163,299 | 5,960,693 | 1,656,258 | 4,304,435 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 1,641,809 | | | 1,656,258 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 28.28 % | | | 27.79 % | | |

**Table 7.11.4**: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

| | | Formula | 2015 | | |
|---|---|---|---|---|---|
| | | | Total | Government | GAVI |
| A | Country co-finance | *V* | 27.58 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 904,282 | 249,380 | 654,902 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | |
| D | Number of doses needed | *B X C* | 2,712,846 | 748,139 | 1,964,707 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 2,848,489 | 785,546 | 2,062,943 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 28,968 | 7,989 | 20,979 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | | | |
| I | Total vaccine doses needed | *F + G – H* | 2,877,457 | 793,535 | 2,083,922 |
| J | Number of doses per vial | *Vaccine Parameter* | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 3,043,414 | 839,302 | 2,204,112 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 33,782 | 9,317 | 24,465 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 5,562,125 | 1,533,902 | 4,028,223 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 141,519 | 39,028 | 102,491 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 196 | 55 | 141 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 333,728 | 92,035 | 241,693 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 14,172 | 3,909 | 10,263 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 6,051,740 | 1,668,927 | 4,382,813 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 1,668,926 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 27.58 % | | |

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

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | Number of surviving infants | Table 4 | # | 814,607 | 840,296 | 866,859 | 894,327 | 922,736 | 4,338,825 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 661,917 | 798,281 | 832,184 | 867,498 | 904,282 | 4,064,162 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 452,144 | 773,072 | 806,178 | 840,668 | 876,600 | 3,748,662 |
| | Immunisation coverage with the third dose | Table 4 | % | 55.50 % | 92.00 % | 93.00 % | 94.00 % | 95.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 1 January 2012 | | # | 592,320 | | | | | |
| | Number 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 | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | $ | | 3.50 | 3.50 | 3.50 | 3.50 | |
| cc | Country co-financing per dose | Co-financing table | $ | | 0.23 | 0.26 | 0.30 | 0.35 | |
| ca | AD syringe price per unit | Table 7.10.1 | $ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | $ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | $ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.00 % | 6.00 % | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

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

| Co-financing group | Intermediate |
|---|---|

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Minimum co-financing | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Recommended co-financing as per APR 2010 | | | 0.26 | 0.29 | 0.32 |
| Your co-financing | 0.20 | 0.23 | 0.26 | 0.30 | 0.35 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Number of vaccine doses | # | 1,906,200 | 2,465,200 | 2,540,500 | 2,610,000 |
| Number of AD syringes | # | 2,608,500 | 2,607,400 | 2,687,000 | 2,760,500 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 28,975 | 28,950 | 29,825 | 30,650 |
| Total value to be co-financed by GAVI | $ | 7,205,500 | 9,279,500 | 9,563,000 | 9,824,500 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Number of vaccine doses | # | 123,500 | 183,000 | 220,100 | 267,600 |
| Number of AD syringes | # | 169,000 | 193,500 | 232,700 | 283,000 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of safety boxes** | # | 1,900 | 2,150 | 2,600 | 3,150 |
| **Total value to be co-financed by the Country** | $ | 467,000 | 689,000 | 828,500 | 1,007,500 |

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

| | | Formula | 2011 | 2012 | | |
|---|---|---|---|---|---|---|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | *V* | 0.00 % | 6.08 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 661,917 | 798,281 | 48,572 | 749,709 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | 3 | | |
| D | Number of doses needed | *B X C* | 1,985,751 | 2,394,843 | 145,715 | 2,249,128 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 2,085,039 | 2,514,586 | 153,001 | 2,361,585 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | | 107,387 | 6,534 | 100,853 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | 592,320 | | | |
| I | Total vaccine doses needed | *F + G – H* | | 2,029,653 | 123,495 | 1,906,158 |
| J | Number of doses per vial | *Vaccine Parameter* | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | | 2,777,476 | 168,996 | 2,608,480 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | | 30,830 | 1,876 | 28,954 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | | 7,103,786 | 432,231 | 6,671,555 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | | 129,153 | 7,859 | 121,294 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | | 179 | 11 | 168 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | | 426,228 | 25,934 | 400,294 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | | 12,934 | 787 | 12,147 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | | 7,672,280 | 466,822 | 7,205,458 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | | 466,821 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | | 6.08 % | | |

**Table 7.11.4**: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

| | | Formula | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | *V* | 6.91 % | | | 7.97 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 832,184 | 57,481 | 774,703 | 867,498 | 69,139 | 798,359 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | | 3 | | |
| D | Number of doses needed | *B X C* | 2,496,552 | 172,443 | 2,324,109 | 2,602,494 | 207,416 | 2,395,078 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 2,621,380 | 181,065 | 2,440,315 | 2,732,619 | 217,787 | 2,514,832 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 26,699 | 1,845 | 24,854 | 27,810 | 2,217 | 25,593 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | | | | | | |
| I | Total vaccine doses needed | *F + G – H* | 2,648,079 | 182,909 | 2,465,170 | 2,760,429 | 220,003 | 2,540,426 |
| J | Number of doses per vial | *Vaccine Parameter* | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 2,800,809 | 193,459 | 2,607,350 | 2,919,638 | 232,692 | 2,686,946 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 31,089 | 2,148 | 28,941 | 32,408 | 2,583 | 29,825 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 9,268,277 | 640,181 | 8,628,096 | 9,661,502 | 770,010 | 8,891,492 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 9,268,277 | 8,996 | 121,242 | 9,661,502 | 10,821 | 124,943 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 181 | 13 | 168 | 188 | 15 | 173 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 556,097 | 38,411 | 517,686 | 579,691 | 46,201 | 533,490 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 13,042 | 901 | 12,141 | 13,596 | 1,084 | 12,512 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 9,967,835 | 688,501 | 9,279,334 | 10,390,741 | 828,130 | 9,562,611 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 688,501 | | | 828,129 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 6.91 % | | | 7.97 % | | |

**Table 7.11.4**: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

| | | Formula | 2015 | | |
|---|---|---|---|---|---|
| | | | Total | Government | GAVI |
| A | Country co-finance | *V* | 9.30 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 904,282 | 84,082 | 820,200 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 3 | | |
| D | Number of doses needed | *B X C* | 2,712,846 | 252,246 | 2,460,600 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 2,848,489 | 264,858 | 2,583,631 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 28,968 | 2,694 | 26,274 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | | | |
| I | Total vaccine doses needed | *F + G – H* | 2,877,457 | 267,552 | 2,609,905 |
| J | Number of doses per vial | *Vaccine Parameter* | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 3,043,414 | 282,983 | 2,760,431 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 33,782 | 3,142 | 30,640 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 10,071,100 | 936,430 | 9,134,670 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 141,519 | 13,159 | 128,360 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 196 | 19 | 177 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 604,266 | 56,186 | 548,080 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 14,172 | 1,318 | 12,854 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 10,831,253 | 1,007,110 | 9,824,143 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 1,007,110 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 9.30 % | | |

**Table 7.11.1:** Specifications for Rotavirus, 1 dose(s) per vial, ORAL

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | Number of surviving infants | Table 4 | # | 814,607 | 840,296 | 866,859 | 894,327 | 922,736 | 4,338,825 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 394,939 | 832,184 | 867,498 | 904,282 | 2,998,903 |
| | Number of children to be vaccinated with the second dose | Table 4 | # | 0 | 386,536 | 806,178 | 840,668 | 876,600 | 2,909,982 |
| | Immunisation coverage with the second dose | Table 4 | % | 0.00 % | 46.00 % | 93.00 % | 94.00 % | 95.00 % | |
| | Number of doses per child | Parameter | # | 2 | 2 | 2 | 2 | 2 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 1 January 2012 | | # | 0 | | | | | |
| | Number 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 | |
| g | Vaccine price per dose | Table 7.10.1 | $ | | 2.55 | 2.55 | 2.55 | 2.55 | |
| cc | Country co-financing per dose | Co-financing table | $ | | 0.20 | 0.26 | 0.30 | 0.35 | |
| ca | AD syringe price per unit | Table 7.10.1 | $ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | $ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | $ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 5.00 % | 5.00 % | 5.00 % | 5.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

## Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

| Co-financing group | Intermediate |
|---|---|

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Minimum co-financing | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Recommended co-financing as per Proposal 2011 | | | 0.23 | 0.26 | 0.30 |
| Your co-financing | | 0.20 | 0.26 | 0.30 | 0.35 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Number of vaccine doses | # | 959,300 | 1,785,200 | 1,634,100 | 1,667,600 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 10,650 | 19,825 | 18,150 | 18,525 |
| Total value to be co-financed by GAVI | $ | 2,568,500 | 4,780,000 | 4,375,500 | 4,465,000 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Number of vaccine doses | # | 77,500 | 192,000 | 206,200 | 250,800 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of safety boxes** | # | 875 | 2,150 | 2,300 | 2,800 |
| **Total value to be co-financed by the Country** | $ | 207,500 | 514,500 | 552,500 | 671,500 |

**Table 7.11.4**: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

| | | Formula | 2011 | 2012 | | |
|---|---|---|---|---|---|---|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | *V* | 0.00 % | 7.47 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 0 | 394,939 | 29,501 | 365,438 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 2 | 2 | | |
| D | Number of doses needed | *B X C* | 0 | 789,878 | 59,002 | 730,876 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.00 | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 0 | 829,372 | 61,952 | 767,420 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | | 207,343 | 15,488 | 191,855 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | 0 | | | |
| I | Total vaccine doses needed | *F + G – H* | | 1,036,715 | 77,439 | 959,276 |
| J | Number of doses per vial | *Vaccine Parameter* | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | | 11,508 | 860 | 10,648 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | | 2,643,624 | 197,470 | 2,446,154 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | *L x 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 % of vaccines value (fv)* | | 132,182 | 9,874 | 122,308 |
| 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)* | | 2,775,806 | 207,343 | 2,568,463 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | | 207,343 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | | 7.47 % | | |

**Table 7.11.4**: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

| | | Formula | 2013 | | | 2014 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | *V* | 9.71 % | | | 11.20 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 832,184 | 80,810 | 751,374 | 867,498 | 97,199 | 770,299 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 2 | | | 2 | | |
| D | Number of doses needed | *B X C* | 1,664,368 | 161,620 | 1,502,748 | 1,734,996 | 194,398 | 1,540,598 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 1,747,587 | 169,701 | 1,577,886 | 1,821,746 | 204,118 | 1,617,628 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 229,554 | 22,291 | 207,263 | 18,540 | 2,078 | 16,462 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | | | | | | |
| I | Total vaccine doses needed | *F + G – H* | 1,977,141 | 191,992 | 1,785,149 | 1,840,286 | 206,195 | 1,634,091 |
| J | Number of doses per vial | *Vaccine Parameter* | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 0 | 0 | 0 | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 21,947 | 2,132 | 19,815 | 20,428 | 2,289 | 18,139 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 5,041,710 | 489,579 | 4,552,131 | 4,692,730 | 525,797 | 4,166,933 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 5,041,710 | 0 | 0 | 4,692,730 | 0 | 0 |
| P | Cost of reconstitution syringes needed | *L x reconstitution price per unit (cr)* | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | *M x safety box price per unit (cs)* | 0 | 0 | 0 | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | *N x freight cost as of % of vaccines value (fv)* | 252,086 | 24,479 | 227,607 | 234,637 | 26,290 | 208,347 |
| S | Freight cost for devices needed | *(O+P+Q) x freight cost as % of devices value (fd)* | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | *(N+O+P+Q+R+S)* | 5,293,796 | 514,057 | 4,779,739 | 4,927,367 | 552,086 | 4,375,281 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 514,057 | | | 552,086 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 9.71 % | | | 11.20 % | | |

**Table 7.11.4**: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

| | | Formula | 2015 | | |
|---|---|---|---|---|---|
| | | | Total | Government | GAVI |
| A | Country co-finance | *V* | 13.07 % | | |
| B | Number of children to be vaccinated with the first dose | *Table 5.2.1* | 904,282 | 118,207 | 786,075 |
| C | Number of doses per child | *Vaccine parameter (schedule)* | 2 | | |
| D | Number of doses needed | *B X C* | 1,808,564 | 236,414 | 1,572,150 |
| E | Estimated vaccine wastage factor | *Table 4* | 1.05 | | |
| F | Number of doses needed including wastage | *D X E* | 1,898,993 | 248,235 | 1,650,758 |
| G | Vaccines buffer stock | *(F – F of previous year) * 0.25* | 19,312 | 2,525 | 16,787 |
| H | Stock on 1 January 2012 | *Table 7.11.1* | | | |
| I | Total vaccine doses needed | *F + G – H* | 1,918,305 | 250,759 | 1,667,546 |
| J | Number of doses per vial | *Vaccine Parameter* | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | *(D + G – H) * 1.11* | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | *I / J * 1.11* | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | *(K + L) /100 * 1.11* | 21,294 | 2,784 | 18,510 |
| N | Cost of vaccines needed | *I x vaccine price per dose (g)* | 4,891,678 | 639,436 | 4,252,242 |
| O | Cost of AD syringes needed | *K x AD syringe price per unit (ca)* | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | *L x 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 % of vaccines value (fv)* | 244,584 | 31,972 | 212,612 |
| 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)* | 5,136,262 | 671,407 | 4,464,855 |
| U | Total country co-financing | *I x country co-financing per dose (cc)* | 671,407 | | |
| V | Country co-financing % of GAVI supported proportion | *U / T* | 13.07 % | | |

## 8. Injection Safety Support (INS)

Yemen is not reporting on Injection Safety Support (INS) in 2012

# 9. Health Systems Strengthening Support (HSS)

**Instructions for reporting on HSS funds received**

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, 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 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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 activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

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

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

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 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

9. 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.

## 9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.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 9.1.3.a and 9.1.3.b.**

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | 376000 | 2198000 | 2188000 | 1573000 | | |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | 376000 | 2198000 | 2188000 | 1573000 | | |
| Total funds received from GAVI during the calendar year (*A*) | 376000 | 2198000 | 2188000 | 786500 | 768500 | |
| Remaining funds (carry over) from previous year (*B*) | | 284336 | 1564649 | 1482109 | 766765 | 1211024 |
| Total Funds available during the calendar year (*C=A+B*) | | 2482336 | 3752469 | 2268609 | 1553263 | |
| Total expenditure during the calendar year (*D*) | 91664 | 917687 | 2270540 | 1761603 | 342240 | |
| Balance carried forward to next calendar year (*E=C-D*) | 284336 | 1564649 | 1739083 | 766765 | 1211024 | |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | | | | | | |

Table 9.1.3b (Local currency)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Original annual budgets (*as per the originally approved HSS proposal*) | 75200000 | 439600000 | 468232000 | 336622000 | | |
| Revised annual budgets (*if revised by previous Annual Progress Reviews*) | 75200000 | 439600000 | 468232000 | 336622000 | | |
| Total funds received from GAVI during the calendar year (*A*) | 75200000 | 439600000 | 468232000 | 168311000 | 168311000 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Remaining funds (carry over) from previous year (*B*) | | 56867200 | 334834886 | 317171326 | 164087710 | 259158922 |
| Total Funds available during the calendar year (*C=A+B*) | | 496467200 | 803066886 | 485482326 | 332398282 | |
| Total expenditure during the calendar year (*D*) | 18332800 | 183537400 | 485895560 | 376983042 | 73239360 | |
| Balance carried forward to next calendar year (*E=C-D*) | 56867200 | 312929800 | 372163762 | 164087710 | 259158922 | |
| **Amount of funding requested for future calendar year(s)** [please ensure you complete this row if you are requesting a new tranche] | | | | | | |

### Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

| Exchange Rate | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Opening on 1 January | 200 | 200.17 | 207.19 | 214 | 214 | |
| Closing on 31 December | 200 | 200 | 200.17 | 207 | 214 | |

### Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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: 9)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 22)**

### Financial management of HSS funds

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

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

- HSS funds management has shown up tobe effective, it has been referred to in the FMA done in 2010.

- - The HSS funds are transferred to aspecial governmental account in the name of the ICC. The Ministry of Finance,represented by the General Director of Finance, approves all the disbursementsand the DG of Finance is a major signatory on all the financial documents. MoFis also represented in the HSSCC (previously ICC).<?xml:namespace prefix = o />

- - HSSCC approves all the budgetedactivities proposed by the MoPHP.

- MoPHP authorizes the spending according to theapproved plan of action following the national applied financial procedures

- -Tenders are announced, analyzed andfinalized according to the national governmental financial system.

- - Financial auditing is done by the MOFand an international firm.

- - Documentation of financial procedureswill be done in 2011 based on FMA recommendations.

- - Disbursement modality of funds to GHOsis to Bank accounts

- Cash of 2000$ or more is disbursed by a cheque

those are described in the financial manual

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

**External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 26)**

## 9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. 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 9.2: HSS activities in the 2011 reporting year

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2011** | **Percentage of Activity completed (annual)** (where applicable) | **Source of information/data** (if relevant) |
|---|---|---|---|
| **Objective 1: improve accessibility, quality and ut** | - | | |
| **1.1 Carry out operational research, conduct a trai** | Discussion is done with Yemeni council for Medical Specializations to establish a post graduate training in Family Health Practice. It is expected that establishment of the course will take time because it is new to the country and local expertise are very limited in this regard. | 100 | |
| **1.2 Design a national integrated outreach model** | -- | 100 | |
| **Design national service strengthening program at** | -- | 100 | |

| | | | |
|---|---|---|---|
| **1.4 Train PHC staff and staff of six selected vert** | -- | 100 | |
| **1.5 Implement outreach program** | Support conducting 4 outreach rounds, provide medicines for outreach activities,<br>We couldn't conclude purchasing drugs for the integrated outreach round from GAVI support, so we supported 17-24 districts in governorates able to secure medicines for the outreach teams by mobilizing resources in the local level. The rest of districts of districts had done routine outreach rounds funded by government, UNICEF, and WHO. | 70 | Integrated outreach and EPI outreach achievements for 2011 |
| **Objective 2: To improve the efficiency and coordin** | - | | |
| **2.1 Design framework and implementation plan for f** | The annual planning process for the PHC sector and GHOs 2011, technical and financial support for functional integration in 6 selected districts, introducing integration framework to ministry and governorates<br>(The planning process was done before the country got into the intense political crisis, other activities not done) | 50 | |
| **2.2 Design and implement national policy to suppor** | Workshop to disseminate the national policy for integrated outreach services<br>(not done) | | |
| **2.3 Carry out costing study to determine actual co** | Conduct the outreach costing study<br>(The study was done, funded by the WB support in preparation for the implementation of the HPP project, draft of report available, not disseminated yet) | 80 | |
| **Objective 3: To improve central, governorate, and** | | | |
| **3.1 Design and agree upon an integrated management** | Training last group of targeted staff in management<br>(The last group of targeted staff were trained) | 100 | |
| **3.2 Design the tools of integrated , unified, & si** | Development of integrated logistics concept / mechanisms<br>(not done) | | |
| **3.3 Incorporate into the model and support distric** | Training community health volunteers in 3 governorates<br>(Training of the last targeted group of CHVs done in 3 governorates, dissemination of CHV national guidelines is ongoing) | | |
| **3.4 Incorporate above tools into the outreach syst** | In-process, the guidelines and training of CHVs is ongoing through support of stakeholders; there is a need to coordinate efforts regarding training and exchange of information | 100 | |
| **3.5 Strengthen and make operational the integrated** | -- | | |

| | | | |
|---|---|---|---|
| **3.6 Carry out rapid operational research to identi** | Learning from research results to improve integrated outreach program | | |
| **3.7 Support existing national training bodies such** | -- | | |
| **3.8 The HSSCC strengthened to provide improved ove** | Regular meetings, study tour (2 meetings were conducted, communication to organize study tour on health system strengthening was initiated but interrupted) | 75 | |
| **Objective 4; To develop the results-based model of** | | | |
| **4.1 Pre and post intervention surveys. Following** | Post-intervention study of program outputs (Re-Planned 2012 We are in the process to call for evaluation of the HSS program, to be done by an independent consultant) | | |
| **4.2 Hold national and regional workshops to build** | Supporting development and dissemination of the 5 year national health plan (Support provided to print the 5 year plan + support to secretarial work) | 85 | |
| **4.3 Promote the Model to MoF, MoLA, and local coun** | Series of workshops on national and governorate levels to advocate for and gain support for the idea (not done) | | |

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

| **Major Activities** (insert as many rows as necessary) | **Explain progress achieved and relevant constraints** |
|---|---|
| **Objective 1: improve accessibility, quality and ut** | |
| **1.1 discussion with Yemeni Council for Medical Spe** | Family Health file is finalized; discussion with Yemeni Council for Medical Specializations has been done to establish a post graduate training in Family Health Practice in collaboration with universities including Suez Canal University and Hadramout University. This is an important step to institutionalize this training Considering that it is a new theme of postgraduate education to be introduced, it needs time |
| **1.2 Design a national integrated outreach model** | The integrated outreach model is approved, learning from it is continuing, it inspired planning outreach model which is implemented by the WB funded Health and Population Project (HPP).<br>This activity is logically combined with activity 2.1, so both were integrated into one consulting service the final product is compiled in the report ( Functional Integration of Vertical Programs & National integrated outreach model)<br>It is approved and will be used in districts targeted by the HPP, which is building on and complementing what have been accomplished by HSS program experience |
| **1.3 Design national service strengthening program** | Consultancy was done and program design was developed. Local expertise were also used |
| **1.4 Train PHC staff and staff of six selected vert** | Training of targeted health facility staff was completed in the 64 districts in 2010, staff have become equipped with basic knowledge and skills to perform related tasks |
| **1.5 Implement outreach program** | 4 outreach rounds supported. In 2011, it was possible to support 17-24 districts, based on ability of GHOs to conduct integrated outreach activities using their own medicines stocks within the difficult circumstances of insecurity and scarcity of drugs. |
| **Objective 2: To improve the efficiency and coordin** | |

| | |
|---|---|
| **2.1 Design framework and implementation plan for** | The PHC sector at central level develops an integrated annual plan for the sector integrating 13 public health programs, however the extent of integration varies from program to another and major aspects of integration are in supervision and outreach activities. Also, the sector holds an annual planning workshop with governorates health leaderships, this activity was done in 2011 also.<br>The consultancy report on functional integration is approved building on product of activity 1.2; not yet introduced to ministry and governorates in 2011, and not yet tried in 6 districts, |
| **2.2 Design and implement national policy to suppor** | Policy is developed inspiring the product of activities (1.2, 1.3, and 2.1) by local expertise. Dissemination workshop not done in 2011 at central and local levels of health system |
| **2.3 Carry out costing study to determine actual co** | Done, fund by WB, not disseminated yet, funds are reallocated to fund outreach rounds. |
| **Objective 3: To improve central, governorate, and** | |
| **3.1 Design and agree upon an integrated management** | Framework final design of management training manual approved. The targeted administrative staff (DHD,PHC responsible, and HFs Directors) in districts trained,<br>Done in Al-Mahweet governorate as the last group of targeted staff |
| **3.2 Development of integrated logistics concept /** | the integrated supervision list was developed, reviewed, discussedwith other sub-sectors in ministry and Governorate Health Offices (GHOs), and is regularly applied by all public health program; data collected through the supervision visits are providing information for action to the ministry senior leadership. Indicators and reporting form to measure PHC services achievements at governorate and district levels are introduced and agreed upon using them for reporting.<br>It is worth mentioning that development of unified supervision system and the electronic analysis program with feedback based on that are major components of this simplified management system.<br>Integrated logistics concept and mechanisms not done yet.<br>A major challenge in integrating logistics is variations in timing of supply, requirements for transportation, and conflict of interests of involved staff. |
| **3.3 Incorporate into the model and support distric** | Last training was done in 6 districts of 3 governorates (Hadramout, Ibb, Sanaa), guidelines were disseminated to some of development partner's, and process is on-going.<br>JICA support is suspended because of political crisis in Yemen, hope that it resumes soon and continue together to improve CHVs experience.<br>A major challenge is the variable interests of Development Partners regarding focusing on certain aspects of CHVs tasks |
| **3.4 Incorporate above tools into the outreach syst** | CHV concept and functions are taken up in the design of HPP according to the national guidelines. CHVs are an integral part of the outreach system in addition to their regular work in supporting their communities when there are no outreach activities.<br>HPP project has become effective in 2012, it is expected that role of CHVs to be strengthened through WB support |
| **3.5 Strengthen and make operational the integrated** | Unit equipping is completed, staff are gaining experience in entering data collected from the field and are able to provide data summaries for decision making. An statistics local expert was temporarily hired to provide technical support to unit staff |
| **3.6 Carry out rapid operational research to ident** | Study done and funded by the WB in preparation for the HPP, results gained from this study were integrated into planning for 2011 |
| **3.7 Support existing national training bodies such** | Unified training material is used in training of staff |
| **3.8 Regular meetings of HSSCC, study tour** | The committee was able to meet twice, communication for the study tour initiated, postponed to 2012 due to political instability |
| **Objective 4; To develop the results-based model of** | |
| **4.1 Post-intervention study of program outputs** | Survey will be done in 2012, we are in the process of identifying a consultant to form and lead an evaluation team |
| **4.2 Supporting development and dissemination of th** | We contributed to supporting the printing and secretary work of the 5 year plan, which is based on the national health strategy |

| | |
|---|---|
| **4.3 Promote the Model to MoF, MoLA, and local coun** | The political and security situation didn't allow for conducting the workshops on national and governorate levels in 2011.<br>Also, The local administration system has before that experienced the process of updating strategy of implementation of de-centralization, which delayed implementation of the activity, Diversity of stake holders at all levels, conflict of interests between central and local levels, and distribution of responsibilities across multiple authorities, is a difficulty phasing concluding the needed budgetary mechanisms |

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

The country hasexperienced a critical political crisis, which almost has paralyzed thegovernment functions and caused major deterioration in security status.

Because ofthat, we kept implementation of activities as opportunistic as possible takinginto consideration expected constraints to implement any activity. At the sametime, we gave great attention to implement very needy activities to preventpotential disease outbreaks by focusing on supporting EPI activities includingNIDs and outreach activities.

Within that context WHO and the Ministry of health hasorganized 2 rounds of national polio campaign in Novemeber 2011 and January2012, and a national campaign of measles + polio targeted all children belowqge of 10 for measles and age of 5 for polio has been conducted in March 2012to stop the circulation of measles virus in the country, which killed 176children.

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9.2.3 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?

Human Resources Incentives funded by the HSSprogram are based on assessment of performance done by the EPI; EPI is usingassessment criteria and is using them as a motivating mechanism. We look at itas an example for potential use by the government system to shift intoperformance based payment (we realize the difficulties in adopting this) .

## 9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

**Table 9.3:** 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 | 2011 Target | | | | | | Data Source | Explanation if any targets were not achieved |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Baseline value | Baseline source/date | | | 2007 | 2008 | 2009 | 2010 | 2011 | | |
| **National PENTA3 coverage (%)** | 85% 2006 | EPI statistic office + WHO/UNICEF Joint Reporting Form 2008 | - | 91% | 87% | 87% | 86% | 87.4% | 81% | EPI statistic office + WHO/UNICEF Joint Reporting Form | Due to civil conflict in the country, political conflict and paralysis of government system, insecurity, and high fuel prices |
| **Number / % of districts achieving ≥80% Penta3 cove** | 58% | EPI statistic office +WHO/UNICEF Joint Reporting Form 2008 | - | 100% | 62% | 66% | 68% | 75% | 56% | EPI statistic office + WHO/UNICEF Joint Reporting Form | - about 5% of districts are of nomadic mobile population + above mentioned |
| **Under five mortality rate (per 1000)** | 102 | Yemen Family Health Survey, GOY and League of Arab States, 2005 | - | 85 (consistent with MoPHP 5 year plan) | 78 | 78 | 78 | 78 | 78 | Multiple Indicator cluster survey/ 2006 UNICEF | Demographic Health Survey is expected to be done in 2012 and will help verifying the U5MR |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Proportion of districts reaching at least 70% of t** | 0 | MoPHP, GHO annual statistics | - | 90% of the 64 targeted districts | 0 | 12 | 67 | 66 | 24 | MOPHP administrative reports | 24 districts were able to conduct integrated outreach for 2 rounds and less than that for 4 rounds, because of capacity of governorate to secure medicines at governorate level, also utilization of outreach services has gone down a little bit. and reasons related to the crisis the country encountered in 2011 |
| **# of service provision contacts per district per y** | District specific | MoPHP HIS | - | Tripled | 81,959 | 174,861 | 517,036 | 594,258 | 222,250 | | -(2007) service provision contacts in fixed facilities + Immunization outreach.<br>-(2008) service provision contacts in fixed facilities + Immunization outreach+ integrated outreach in 11 districts for 1 round.<br>-(2009,2010,2011) service provision contacts in fixed facilities + Immunization outreach+ integrated outreach in the implementing districts for 4 rounds. |
| **TT2+ coverage 15-45 CBAW** | 20% | EPI, Yemen | - | 90% | 17% | 20% | 20% | 17% | 13% | EPI, Yemen | These figures reflect the administrative reports, while it's expected that the real coverage would be much more and will be known by the next planned DHS. |

## 9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

- - The integrated outreach model is taken up by support of WBwhich will build and strengthen the experience in 70 target districts. This projectis re-activated early 2012 after been suspended since July 2011 beforelaunching, the model is looked at positively by health system interested Parties.

- - Conducting 4 rounds of outreach services, based on capacity ofGHOs to do and use of their own stock of medicines, in 2011 the coverage of EPIwas increased by 25% from the target population, which is 1% less than what hadbeen achieved in 2010, this contribution has helped to avoid dramatic drop inEPI coverage, and helped to keep EPI coverage 2011 at 81% after being 87.4% in2010.

- - Finalizing, approving anddisseminating the national CHVs guidelines is expected to help improving andfurther developing the experience of CHV, The expansion of number of CHVstrained through HSS is enhancing access of people to basic health services andincreases link between communities and health facilities, the experience oftraining CHVs is bringing on the table the discussion of harmonizing input andtraining contents of CHVs, we are discussing the issue currently with theUNICEF.

- - Training of health services administrators in managementimproves service delivery and resources utilization

- The integrated supervision approach has clearly shown superiorityto the detailed individual vertical programs supervision lists, especially regarding providing a reasonable picture aboutfunctions of health facilities sufficient to help decision making, since it canbe done through one visit to a health facility compared to vertical programslists.

- The integrated package of PHC staff training is discussedwith a visitor expert of EU supported project, the concept of discussion wasthat it can be used to influence integrating service provision at healthfacility level, and to create as much possible multi disciplinary PHC and RHtrainers, the integrated training is a suitable platform for discussing andpractically integrating service delivery at health facilities and at communitylevel.

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

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

- Multilevel supervision on outreach activities and healthfacilities are done (central, governorate, and district levels), here thecentral team of supervisors is supporting governorates and districts to conductoutreach activities and facility based services at a reasonable level ofperformance. The governorate health offices are supporting and supervising theperformance through governorate health office team of supervisors to districts,the district health offices are sending supervisors to health facilities withintheir districts.

- Health facilities are reporting to district healthoffices, from there to governorate health offices, and from there to the centrallevel at the ministry of health.
- Supervision and reports' findings by central level arefed-back to the governorate level

- Results of outreach activities are integrated into theregular reporting process and disseminated, also presented and discussed in theannual joint planning session with GHOs.

- Data from other sources in the health system areutilized in validating and following up implementation results of HSS.

9.4.4. 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.

- Planning for all HSS activities are part of the annualsector plan.

- Outputs of HSS interventions are integrated into sectorannual achievements and disseminated to relevant authorities.

- All implemented initiatives are established asintegral part of the health system

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

- Mainstakeholders at ministry of health are the PHC and Population sub-sectors whoare involved directly in conducting training. PHC sub-sector is leading andguiding the process of planning for activities at central level, governoratehelath offices and district health offices are doing the detailed planning, conducting,supervising and reporting about activities, the ministry is also sendingsupervision teams.

- WHOis supporting technically, it has expanded its support to routine outreachservices in 2011 to overcome governmental budget shortage, it is alsosupporting training of CHVs in some districts.

- UNICEF is funding outreach activities in 38 districtsother than GAVI supported ones.

- WB supported Health and Population Project concept andimplementation mechanisms are inspired and built on HSS supported integratedoutreach activities and complementing them. It has become effective in 2012.

- JICA is supporting implementation of Community HealthVolunteers component of the HSS in some governorates since 2009, its support issuspended since April 2010, we hope that it resumes cooperation soon.

- The Dutch Embassy support to implementation of HSSin 5 other districts in Dhamar Governorate has finished, GHO has managed tocontinue implementing integrated outreach in those districts with the availableresources it has. It is not known if it can mobilize resources in 2012.

9.4.6. 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.

No significant participation of CSOs yet

9.4.7. 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

- - HSS funds management has shown up to be effective, it has beenreferred to in the FMA done in 2010.
- - The HSS funds are transferred to a special governmental accountin the name of the ICC. The Ministry of Finance, represented by the GeneralDirector of Finance, approves all the disbursements and the DG of Finance is amajor signatory on all the financial documents. MoF is also represented in theHSSCC (previously ICC).
- - HSSCC approves all the budgeted activities proposed by theMoPHP.
- - MoPHP authorizes the spending according to the approved plan ofaction following the national applied financial procedures.
- - Tenders are announced, analyzed and finalized according to thenational governmental financial system.
- - Financial auditing is done by the MOF and an international firm.
- - Documentation of financial procedures is done FM procedures.
- - Disbursement modality of funds to GHOs is to Bank accounts.

Cas- Cash of 2000$ or more is disbursed by a cheque.

## 9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

**Table 9.5:** Planned activities for 2012

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2012** | **Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews) | **2012 actual expenditure** (as at April 2012) | **Revised activity** (if relevant) | **Explanation for proposed changes to activities or budget** (if relevant) | **Revised budget for 2012** (if relevant) |
|---|---|---|---|---|---|---|
| 1-5 | support conducting 4 outreach rounds | 645478 | 172093 | | | |
| 2-1 | planning and implementing integrated PHC and RH services in 6 selected districts | 45927 | | | | |
| 2-2 | workshop to disseminate national policy for integrated outreach activities | 10710 | | | | |
| 3-2 | preparation of concept and mechanisms for integrated logistics | 12000 | | | | |
| 3-8 | study tour abroad to exchange experience of health system strengthening | 50966 | | | | |
| 4-1 | evaluation of HSS program outputs | 30000 | | | | |
| 4-2 | Hold national and RegionalWorshops to build understanding | 8766 | | | | |
| 4-3 | workshops and meetings to promote outreach model and mobilize local resources | 100000 | | | | |
| 5-1 | administrative costs | 19658 | 9250 | | | |
| 5-2 | supervision at governorate level, integrated supervision, monitoring and evaluation activities | 134797 | 1852 | | | |
| 5.3 | Technical Support | 240881 | | | | |
| | | 1299183 | 183195 | | | 0 |

## 9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve 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 9.6:** Planned HSS Activities for 2013

| **Major Activities** (insert as many rows as necessary) | **Planned Activity for 2013** | **Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews) | **Revised activity** (if relevant) | **Explanation for proposed changes to activities or budget** (if relevant) | **Revised budget for 2013** (if relevant) |
|---|---|---|---|---|---|
| **2011 un-implemented are for implementation in 2012** | no planned activities | | | | |
| | | 0 | | | |

9.6.1. If you are reprogramming, please justify why you are doing so.

we are not reprogramming, we are implementing the non-implemented activities in 2011, we are not requesting any additional funds. but would like to get the ISS bonus to support immunization services.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

## 9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

**Table 9.7:** Revised indicators for HSS grant in case of reprogramming

| **Name of Objective or Indicator (Insert as many rows as necessary)** | **Numerator** | **Denominator** | **Data Source** | **Baseline value and date** | **Baseline Source** | **Agreed target till end of support in original HSS application** | **2013 Target** |
|---|---|---|---|---|---|---|---|

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

## 9.8. 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 9.8: Sources of HSS funds in your country

| Donor | Amount in US$ | Duration of support | Type of activities funded |
|---|---|---|---|
| Japanese International Cooperation JICA | 1000000 | 2009-2014 | According to the HSS integrated community services, JICA is applying an integrated package through trained Community Health Volunteers CHVs |
| The Netherlands | | | This support is allocated for Dhamar governorate using the same GAVI supported package of integrated outreach service |

| | | | |
|---|---|---|---|
| UNICEF | | | All training of health workers in the 5 supported governorates are using the same GAVI supported HSS model. Moreover, UNICEF supported 3 rounds of integrated outreach in some districts in the 5 governorates, supporting national and sub-national immunization campaigns, vaccines supply. |
| WHO | | | supports technically and financially the planning and implementation of EPI activities, it is also supporting technically funding outreach services, logistics system, EPI preventable disease surveillance, national and sub-national immunization campaigns. |
| World Bank | 35000000 | 2011-2016 | The integrated package of services through outreach will be implemented in 71 districts in 6 governorates |

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

## 9.9. Reporting on the HSS grant

9.9.1. 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 9.9: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|---|---|---|
| M&E at MOPH&P | DQS is an integral part of the supervisory process<br>- direct supervision on implementation of activities from all levels | |
| The Annual Report of PHC for the year 2011 | - prepared by the concerned PHC programs directors, the General Director of Planning and the General Director of Health Policy Unit, the targeted governorates. The annual report to be discussed with the HSSCC members including WHO & UNICEF | |

9.9.2. 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.

writing annual and cumulative achievements of the HSS part is difficult because some of the activities are implemented over years to get done, also some achievements has been done 1 to 2 years back and we find it difficult to report about.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 2

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 8)**
2. The latest Health Sector Review report **(Document Number: 23)**

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

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

Yemen is not reporting on GAVI TYPE A CSO support for 2012

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

Yemen is not reporting on GAVI TYPE B CSO support for 2012

## 11. Comments from ICC/HSCC Chairs

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

# 12. Annexes

## 12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

*An example statement of income & expenditure*

| Summary of income and expenditure – GAVI ISS | | |
|---|---|---|
| | Local currency (CFA) | Value in USD * |
| **Balance brought forward from 2010** (balance as of *31Decembre 2010*) | 25,392,830 | 53,000 |
| **Summary of income received during 2011** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2011** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2011** (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| Detailed analysis of expenditure by economic classification ** – GAVI ISS | | | | | | |
|---|---|---|---|---|---|---|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2011** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

## 12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

| **Summary of income and expenditure – GAVI HSS** | | |
|---|---|---|
| | **Local currency (CFA)** | **Value in USD *** |
| **Balance brought forward from 2010** (balance as of *31Decembre 2010*) | 25,392,830 | 53,000 |
| **Summary of income received during 2011** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2011** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2011** (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| **Detailed analysis of expenditure by economic classification ** - GAVI HSS** | | | | | | |
|---|---|---|---|---|---|---|
| | **Budget in CFA** | **Budget in USD** | **Actual in CFA** | **Actual in USD** | **Variance in CFA** | **Variance in USD** |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2011** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

## 12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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

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

*An example statement of income & expenditure*

| **Summary of income and expenditure – GAVI CSO** | | |
|---|---|---|
| | **Local currency (CFA)** | **Value in USD *** |
| **Balance brought forward from 2010** (balance as of *31Decembre 2010*) | 25,392,830 | 53,000 |
| **Summary of income received during 2011** | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| **Total Income** | 38,987,576 | 81,375 |
| **Total expenditure during 2011** | 30,592,132 | 63,852 |
| **Balance as of 31 December 2011** (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

| **Detailed analysis of expenditure by economic classification ** - GAVI CSO** | | | | | | |
|---|---|---|---|---|---|---|
| | **Budget in CFA** | **Budget in USD** | **Actual in CFA** | **Actual in USD** | **Variance in CFA** | **Variance in USD** |
| **Salary expenditure** | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| **Non-salary expenditure** | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| **Other expenditures** | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| **TOTALS FOR 2011** | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

## 13. Attachments

| Document Number | Document | Section | Mandatory | File |
|---|---|---|---|---|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | Picture 003.jpg<br>File desc: File description...<br>Date/time: 5/23/2012 12:46:07 PM<br>Size: 182124 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | Picture 003.jpg<br>File desc: File description...<br>Date/time: 5/23/2012 9:52:50 AM<br>Size: 182124 |
| 3 | Signatures of members of ICC | 2.2 | ✓ | 4May 2011 signatures.docx<br>File desc: File description...<br>Date/time: 5/23/2012 10:21:19 AM<br>Size: 2777502 |
| 4 | Signatures of members of HSCC | 2.3 | ✗ | 13 May 2012 signatures.docx<br>File desc: File description...<br>Date/time: 5/23/2012 4:33:16 PM<br>Size: 3910553 |
| 5 | Minutes of ICC meetings in 2011 | 2.2 | ✓ | E.MOM 19 January 2011with English.docx<br>File desc: File description...<br>Date/time: 5/22/2012 4:52:19 PM<br>Size: 39599 |
| 6 | Minutes of ICC meeting in 2012 endorsing APR 2011 | 2.2 | ✓ | MOM 13 May 2012  English.doc<br>File desc: File description...<br>Date/time: 5/23/2012 10:23:07 AM<br>Size: 84992 |
| 7 | Minutes of HSCC meetings in 2011 | 2.3 | ✗ | MOM 4 May 2011.doc<br>File desc: File description...<br>Date/time: 5/22/2012 4:51:38 PM<br>Size: 73216 |
| 8 | Minutes of HSCC meeting in 2012 endorsing APR 2011 | 9.9.3 | ✗ | MOM 13 May 2012  English.doc<br>File desc: File description...<br>Date/time: 5/23/2012 10:24:24 AM<br>Size: 84992 |
| 9 | Financial Statement for HSS grant APR 2011 | 9.1.3 | ✗ | financila statement.pdf<br>File desc: File description...<br>Date/time: 5/22/2012 4:52:53 PM<br>Size: 128856 |
| 13 | Financial Statement for ISS grant APR 2011 | 6.2.1 | ✗ | Picture 004.jpg<br>File desc: File description...<br>Date/time: 5/23/2012 10:02:51 AM |

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|---|---|---|---|---|
| | | | | Size: 114307 |
| 14 | Financial Statement for NVS introduction grant in 2011 APR 2011 | 7.3.1 | ✓ | Picture 005.jpg<br>File desc: File description...<br>Date/time: 5/23/2012 10:04:16 AM<br>Size: 104782 |
| 16 | EVSM/VMA/EVM improvement plan APR 2011 | 7.5 | ✓ | Vaccine management improvement plan.pdf<br>File desc: File description...<br>Date/time: 7/9/2012 5:44:41 AM<br>Size: 39842 |
| 17 | EVSM/VMA/EVM improvement implementation status APR 2011 | 7.5 | ✓ | Vaccine Management activites 2011Yemen.doc<br>File desc: File description...<br>Date/time: 5/23/2012 3:51:13 PM<br>Size: 31232 |
| 19 | External Audit Report (Fiscal Year 2011) for ISS grant | 6.2.3 | ✗ | HSS+-+Financial+Statement+for+sign.pdf<br>File desc: File description...<br>Date/time: 6/13/2012 5:07:44 PM<br>Size: 280160 |
| 22 | External Audit Report (Fiscal Year 2011) for HSS grant | 9.1.3 | ✗ | HSS+-+Financial+Statement+for+sign.pdf<br>File desc: File description...<br>Date/time: 6/13/2012 5:18:11 PM<br>Size: 280160 |
| 26 | HSS expenditures for the January-April 2012 period | 9.1.3 | ✗ | 2012 actual expenditure (as at April 2012).xls<br>File desc: File description...<br>Date/time: 6/13/2012 4:32:19 PM<br>Size: 60928 |