



GAVI Alliance

Annual Progress Report **2012**

Submitted by
**The Government of
Yemen**

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 8:40:26 AM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** 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: **2012**

Requesting for support year: **2014**

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
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** 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 Secretariat has queries on this document):

Full name	Position	Telephone	Email
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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
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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), **HSSCC**, 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
See the attachment	See the attachment		

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 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	901,460	901,460	929,806	929,806	959,043	959,043	989,200	989,200
Total infants' deaths	61,164	61,164	62,947	62,947	64,716	64,716	66,464	66,464
Total surviving infants	840296	840,296	866,859	866,859	894,327	894,327	922,736	922,736
Total pregnant women	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	676,095	577,119	743,845	743,845	815,187	815,187	890,280	890,280
BCG coverage	75 %	64 %	80 %	80 %	85 %	85 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3	773,072	690,112	806,178	806,178	840,668	840,668	876,600	876,600
OPV3 coverage	92 %	82 %	93 %	93 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	798,281	745,257	832,184	832,184	867,498	867,498	904,282	904,282
Number of infants vaccinated (to be vaccinated) with DTP3	773,072	689,990	806,178	806,178	840,668	840,668	876,600	876,600
DTP3 coverage	92 %	82 %	93 %	93 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	4	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.04	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	798,281	745,257	832,184	832,184	867,498	867,498	904,282	904,282
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	798,281	689,990	832,184	806,178	840,668	840,668	876,600	876,600
DTP-HepB-Hib coverage	92 %	82 %	93 %	93 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	4	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.04	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	798,281	740,844	832,184	832,184	867,498	867,498	904,282	904,282
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	798,281	685,536	832,184	806,178	840,668	840,668	876,600	876,600

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	92 %	82 %	93 %	93 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	4	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.04	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	532,187	295,545	832,184	832,184	867,498	867,498	904,282	904,282
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	532,187	190,776	832,184	806,178	840,668	840,668	876,600	876,600
Rotavirus coverage	46 %	23 %	93 %	93 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	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
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	714,251	595,147	780,173	780,173	849,611	849,611	885,827	885,827
Measles coverage	85 %	71 %	90 %	90 %	95 %	95 %	96 %	96 %
Pregnant women vaccinated with TT+	585,949	121,141	604,374	604,374	623,378	623,378	642,980	642,980
TT+ coverage	65 %	13 %	65 %	65 %	65 %	65 %	65 %	65 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	714,251	415,163	780,173	780,173	849,611	849,611	885,827	885,827
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	7 %	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): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 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**

The JRF will be changed to be 901460 which is the right figure.

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

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

No changes.

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

No changes.

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

- Introduction of Rota vaccine in August 2012.
- Four rounds of Outreach Activities, including the integrated ones in about 61 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 least one supervisory visit was paid to every governorate , 313 districts and 3069 HFs were visited during 2012. Supervisory check list was used and analyzed during these visits. All weaknesses were identified at all levels and corrective measures were taken on the spot in addition to the feedback sent from MoH to the governorates.
- Integrated supervisory visits were conducted to 7 governorates , 22 districts and 214 HFs , using the integrated supervisory check list. All health services at the targeted HFs were assessed and corrective measures were taken on the spot.
- Implementation of Data Quality Self Assessment (DQS) covering 62 districts and 171 HFs in November 2012.
- Implementation of two rounds of National Polio campaign (H to H) in January and June with coverage of 97% in both rounds for under 5 children.
- Implementation of National Measles campaign in April 2012 targeting 6m-10y children achieving 93% (around 8 million children). OPV was also administered for children under 5 years with coverage of 89%.
- Implementation of SNIDs in 57 districts in (Al Hodaidah & Hajah) governorates with coverage of 97%.
- Implementation of supplementary activities for polio and Measles vaccination for the IDPs in Aden and Lahj governorates in Jan - Feb 2012.
- Distribution of 34 refrigerators for the main store in Abyan governorate and for 4 districts stores.

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

The planned target for 2012 was 92% for OPV3/Penta3/PCV3, unfortunately, coverage reached was only 82% due to the civil and political unrest across the country throughout 2012 which affected access in many areas and caused temporary closure of some HFs and less attendance by the HWs to the HFs.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

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

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)

The last survey was the MICS in 2006 and there was no important discrepancy. There is la plan to conduct DHS in the 2nd half of Of 2013.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

Data Quality Self Assessment was conducted in Nov- Dec 2012 targeting randomly 62 districts and 171 HFs in 17 governorates.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 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 reporting 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.
- Expansion of computerizing the coverage data at the governorate level.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 215	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	CLP	WB	No other
Traditional Vaccines*	1,092,524	1,092,524	0	0	0	0	0	0
New and underused Vaccines**	28,606,419	1,367,310	27,239,109	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	824,740	112,714	574,802	137,224	0	0	0	0
Cold Chain equipment	96,331	96,331	0	0	0	0	0	0
Personnel	622,000	278,652	175,284	0	168,064	0	0	0
Other routine recurrent costs	1,657,074	714,791	93,100	298,616	550,567	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	13,056,379	1,072,350	341,191	5,174,302	5,795,057	267,963	405,516	0
No others		0	0	0	0	0	0	0
Total Expenditures for Immunisation	45,955,467							

Total Government Health		4,734,672	28,423,486	5,610,142	6,513,688	267,963	405,516	0
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* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

The government fund will be available for 2013 and 2014

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 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.
- Cash payments more 2000\$: Applied
- Internal control procedures: Financial manual prepared and approved
- Accounting and financial reporting: Report submitted to the HSS CC in each meeting conducted
- Internal audit: Department of internal audit for the ministries 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 2012? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 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](#)

No concerns or recommendations were endorsed during the meeting.

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

If **Yes**, which ones?

List CSO member organisations:
SOUL

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

- Enhance of routine immunizations in the conflict-affected areas.
- Increase coverage to more than 90% at the national level through re-enforcing the immunization services in the fixed sites and implementing at least four rounds of outreach activities every year.
- Improve the vaccine management and expansion/replacement of the cold chain
- Enhance the supportive supervisions at all levels.
- Sustain securing the governmental share of pentavalent, pneumococcal and rota vaccines costs.
- Smoothly introduction of Rubella vaccine into routine and implement the mass vaccination campaign of MR for children 9m-15years.
- Implement post-introduction evaluation for rota vaccine in the 2nd half of 2013.
- Implement in depth review for EPI and EVM assessment in June 2013
- Qualify 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.
- Implement the third round of MNT campaign in the high risk areas.

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
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

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)

There was no obstacle faced and the plan has been well implemented every year. The government is committed to the injection safety especially to the the procurement of the safety injection equipments.

Please explain in 2012 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 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	1,209,000	259,935,000
Remaining funds (carry over) from 2011 (B)	130,074	27,965,910
Total funds available in 2012 (C=A+B)	1,339,074	287,900,910
Total Expenditures in 2012 (D)	279,223	60,032,945
Balance carried over to 2013 (E=C-D)	1,059,851	227,867,965

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.

ISS funds management has shown up to be effective, it has been referred to in the FMA done in 2010.

- The ISS funds are transferred to a special governmental account in the name of the ICC. The Ministry of Finance, represented by the General Director of Finance, approves all the disbursements and the DG of Finance is a major signatory on all the financial documents. MoF is also represented in the HSSCC (previously ICC).
- HSSCC approves all the budgeted activities proposed by the MoPHP.
- MoPHP authorizes the spending according to the approved plan of action following the national applied financial procedures
- Tenders are announced, analyzed and finalized according to the national governmental financial system.
- Financial auditing is done by the MOF and an international firm.
- Documentation of financial procedures will be done in 2011 based on FMA recommendations.
- Disbursement modality of funds to GHOs is to Bank accounts
- Cash of 2000\$ or more is disbursed by a cheque

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

There is a single account in a commercial bank at central level for the financial management of budget centrally.

Funds for activities implemented at sub-national level are transferred from the central account to bank accounts at commercial banks at sub-national levels.

Financial reports and documents are sent from the sub-national level to the EPI for revision and then sent to the HSS management unit for finalizing the review and financial clearance.

The HSS activities budget and financial and auditing report are approved by the HSSCC.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

- Supervisory visits from central & governorate level to lower levels
- Integrated supervision

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 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	2,533,805	2,176,500	357,700	No
Pneumococcal (PCV13)	2,533,805	2,485,800	48,100	No
Rotavirus	1,396,993	1,249,250	148,250	No

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

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

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

Delay in shipment

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

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

VARs are sent every time to UNICEF.

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

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	15/03/2005
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	According to administrative procedures

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	31/01/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	01/08/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<p class="MsoNormal">The introduction was delayed because of the unavailability of the vaccine in global market.</p>

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **July 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° 9))

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

9 sentinel sites involved in the IB-VPD and 1549 suspected cases were reported and around 81% samples were tested.
651 samples for Rota diseases collected and 33% were positive for rota.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	270,398	58,135,570
Total funds available in 2012 (C=A+B)	270,398	58,135,570
Total Expenditures in 2012 (D)	260,508	56,009,220
Balance carried over to 2013 (E=C-D)	9,890	2,126,350

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . 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

Launching ceremony at national and governorate level

Printing Promotional materials for Rora introduction.

TOT and Training of vaccinators.

Social mobilization including mass media (TV and Radio spots, posters brochures, and pamphlets.

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

No problems

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards
the remaining balance will be used in 2013

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012 ?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses

Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	957,955	366,300
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	409,355	108,000
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	1367310	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	30,350	366,300
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	8,957	108,000
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	January	Government
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	January	Government
Awarded Vaccine #3: 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	
	No TA needed	

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

If yes, provide details

No, there is no change.

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

Renewal of multi-year vaccines support for Yemen is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for **2014** vaccination do the following

Confirm here below that your request for **2014** vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	840,296	866,859	894,327	922,736	3,524,218
	Number of children to be vaccinated with the first dose	Table 4	#	745,257	832,184	867,498	904,282	3,349,221
	Number of children to be vaccinated with the third dose	Table 4	#	689,990	806,178	840,668	876,600	3,213,436
	Immunisation coverage with the third dose	Table 4	%	82.11 %	93.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.04	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	977,850				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	977,850				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.62	0.60	0.58	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

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

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

	2012	2013	2014	2015
Minimum co-financing	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011			0.60	0.58
Your co-financing	0.75	0.62	0.60	0.58

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

		2013	2014	2015
Number of vaccine doses	#	1,943,500	2,015,200	2,108,100
Number of AD syringes	#	2,057,400	2,131,400	2,229,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	22,850	23,675	24,750
Total value to be co-financed by GAVI	\$	4,319,500	4,478,500	4,573,000

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

		2013	2014	2015
Number of vaccine doses	#	752,000	745,400	769,500
Number of AD syringes	#	796,100	788,300	813,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	8,850	8,750	9,050
Total value to be co-financed by the Country ^[1]	\$	1,671,500	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	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	27.90 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	745,257	832,184	232,167	600,017
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	2,235,771	2,496,552	696,501	1,800,051
E	Estimated vaccine wastage factor	Table 4	1.04	1.05		
F	Number of doses needed including wastage	D X E	2,325,202	2,621,380	731,326	1,890,054
G	Vaccines buffer stock	(F – F of previous year) * 0.25		74,045	20,658	53,387
H	Stock on 1 January 2013	Table 7.11.1	977,850			
I	Total vaccine doses needed	F + G – H		2,695,475	751,997	1,943,478
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		2,853,363	796,045	2,057,318
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		31,673	8,837	22,836
N	Cost of vaccines needed	I x vaccine price per dose (g)		5,487,988	1,531,066	3,956,922
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		132,682	37,017	95,665
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)		18,371	5,126	13,245
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		351,232	97,989	253,243
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)		5,990,273	1,671,195	4,319,078
U	Total country co-financing	I x country co-financing per dose (cc)		1,671,195		
V	Country co-financing % of GAVI supported proportion	U / T		27.90 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	27.00 %			26.74 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	867,498	234,217	633,281	904,282	241,799	662,483
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	2,602,494	702,651	1,899,843	2,712,846	725,396	1,987,450
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	2,732,619	737,784	1,994,835	2,848,489	761,666	2,086,823
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	27,810	7,509	20,301	28,968	7,746	21,222
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	2,760,479	745,306	2,015,173	2,877,507	769,425	2,108,082
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,919,638	788,277	2,131,361	3,043,414	813,788	2,229,626
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	32,408	8,750	23,658	33,782	9,034	24,748
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	5,620,336	1,517,442	4,102,894	5,714,729	1,528,078	4,186,651
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	5,620,336	36,656	99,108	5,714,729	37,842	103,677
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	18,797	5,076	13,721	19,594	5,240	14,354
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	359,702	97,117	262,585	365,743	97,798	267,945
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	6,134,599	1,656,288	4,478,311	6,241,585	1,668,955	4,572,630
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,656,288			1,668,955		
V	Country co-financing % of GAVI supported proportion	U / T	27.00 %			26.74 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	840,296	866,859	894,327	922,736	3,524,218
	Number of children to be vaccinated with the first dose	Table 4	#	740,844	832,184	867,498	904,282	3,344,808
	Number of children to be vaccinated with the third dose	Table 4	#	685,536	806,178	840,668	876,600	3,208,982
	Immunisation coverage with the third dose	Table 4	%	81.58 %	93.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.04	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	737,950				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	737,950				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.30	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

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

Co-financing group	Intermediate
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	2012	2013	2014	2015
Minimum co-financing	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011			0.30	0.35
Your co-financing	0.23	0.26	0.30	0.35

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

		2013	2014	2015
Number of vaccine doses	#	2,514,300	2,542,200	2,611,700
Number of AD syringes	#	2,660,000	2,687,100	2,760,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	29,525	29,850	30,650
Total value to be co-financed by GAVI	\$	9,469,000	9,574,000	9,835,500

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

		2013	2014	2015
Number of vaccine doses	#	186,500	220,100	267,600
Number of AD syringes	#	197,300	232,600	282,900
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	2,200	2,600	3,150
Total value to be co-financed by the Country ^[1]	\$	702,500	829,000	1,008,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	6.90 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	740,844	832,184	57,453	774,731
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	2,222,532	2,496,552	172,359	2,324,193
E	Estimated vaccine wastage factor	Table 4	1.04	1.05		
F	Number of doses needed including wastage	D X E	2,311,434	2,621,380	180,977	2,440,403
G	Vaccines buffer stock	(F – F of previous year) * 0.25		77,487	5,350	72,137
H	Stock on 1 January 2013	Table 7.11.1	737,950			
I	Total vaccine doses needed	F + G – H		2,700,667	186,451	2,514,216
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		2,857,184	197,257	2,659,927
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		31,715	2,190	29,525
N	Cost of vaccines needed	I x vaccine price per dose (g)		9,452,335	652,577	8,799,758
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		132,860	9,173	123,687
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)		18,395	1,270	17,125
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		567,141	39,155	527,986
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)		10,170,731	702,174	9,468,557
U	Total country co-financing	I x country co-financing per dose (cc)		702,174		
V	Country co-financing % of GAVI supported proportion	U / T		6.90 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	7.97 %			9.29 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	867,498	69,106	798,392	904,282	84,043	820,239
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	2,602,494	207,318	2,395,176	2,712,846	252,127	2,460,719
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	2,732,619	217,684	2,514,935	2,848,489	264,733	2,583,756
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	27,810	2,216	25,594	28,968	2,693	26,275
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	2,762,229	220,043	2,542,186	2,879,257	267,593	2,611,664
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,919,638	232,582	2,687,056	3,043,414	282,849	2,760,565
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	32,408	2,582	29,826	33,782	3,140	30,642
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	9,667,802	770,148	8,897,654	10,077,400	936,573	9,140,827
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	9,667,802	10,816	124,948	10,077,400	13,153	128,366
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	18,797	1,498	17,299	19,594	1,822	17,772
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	580,069	46,209	533,860	604,644	56,195	548,449
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	10,402,432	828,670	9,573,762	10,843,157	1,007,740	9,835,417
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	828,669			1,007,740		
V	Country co-financing % of GAVI supported proportion	U / T	7.97 %			9.29 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	840,296	866,859	894,327	922,736	3,524,218
	Number of children to be vaccinated with the first dose	Table 4	#	295,545	832,184	867,498	904,282	2,899,509
	Number of children to be vaccinated with the second dose	Table 4	#	190,776	806,178	840,668	876,600	2,714,222
	Immunisation coverage with the second dose	Table 4	%	22.70 %	93.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	90,850				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	90,850				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		0.26	0.30	0.35	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

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

Co-financing group	Intermediate
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	2012	2013	2014	2015
Minimum co-financing	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011			0.30	0.35
Your co-financing	0.20	0.26	0.30	0.35

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

		2013	2014	2015
Number of vaccine doses	#	1,833,700	1,635,500	1,668,900
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	\$	4,910,000	4,379,000	4,468,500

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

		2013	2014	2015
Number of vaccine doses	#	197,300	206,400	251,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	528,500	553,000	672,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	9.71 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	295,545	832,184	80,810	751,374
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	B X C	591,090	1,664,368	161,620	1,502,748
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	620,645	1,747,587	169,701	1,577,886
G	Vaccines buffer stock	(F – F of previous year) * 0.25		281,736	27,359	254,377
H	Stock on 1 January 2013	Table 7.11.1	90,850			
I	Total vaccine doses needed	F + G – H		2,030,823	197,205	1,833,618
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				
N	Cost of vaccines needed	I x vaccine price per dose (g)		5,178,599	502,871	4,675,728
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)		258,930	25,144	233,786
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)		5,437,529	528,014	4,909,515
U	Total country co-financing	I x country co-financing per dose (cc)		528,014		
V	Country co-financing % of GAVI supported proportion	U / T		9.71 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	11.20 %			13.07 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	867,498	97,199	770,299	904,282	118,207	786,075
C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	1,734,996	194,398	1,540,598	1,808,564	236,414	1,572,150
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,821,746	204,118	1,617,628	1,898,993	248,235	1,650,758
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	18,540	2,078	16,462	19,312	2,525	16,787
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,841,786	206,363	1,635,423	1,919,805	250,955	1,668,850
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$						
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,696,555	526,225	4,170,330	4,895,503	639,936	4,255,567
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,696,555	0	0	4,895,503	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	234,828	26,312	208,516	244,776	31,997	212,779
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	4,931,383	552,536	4,378,847	5,140,279	671,932	4,468,347
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	552,536			671,932		
V	Country co-financing % of GAVI supported proportion	U / T	11.20 %			13.07 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

8. Injection Safety Support (INS)

This window of support is no longer available

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 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

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 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in 2012

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\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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	1211024
Remaining funds (carry over) from previous year (B)		284336	1564649	1482109	766765	
Total Funds available during the calendar year (C=A+B)	376000	2482336	3752469	2268609	1553263	1211024
Total expenditure during the calendar year (D)	91664	917687	2270540	1761603	342240	660134
Balance carried forward to next calendar year (E=C-D)	284336	1564649	1739083	766765	1211024	550889
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
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	260370160
Total Funds available during the calendar year (C=A+B)		496467200	803066886	485482326	332398282	260370160
Total expenditure during the calendar year (D)	18332800	183537400	485895560	376983042	73239360	141928810
Balance carried forward to next calendar year (E=C-D)	56867200	312929800	372163762	164087710	259158922	118441350
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
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	215
Closing on 31 December	200	200	200.17	207	214	215

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 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: 20)**

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.

There is a single account in a commercial bank at central level for the financial management of budget centrally.

Funds for activities implemented at sub-national level are transferred from the central account to bank accounts at commercial banks at sub-national levels.

Financial reports and documents are sent from the sub-national level to the EPI for revision and then sent to the HSS management unit for finalizing the review and financial clearance.

The HSS activities budget and financial and auditing report are approved by the HSSCC.

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: 21)

9.2. Progress on HSS activities in the 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Objective 1: To improve accessibility, quality & utilization of district health systems to underserved populations			
1.1 Carry out operational research Conduct a training needs assessment study for managers	-	100	Finished previously
1.2 Design a national integrated outreach model	-	100	Finished previously
1.4 Train PHC staff and staff of six selected vertical programs	-	100	Finished previously
1.5 Implement outreach program	Support conducting 4 outreach rounds, provide medicines for outreach activities,	80	Integrated outreach rounds including EPI outreach achievements for 2012
Objective 4; To develop the results-based model of district health service provision			

3.7 Support existing national training bodies such as the HMTTC and universities, and strengthen management curricula, and incorporate into them the key concepts and tools needed for the integrated outreach approach, and carry out management training of vertical managers at all levels of the system	-	100	Finished previously
3.8 The HSSCC strengthened to provide improved oversight and integration of health system strengthening efforts	Regular meetings, study tour	100	Meetings minutes
4.1 Pre and post intervention surveys. Following implementation of the model	Post-intervention study of program outputs	50	
Objective 3: To improve central, governorate, and district level managerial systems to support these two process of outreach and integration			
2.2 Design and implement national policy to support integration	Workshop to disseminate the national policy for integrated outreach services	100	
2.3 Carry out costing study to determine actual costs and savings of integration	-	100	Finished previously
3.1 Design and agree upon an integrated management framework	-	100	Finished previously
3.2 Design the tools of integrated , unified, & simplified management system	Development of integrated logistics concept / mechanisms	40	
3.3 Incorporate into the model and support district micro-planning and implementation based on problem solving approaches using community health management tools.	-	100	Finished previously
3.4 Incorporate above tools into the outreach systems of the targeted districts.	-	100	Finished previously
3.5 Strengthen and make operational the integrated management unit (IMU) of the PHC sector.	-	100	Finished previously
3.6 Carry out rapid operational research to identify both what is working and what isn't in the integrated outreach programs	-	100	Finished previously
Objective 2: To improve the efficiency and coordination of vertical programs			

Objective 2: To improve the efficiency and coordination of vertical programs			
2.2 Design and implement national policy to support integration	Workshop to disseminate the national policy for integrated outreach services	100	
2.1 Design framework and implementation plan for functional integration of vertical programs.	The annual planning process for the PHC sector and GHOs 2012, dissemination of PHC program indicators technical and financial support for functional integration in 6 selected districts, introducing integration framework to ministry and governorates	70	The planning workshop report

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: To improve accessibility, quality & u	
1.1 Carry out operational research Conduct a train	
1.2 Design a national integrated outreach model	
1.4 Train PHC staff and staff of six selected vert	
1.5 Implement outreach program	4 outreach rounds were supported in 12-60 districts; delay in delivery of medicines purchased through the unicef has made it difficult to maintain conduction of integrated outreach in all districts for the 4 rounds.
Objective 2: To improve the efficiency and coordin	
2.1 Design framework and implementation plan for f	The annual integrated plan 2012 for the PHC sector, annual planning workshop for the PHC sector and GHOs 2013 done, the integration framework was introduced and disseminated to participants from the ministry and the GHOs. Supporting functional integration of services in 6 districts needs time to prepare the conceptual framework and mechanisms of support, it needs also time to show results for learning. And because the HSS support is closing, it was postponed; we may try it using other sources of funding.
2.2 Design and implement national policy to suppor	As mentioned in activity 2.1 the policy was introduced and disseminated to the relevant bodies during the annual planning workshop 2013.
2.3 Carry out costing study to determine actual co	
Objective 3: To improve central, governorate, and	
3.1 Design and agree upon an integrated management	
3.2 Design the tools of integrated , unified, & si	A group from both PHC sector and population sector was formed to look at potentials of developing concepts and mechanisms, the group concluded the difficulty of integrating logistics because of the variations in transportation requirements, timing and multiplicity of sources of supply. It is a long t term process that requires more coordination and more review of current practices.
3.3 Incorporate into the model and support distric	
3.4 Incorporate above tools into the outreach syst	
3.5 Strengthen and make operational the integrated	
3.6 Carry out rapid operational research to identi	
3.7 Support existing national training bodies such	
3.8 The HSSCC strengthened to provide improved ove	The HSSCC had conducted two meetings last year one of them was a joint meeting with the NITAG, where it was approved to apply for introducing the MR vaccine into the EPI. The study tour to exchange experience with an Arabic Country regarding health system strengthening was done after an extended period of communication and coordination through several channels
Objective 4; To develop the results-based model of	
4.1 Pre and post intervention surveys. Following	The TORs for the consultancy service to evaluate the HSS program was developed, the limitations in availability of expertise and their time to do it had delayed conduction of the study.
4.2 Hold national and regional workshops to build	The technical secretary of the 5 year plan had continued during 2013.
4.3 Promote the model to MoF, MoLA, and local coun	Political unrest, temporary government, and national dialogue, had caused not implementing the activity.

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

- Supporting functional integration of services in 6 districts needs time to prepare the conceptual framework and mechanisms of support, it needs also time to show results for learning. And because the HSS support is closing, it was postponed; we may try it using other sources of funding.

- Integration of logistics is seen to be difficult because of the variations in transportation requirements, timing and multiplicity of sources of supply. It is a long term process that requires more coordination and more review of current practices.

- conducting promotional and advocacy workshops with other sectors is postponed because of: the consequences of the political crisis during 2011-early 2012, formation of a new temporary government, and starting the National Dialogue to shape the future of the country.

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 HSS program are based on assessment of performance done by the EPI; EPI is using assessment criteria and is using them as a motivating mechanism. We look at it as an example for potential use by the government system to shift into performance 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 2011 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	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
# of service provision contacts per district per y	District specific	MoPHP HIS	-	Tripled	174861	517036	594258	222250	281663		-(2007) service provision contacts in fixed facilities + Immunization outreach. -(2008) service provision contacts in fixed facilities + Immunization outreach+ integrated outreach in 11 districts for 1 round. - (2009,2010,2011,2012) service provision contacts in fixed facilities + Immunization outreach+ integrated outreach in the implementing districts for 4 rounds.

National PENTA3 coverage (%)	85% 2006	EPI statistic office + WHO/UNICEF Joint Reporting Form 2008	-	92%	87%	86%	87.4%	81%	82%	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 in 2011 and the beginning of 2012.
Number / % of districts achieving ≥80% Penta3 cove	58%	EPI statistic office +WHO/UNICEF Joint Reporting Form 2008	-	100%	66%	68%	75%	57%	59%	EPI statistic office + WHO/UNICEF Joint Reporting Form	- about 5% of districts are of nomadic mobile population + above mentioned
Proportion of districts reaching at least 70% of t	0	MoPHP, GHO annual statistics	-	90% of the 64 targeted districts	12	67	66	24	61	MOPHP administrative reports	60 - 61 districts were able to conduct integrated outreach for 4 rounds, 5 of them were financed under the Dutch support.
TT2+ coverage 15-45 CBAW	20%	EPI, Yemen	-	90%	20%	20%	17%	13%	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.
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 2013 and will help verifying the U5MR

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

The integrated outreach model is taken up by support of WB, the first round of integrated outreach funded by the WB support is starting in May 2013 in 69 districts in 4 governorates, through this geographical targeting 20 districts supported by HSS program are taken up by the WB support including EPI outreach services, which expanded the coverage and extended the care into higher levels of health system by identifying referral health facilities at district and governorate levels to assure continuity of care for those referred by outreach activities, the experience gained by implementing integrated outreach activities through HSS is the basis for that and more services are going to be integrated into the package gradually including nutrition services, Malaria diagnosis and treatment and Belharziasis treatment. The role of the CHVs in supporting and providing outreach services is going to be strengthened.

- Conducting 4 rounds of outreach services including the integrated outreach has helped increasing the annual national EPI coverage by 25% of the total targeted population.
- CHV National Guidelines are disseminated, Development Partners (DPs) especially those supporting nutrition interventions are instructed to follow those guidelines, a workshop attended by the MOPH&P and DPs was conducted to unify concepts and approach to training and supporting CHVs, the CHVs guidelines were the basis of the discussion, the SFD is supporting expanding the experience of CHVs in Hodieda governorate based on the national guidelines aiming at reducing the burden of malnutrition among under 5 children and mothers.
- The bi-annual plan of UNICEF support to the health system is focusing on strengthening integration of interventions; a consultant is hired by UNICEF to support studying integration of functions at health facilities based on HSS program experience and other inputs in order to learn from the experience and to develop it further.
- 368 health facilities were visited using the integrated supervision list, which provides a reasonable picture about functions of health facilities sufficient to help decision making, since it can be done through one visit to a health facility compared to vertical programs lists.
- The integrated package of PHC staff training is taken up by the support of WB, UNICEF, WHO, GF, and is used in training staff funded by those sources of funding.

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

No significant one.

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 health facilities are done (central, governorate, and district levels), here the central team of supervisors is supporting governorates and districts to conduct outreach activities and facility based services at a reasonable level of performance. The governorate health offices are supporting and supervising the performance through governorate health office team of supervisors to districts, the district health offices are sending supervisors to health facilities within their districts.
- Health facilities are reporting to district health offices, from there to governorate health offices, and from there to the central level at the ministry of health.
- Supervision and reports' findings by central level are fed-back to the governorate level
- Results of outreach activities are integrated into the regular reporting process and disseminated, also presented and discussed in the annual joint planning session with GHOs.
- Data from other sources in the health system are utilized 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 annual sector plan.

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

- All implemented initiatives are established as integral part of the health system

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

Main stakeholders at ministry of health are the PHC and Population sub-sectors who are involved directly in conducting training. PHC sub-sector is leading and guiding the process of planning for activities at central level, governorate health offices and district health offices are doing the detailed planning, conducting, supervising and reporting about activities, the ministry is also sending supervision teams.

- WHO is supporting technically, it has expanded its support to routine outreach services in 2011 to overcome governmental budget shortage, it is also supporting training of CHVs in some districts.

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

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

- JICA is supporting implementation of Community Health Volunteers component of the HSS in some governorates since 2009, its support is suspended since April 2010, the third and last module of training CHVs will be finalized in a meeting outside Yemen attended by Yemeni and Japanese experts because of JICA security regulations, and we hope that full cooperation resumes soon.

- The Dutch Embassy support to implementation of HSS in 5 other districts in Dhamar Governorate is finishing.

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

Channeling funds through bank accounts to the sub-national level assures transparency and completing disbursements procedures according to the usual administrative procedures which make it more effective and helps in making sure that all relevant staff are involved in the process.

This has been evidenced by the above taking measures compared to the previous financial management arrangements where it was done by transferring funds to private accounts of the relevant DG Health office.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
1.5 Implement outreach program	Support conducting the first outreach round	0	101500	Support conducting 3 outreach rounds, provide medicines for outreach activities	Core activity, closing program	300000
4.1 Pre and post intervention surveys. Following implementation of the model	Post-intervention study of program outputs	30	0		TOR draft has shown that it may cost more than allocated budget	40000
Management	Management costs	0			To run administrative costs	30000
M&E support costs				Integrated supervision on health facilities	Facilities not accessible in 2012	25000
		30	101500			395000

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (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 2014 (if relevant)
	NA				
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

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, support is semi-suspended.
The Netherlands			This support is allocated for Dhamar governorate using the same GAVI supported package of integrated outreach service, it is finishing this year

UNICEF			Training of health workers using the same GAVI supported HSS model. Moreover, UNICEF bi-annual plan is focusing on integration, supporting studying and evaluating integration of health facilities functions for improving performance of health service delivery, 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 started implementation of the first round of integrated outreach in 69 districts in 4 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 - 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.

No significant difficulties.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012??

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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 **has NOT** received GAVI TYPE A CSO support

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 **has NOT received GAVI TYPE B CSO support**

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

No comments.

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

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

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

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 2012 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 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (referred to as the "variance").

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

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 2012 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 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (referred to as the "variance").

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

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 2012 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 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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		MoH & MoF signatures approving 2012 APR.docx File desc: Signature of MOH & MoF Date/time: 5/15/2013 5:49:57 AM Size: 465134
2	Signature of Minister of Finance (or delegated authority)	2.1		MoH & MoF signatures approving 2012 APR.docx File desc: Signature of MOH & MoF Date/time: 5/15/2013 5:49:57 AM Size: 465134
3	Signatures of members of ICC	2.2		HSSCC signatures approving the 2012 APR.docx File desc: Signatures of members of HSSCC Date/time: 5/15/2013 5:49:57 AM Size: 925717
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		MOM 8May 2013 English.doc File desc: Minutes of HSSCC meeting in 2013 endorsing the APR 2012 Date/time: 5/15/2013 5:49:57 AM Size: 88576
5	Signatures of members of HSCC	2.3		HSSCC signatures approving the 2012 APR.docx File desc: Signatures of members of HSSCC Date/time: 5/15/2013 5:57:52 AM Size: 925717
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		MOM 8May 2013 English.doc File desc: Minutes of HSSCC meeting in 2013 endorsing the APR 2012 Date/time: 5/15/2013 5:57:52 AM Size: 88576
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		ISS financial statement 2012.docx File desc: ISS financial statement Date/time: 5/15/2013 6:04:01 AM Size: 173679
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Audit report HSS, ISS , NVS 2012.pdf File desc: External audit report for HSS, ISS, NVS 2012 Date/time: 5/15/2013 6:44:51 AM Size: 280160
9	Post Introduction Evaluation Report	7.2.2		Post introduction report.docx File desc: Post Introduction Evaluation Date/time: 5/15/2013 8:00:03 AM Size: 10340

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		NVS financial statement 2012.docx File desc: NVS financial statement Date/time: 5/15/2013 6:10:05 AM Size: 173257
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		Audit report HSS, ISS , NVS 2012.pdf File desc: External audit report for HSS, ISS, NVS 2012 Date/time: 5/15/2013 6:44:51 AM Size: 280160
12	Latest EVSM/VMA/EVM report	7.5		Vaccine Management Assessment Yemen.doc File desc: VMA report Date/time: 5/15/2013 8:01:08 AM Size: 29696
13	Latest EVSM/VMA/EVM improvement plan	7.5		Vaccine Management Assessment Yemen.doc File desc: VMA improvement plan Date/time: 5/15/2013 6:08:16 AM Size: 29696
14	EVSM/VMA/EVM improvement plan implementation status	7.5		Vaccine Management Assessment Yemen.doc File desc: VMA improvement plan Date/time: 5/15/2013 8:01:34 AM Size: 29696
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		preventive campaigns support.docx File desc: preventive campaigns support Date/time: 5/15/2013 8:28:15 AM Size: 10003
17	Valid cMYP if requesting extension of support	7.8		Updated cMYP Yemen 2011-2015 Aug 2012.doc File desc: cMYP plan Date/time: 5/15/2013 8:17:03 AM Size: 2219008
18	Valid cMYP costing tool if requesting extension of support	7.8		cMYP_Costing_Tool_Vs.2.3_En 2 MR.xls File desc: cMYP costing tool Date/time: 5/15/2013 8:19:34 AM Size: 3561984
				HSS financial statement 2012.docx

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		File desc: HSS financial statement Date/time: 5/15/2013 6:20:56 AM Size: 181749
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Financial statement Jan-Apr 2013.pdf File desc: Financial statement Jan-Apr 2013 Date/time: 5/15/2013 7:08:55 AM Size: 22371
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3		Audit report HSS, ISS , NVS 2012.pdf File desc: External audit report for HSS, ISS, NVS 2012 Date/time: 5/15/2013 6:44:51 AM Size: 280160
22	HSS Health Sector review report	9.9.3		national health strategy Eng.pdf File desc: National Health strategy Date/time: 5/15/2013 7:00:18 AM Size: 5521057
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		HSS financial statement 2012.docx File desc: HSSCC meeting signatures August 2012 Date/time: 5/15/2013 8:02:22 AM Size: 181749