



Progress Report

Updated February 2004

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

COUNTRY: **YEMEN Republic**
by the Government of

Date of submission: 7 June 2004

Reporting period: 2003 (Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one):

Inception report	☐
First annual progress report	☐
Second annual progress report	☒
Third annual progress report	☐
Fourth annual progress report	☐
Fifth annual progress report	☐

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

1. Report on progress made during the previous calendar year

1.1	Immunization Services Support (ISS)
1.1.1	Management of ISS Funds
1.1.2	Use of Immunization Services Support
1.1.3	Immunization Data Quality Audit
1.2	GAVI/Vaccine Fund New & Under-used Vaccines Support
1.2.1	Receipt of new and under-used vaccines
1.2.2	Major activities
1.2.3	Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine
1.3	Injection Safety

- 1.3.1 Receipt of injection safety support
- 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.
- 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial sustainability

3. Request for new and under-used vaccines for year 2005 (indicate forthcoming year)

- 3.1. Up-dated immunization targets
- 3.2. Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* for the year 2005 (indicate forthcoming year)
- 3.3. Confirmed/revised request for injection safety support for the year 2005 (indicate forthcoming year)

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

- 5. Checklist
- 6. Comments
- 7. Signatures

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

► How to describe the mechanism for management of ESS funds, including the role of the Inter-Agency Coordinating Committee (IACC). Please report on any problems that have been encountered involving the use of those funds such as delay in availability for programme use.

The first trench received June 2002 and the second trench received March 2003. There are two accounts which lead to prolonging of the process to get the funds and we got information of the receipt of the funds late.

The delay in receiving the pentavalent vaccine had led to interruption in implementation of the planned activities and it took some times to revise the plan accordingly. The funds will be more utilized during 2004-2005 according to the plan attached.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAV Vaccine Fund contribution.

Funds received during the reporting year \$283,500
 Remaining funds (carry over) from the previous Year \$283,500

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US\$	Amount of funds			
		Central	PUBLIC SECTOR Region/State/Province	District	PRIVATE SECTOR & Other
Vaccines					

Direct supplies	-				
Personnel	-				
Transportation	-				
Maintenance and overheads	-				
Training	\$13,105	✓			
ICC / social mobilization	-				
Monitoring and evaluation	-				
Epidemiological surveillance	-				
Vehicles	-				
Cold chain equipment	-				
Other Printing, computer	\$25,215	✓			
(specify)	\$38,320				
Total:	\$538,780	✓			
Remaining funds for next Year : 2004					

* If no information is available because of block grants, please indicate "na" rather than "0".

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to your multi-year plan.

- Training of (143) districts supervisors in (9) governorates.
- Development of the micro plans in (9) governorates for high risk districts (based on RED approached).
- Printing the EPI materials EPI registers, cards, tally sheets, monthly reports, ... etc).
- Review sessions of the EPI manual for health workers.
- Some of the problems were faced presented by delay of the arrival of the vaccines for the routine EPI activities and also delay of the operational budget. Since vaccines are funded by the government some of the problems were faced presented by the :
 - Delay of the arrival of the vaccine due to delay of the relies of the budget from the ministry of finance especially during 3rd quarter 2003 and that affect the activities.
 - Delay of the government budget affected the implementation of the planned activities.

1.1.3 Immunization Data Quality Audit (DQA) (It has been implemented in your country)

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared? If yes, please attach the plan.

YES ☒

NO ☐

If yes, please attach the plan and report on the degree of its implementation.

- ❖ Stamps have been made, distributed (for the date of receipt of the reports).
- ❖ Check list has been reviewed, produced and distributed.
- ❖ FPI supervisors has been trained (central and governorates supervisors).
- ❖ Ffile cabinets for keeping reports were purchased and distributed.
- ❖ Directive on flow of information system was issued and distributed.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please list studies conducted regarding FPI issues during the last year (for example, coverage surveys, cold chain assessment, FPI review).*

Cold chain assessment was implemented at the central level through a mission from WHO during August 2003 and corrective majors were done according to the recommendation of the mission ..

* Relevant ICC minutes attached ..

1.2 GA Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year
 Start of vaccinations with the new and under-used vaccine : MONTH / January YEAR / 2005

Please report on receipt of vaccines provided by GAVI VU, including problems encountered.

N/A

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- Training for the different levels of health staff (3834) including director general governorate health officer, primary health care directors, focal points for surveillance, EPI supervisors (central, governorate & districts), EPI vaccinators, store keepers (central, governorate & districts), statisticians and maintenance staff.
- Printing for the EPI materials to introduce the new vaccine.
- Social mobilization plan in being developed emphasizing the routine vaccination.
- Improving the capacity of the cold chain to adapt the new vaccine through distribution of new refrigerators to different governorates, the number of refrigerators distributed were 413 of different types.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

The amount of (\$100,000) was utilized for the preparation and introduction of the new vaccine (penavallent) during 2002 but the vaccine wasn't available as it was planned in 2003.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/TF, including problems encountered

Supplies of AD syringes received (3480000) & safety boxes (47200) were received during January – March 2003 through UNICEF and there was no problems.

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

Please report on the progress based on the indicators chosen by your country in the proposal for GATF VP support.

Indicators	Targets	Achievements	Constraints	Updated targets
all syringes available at all vaccination sites	100 %	100 %	Non	
All health workers are aware of safety injection.	80 %	80 %	Lack of regular supervision	To reach 100% awareness and knowledge among all FPI vaccinators.

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with one (i.e.) The Vaccine Fund injection safety support in the past year:

An amount of \$449,200 was received and not utilized during 2002 and 2003, it will be utilized during 2004.. That amount was not utilized due to the delay of the new vaccine, and it will be utilized during 2004-2005. Once the injection safety support is over and an action plan is currently under development.

2. Financial sustainability

Interpret a Report :
First Annual Report :

Outline timetable and major steps taken towards development of a financial sustainability plan.
Submit completed financial sustainability plan by given deadline describe assistance that will be needed for financial sustainability planning.

N/A

Subsequent Annual Progress report: Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicators. In the following table2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources..

Table 2: Sources (planned) of financing of new vaccine (Pentavalent) (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Proportion funded by GAVI/VF (%)	90%	80%	70%	60%	50%	40%	30%	20%	10%	10%
Proportion funded by the Government and other sources (%)	10%	20%	30%	35%	0	0	0	0	0	0
Total funding for Pentavalent (new vaccine) *										

- * of DPT3 coverage (or measles coverage in case of yellow fever) that is target for vaccination with a new and under-vaccine.
- * This is a preliminary table subject to financial sustainability analysis and partners' comment..

Sub-section 1 report :

Summarize progress made against the financing strategy, actions and indicators section of the PSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the PSP tables with actual funds received since. For the next 3 years, updated any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the PSP (latest versions available on <http://www.govtiff.org> under PSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2005 (indicate forthcoming year)

Section 3 is related to the request for new and under-used vaccines and infection safety for the forthcoming year.

3.1. Up-dated immunization targets

(Confirm/update basic data approved with country application; figures are expected to be consistent with those reported in the WHO/INICC Joint Reporting Forms. Any changes and/or discrepancies MUST be justified in the space provided (page 12) . Targets for future years MUST be provided.

Table 2 : Update of immunization achievements and annual targets :

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	640500	662620	686245	711480	737835	764785	792680	
Infants' deaths	48038	49697	51468	53361	55338	57359	59451	
Surviving infants	592436	612924	634777	658119	682497	707426	733229	
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*				507852				

Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	431185	444068	414703	414761			
NEW VACCINES							
Infants vaccinated / to be vaccinated with 1 st dose of Pentavalent (new vaccine)						707426	
Infants vaccinated / to be vaccinated with 3 rd dose of Pentavalent (new vaccine)						530570	
Wastage rate of ** <i>Pentavalent (new vaccine)</i>	N/A						
INJECTION SAFETY ***							
Pregnant women vaccinated / to be vaccinated with TT	431185	444068	414703				
Infants vaccinated / to be vaccinated with BCG	263272	428259	442140				
Infants vaccinated / to be vaccinated with Measles	405418	483339	387528				

* Indicate actual number of children vaccinated in past years and updated targets with either DTP alone or combined).

** Use 3 rows for every new vaccine introduced.

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

Please provide justification on changes to baseline, targets, wastage rate, etc from the previously approved plan, and on reported figures which differ from those reported in the HFD/INIC/EF Joint Reporting Form in the space provided below.

3.2. Confirmed/Revised request for new vaccine to be shared with UNCTF Supply Division) for the year 2005 (indicate forthcoming year)

→ Please indicate that UNCTF Supply Division has assessed the credibility of the new quantity of supply according to new changes.

During the visit of GAT mission to Yemen dated 12-23 March 2004 a confirmation was made on receiving the pentavalent vaccine during the last quarter of 2004 to be introduced January 2005.

Table 2: Estimated number of doses of pentavalent vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from UNCTF Supply Division)

	Formula	For year 2005	Remarks
A Number of children to receive new vaccine		* 707426	Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		1
D	Number of doses	$I \times B \times 100 \div C$	21,222.78
E	Estimated wastage factor	$(D \times B) \div \text{first dose in 4th/5th yr}$	1.11
F	Number of doses (incl. wastage)	$D \times E \times A \div A \times 3 \times 100$	23,557.28
G	Vaccines buffer stock	$I \times A \times 25$	588,932
H	Anticipated vaccines in stock at start of year		-
I	Total vaccine doses requested	$F + G - H$	291,460
J	Number of doses per vial		2
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	300,913
L	Reconstitution syringes (+ 10% wastage)	$I \div J \times 1.11$	163,128
M	Total of safety boxes (+ 10% of extra need)	$(K + L) \div 100 \times 1.11$	51,851

Table 3: Wastage rates and factors

Vaccine and one rate	5th	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent waste factor	1.05	1.11	1.18	1.25	1.33	1.43	1.53	1.63	1.73	1.83	1.93	2.03

* Please report the same figure as in table 1.

3.3 Confirmed/revised request for injection safety supply for the year (indicate forthcoming year) **682,497**

Table 4/4: Estimated supplies for safety of vaccination for the next two years with BCG (Use one table for each vaccine BCG, DTP, measles and TT and number then from 4 to 8)

Formula	For year 2004	For year 2005
---------	---------------	---------------

A	Target of children for vaccination (for TT : target of pregnant women) ¹	#	682497	707426
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	682497	707426
D	AD syringes (+10% wastage)	C x 1.11	757572	785243
E	AD syringes buffer stock ²	D x 0.25	183939	196311
F	Total AD syringes	D + E	946965	981554
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11 / G	75757	78524
J	Number of safety boxes (+10% of extra need)	(I + 1) x 1.11 / 100	11352	11767

Table 4/5: Estimated supplies for safety of vaccination for the next two years with DPT of use the table for each vaccine BCG, DPT, measles and TT, and number them from 4 to 8)

	Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#	#
B	Number of doses per child (for TT woman)	#	#
C	Number of doses	A x B	A x B
D	AD syringes (+10% wastage)	C x 1.11	C x 1.11
E	AD syringes buffer stock ⁵	D x 0.25	D x 0.25
F	Total AD syringes	D + E	D + E
G	Number of doses per vial	#	#
H	Vaccine wastage factor ⁴	Either 2 or 1.6	Either 2 or 1.6
I	Number of reconstitution ⁶ syringes (+10% wastage)	C x H x 1.11 / G	C x H x 1.11 / G
J	Number of safety boxes (+10% of extra need)	(F + 1) x 1.11 / 100	(F + 1) x 1.11 / 100

1. GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all women of Child Bearing Age (WCA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

2. The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

3. Only for lyophilized vaccines. Write zero for other vaccines.

4. Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

5. GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all women of Child Bearing Age (WCA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

6. The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

4. Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 4/6: Estimated supplies for safety of vaccination for the next two years with MEASLES (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

	Formula	For year 2004	For year 2005
	#		
A Target of children for vaccination (for TT : target of pregnant women) ⁷	#	382497	707426
B Number of doses per child (for TT woman)	#	1	1
C Number of doses	$A \times B$	382497	707426
D AD syringes (+10% wastage)	$C \times 1.11$	757572	785243
E AD syringes buffer stock ⁸	$D \times 0.25$	183939	196311
F Total AD syringes	$D + E$	946965	981554
G Number of doses per vial	#	10	10
H Vaccine wastage factor ⁴	<i>If then 2 or 1.6</i>	2	2
I Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	151514	157049
J Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	12193	12638

Table 4/7: Estimated supplies for safety of vaccination for the next two years with TT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

	Formula	For year 2004	For year 2005
	#		
A Target of children for vaccination (for TT : target of pregnant women) ¹⁰	#	382497	707426
B Number of doses per child (for TT woman)	#	3	3
C Number of doses	$A \times B$	2047491	2122278
D AD syringes (+10% wastage)	$C \times 1.11$	2272715	2355729

- ⁷ GAVI will fund the procurement of AD syringes (including 10% extra of TT to pregnant women). The immunization policy of the country, excludes all Women of Child Bearing Age (WCBGA). GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).
- ⁸ The buffer stock for vaccines and AD syringes is set at 75%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. While zero for other years.
- ⁹ Only or lyophilized vaccines. While zero for other vaccines.
- ⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.
- ¹⁰ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. The immunization policy of the country excludes all Women of Child Bearing Age (WCBGA). GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

E	AD syringes buffer stock ¹¹	D x 0.25	568179	588932
F	Total AD syringes	D + E	2840894	2944661
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ¹² syringes (+10% wastage)	C x H x 1.11 / G	454543	471146
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	36579	37915

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM	For the year ...	For the year ...	Justification of changes from originally approved supply:	
Total AD syringes for BCG	946955	981554		
Total of reconstitution syringes for other vaccines	6628752	6870875		
Total of safety boxes	7575717	7832429		
	96704	100735		

If quantity of current request differs from the G-ATT letter of approval, please present the justification for that difference.

The proposal was submitted to G-ATT during 2001 but after that there was local administrative offices were formulated and indicate the number of population in each district so we were enforced to take those numbers in our calculation for targeted number of children as presented in the above table and as it is presented in the joint report format.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAV/IVF support N/A

Indicators	Targets	Achievements	Constraints	Updated targets
- Drop out rate	Less than 10%	Not achieved	Unavailability of new vaccine	
- Vaccine wastage rate	5 - 10 %			
- Safety injection practice availability aspects	100 %	90 %	Non	

¹¹ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹² Only for lyophilized vaccines. Write zero for other vaccines.

⁴ Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and VF.

2. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	✓	
Reporting Period (consistent with previous calendar year)	✓	
Table 1 filled-in	✓	
EXA reported on	✓	
Reported on use of 100,000 US\$	✓	
Injection Safety Reported on	✓	
ISP Reported on (progress against country ISP indicators)	N/A	
Table 2 filled-in	N/A	
New Vaccine Request completed	✓	
Revised request for injection safety completed (where applicable)	✓	
ICC minutes attached to the report	✓	
Government signatures	✓	
ICC endorsed	✓	

6. Comments

→ *ICC comments:*

The ICC met 4 times during 2003 and the technical working group had met frequently. Minutes of the meeting were sent to GAVI secretariat on time.



7. Signatures

For the Government of VIETNAM REPUBLIC

Signature



Title: GENERAL MANAGER

Date: 27/8/2003

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of CIAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking Form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Embassy of Japan	Mansour Shamir?	June 2004	Christine				
UNICEF	OV. Jambou is a former	5-5-04	SR				
UNICEF	Phan Thi Thanh	5/6/04	TRU				
UNICEF	Ramesh SHRESHTHA	6 May 2004	Paul				
UNICEF	Robert E. Itinwu	6/6/04	Y. H. P. E. Itinwu				

End