

## Joint Appraisal Update report 2019

*The italic text in this document serves as guidance, it can be deleted when preparing the Joint Appraisal (JA) report.*

Gavi's support to a country's immunisation programme(s) is subject to an annual performance assessment. The Joint Appraisal (JA) is a key element of this performance review. It is an annual, country-led, multi-stakeholder review by the senior leadership of the MoH and its partners of the implementation progress and performance of Gavi's support to the country, and its contribution to improved immunisation outcomes.

**Joint Appraisals require careful preparation. This includes:**

- **By 31 March: Submission of End of year stock reporting**
- **By 15 May: Submission of the vaccine renewal request** on the country portal (including provision of updated targets, wastage rates, switch requests, if applicable, etc.)
- **4 weeks before the Joint Appraisal:**
  - **Submission** on the country portal **of reporting documentation required for renewal purposes**, in particular;
    - **Update of the grant performance framework (GPF)**
    - **Financial reports, annual financial statements and audit reports** (for all types of direct financial support received)
    - **Reporting on any campaigns/SIA conducted** (if applicable)
  - **Submission of HSS and CCEOP renewal request** (if new tranche needed), on the country portal including HSS budget for requested tranche;
  - **Gavi partners (WHO, UNICEF and others)** to report progress against their milestones and PEF functions on the partner portal.

**Other reporting information** to be posted on the country portal 4 weeks before the Joint Appraisal includes:

- Immunisation financing and expenditure information (required from all countries)
- Data and survey requirements (required from all countries)
- Annual progress update on the Effective Vaccine Management (EVM) improvement plan (required from all countries)
- Updated CCE inventory (only from countries receiving CCEOP support)
- HPV specific reporting (only if applicable)
- HSS end of grant evaluation (only if applicable)
- Post Introduction Evaluation (PIE) reports (only if applicable)
- Gavi transition and/or polio transition plans or asset mapping information (only if applicable)
- Expanded Programme on Immunization (EPI) review / plan of action implementation report (if available)
- Post campaign coverage survey reports (only if applicable)
- Other information, such as information on additional 3<sup>rd</sup> party funded private sector engagements

**Note: Failure to submit the renewal requests as well as required reporting on the country portal four weeks ahead of the Joint Appraisal meeting (except for the vaccine renewal request, which is to be submitted by 15 May) may impact the decision by Gavi to renew its support, including a possible postponement, and/or decision not to renew or disburse support.**

Country	Yemen
Full JA or JA update <sup>1</sup>	X full JA      JA update
Date and location of Joint Appraisal meeting	Amman, Jordan, July 1-5, 2019
Participants / affiliation <sup>2</sup>	MOPH&P, Yemen, UNICEF, WHO EMPHNET CDC
Reporting period	2018
Fiscal period <sup>3</sup>	January – December
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
Gavi transition / co-financing group	initial self-financing

## 1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the vaccine renewal request include a switch request?	Yes      No X      N/A <input type="checkbox"/>
HSS renewal request	Yes      NoX      N/A <input type="checkbox"/>
CCEOP renewal request	Yes      NoX      N/A <input type="checkbox"/>

## 2. GAVI GRANT PORTFOLIO

Existing vaccine support (to be pre-filled by Gavi Secretariat)

Introduced / Campaign	Date	2018 Coverage (WUENIC) by dose	2019 Target		Approx. Value \$	Comment
			%	Children		
Pentavalent	2005	65%		1,080,166	2,684,500	
PCV	2010	64%		1,080,166	6,461,000	
Rotavirus	2012	64%		1,080,166	2,680,000	
IPV	2014	59%		1,080,166	1,983,000	

Existing financial support (to be pre-filled by Gavi Secretariat)

Grant	Channel	Period	First disbursement	Cumulative financing status @ Dec 2018				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
HSS2	TOTAL	2014-18	March 2014	17.639	17.639	17.048	13.624		
	MOPH		2014			4.200	3.976		
	WHO		2016			6.010	4.21		
	UNICEF		2016			6.838	5.438		
Comments									

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future<sup>4</sup>

<sup>1</sup> Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, <https://www.gavi.org/support/process/apply/report-renew/>

<sup>2</sup> If taking too much space, the list of participants may also be provided as an annex.

<sup>3</sup> If the country reporting period deviates from the fiscal period, please provide a short explanation.

<sup>4</sup> Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	GAVI HSS 3	2019	2020
	CCEOP	2019	2020

**Grant Performance Framework – latest reporting, for period 2018** (to be pre-filled by Gavi Secretariat)

Intermediate results indicator	Target	Actual
Percentage of districts that implemented at least four rounds of outreach activities	95%	94%
Percentage of weekly integrated disease surveillance reports received at central level	100%	94%
Percentage of GHOs submitting completed Integrated reports of all planned activities	100%	94%
Percentage of Governorates having community communication and social mobilization plan in place	100%	95%
Percentage of health facilities with functional vaccine storage	95%	93%
<b>Comments</b>		
Details on delays in implementation that impacted intermediate results achievement detailed below in section 5. New target setting is being discussed as part of the new HSS grant.		

**PEF Targeted Country Assistance: Core and Expanded Partners at June 2018**

	Year	Funding (US\$m)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util.			
<b>TOTAL CORE</b>	2017	\$1.8 mill	\$1.7 mill	\$1.5 mill	4.2 out of 5.2	11 out of 21	
	2018	\$3.1 mill	\$2.1 mill	\$1.6 mill	4 out of 10	29 out of 40	Protracted conflict situation; responding to outbreaks diverted focus; not fully staffed
	2019	\$3.1mill	\$2.3mill	\$0.04mill	7 out of 20.2	10 out of 18	
<b>UNICEF</b>	2017	\$1.2 mill	\$1.2 mill	\$1.2 mill	2 out of 2	8 out of 8	
	2018	\$1.5 mill	\$1.2 mill	\$1.0 mill	2 out of 5	21 out of 28	
	2019	\$1.6mill	\$1.2mill	\$0.02mill	3 out of 7	5 out of 8	
<b>WHO</b>	2017	\$0.6 mill	\$0.5 mill	\$0.3 mill	2.2 out of 3.3	3 out of 7	Difficulties in recruiting
	2018	\$1.5 mill	\$0.9 mill	\$0.6 mill	2 out of 5	8 out of 12	
	2019	\$1.5mill	\$1.1mill	\$0.02mill	4 out of 13.2	7 out of 15	

**3. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR**

<p><i>The armed conflict in Yemen falls into 5<sup>th</sup> year in 2019 turning this poor country into a humanitarian catastrophe. Twenty four million (80% of the population) people need some sorts of humanitarian assistance, 19.7 million people lack access to adequate healthcare, an increase of 3.1 million people in 2018; 17.8 million people lack access to safe water and sanitation.</i></p> <p><i>The war has resulted in the destruction of basic infrastructure, loss of livelihoods, mass displacement, disruption of social services and a nearly collapsed socio-economic situation. Over 4 million people are displaced. Almost 80% of the population live below poverty line compared to 49% in 2017. It is estimated that one mother and six neonates die every 2 hours; one &lt;5 years age child die every 10 min (UNICEF 2018). The armed conflict is further affected in and intensified in expanded geography e.g. Sa'ada, Hajjah, Taiz, Al-Hodaidah, Aldala.</i></p>	
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Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

#### Health service:

A large number of health facilities are damaged and became non-functional with significant health workforce displacement. According to HeRAMS data as of Nov 2018, Only two-third health facilities are functioning and accessible. Only 5% of the medical staff – specialized and medical doctors are currently serving in hospitals. Most of the available staff are not paid their salary for long uncertain period and are demotivated. Power supply is disrupted to many facilities with added burden of unavailability of basic medical supplies, equipment and lack of operational fund. Overall there is accelerated decline in public health service in Yemen.

Some governorates/districts are more vulnerable. High price compounded with weakened economic situation make private sector service unaffordable to most of the population. Two-third of the districts (203 out of 333) are in most severe need due to poor access to health-care service, displacement and deteriorating socio-economic conditions.

#### Immunization:

Government is not able to pay for procurement of traditional vaccine and country co-financing share of Gavi supported vaccines. More than 60% cold chain equipment are obsolete and more than 90% CCE at service point are receiving electricity for less than 8 hours a day.

MoPH is unable to pay for the operational cost for EPI including salary of vaccinator and critical program staff. However, with Gavi financial and vaccine assistance and support of on ground partners e.g. WHO and UNICEF, country have managed to achieve 68% coverage for Penta3 (WUENIC). Without any improvement in the conflict situation, the overall scenario for coming period is very bleak.

## 4. OF THE IMMUNISATION PROGRAMME

There are general declining trend in routine immunization coverage. During past years, more and more children remain unvaccinated or partial vaccinated. During 2018, over 200,000 children remain unvaccinated with Penta3 and 283,000 children were not reached with MCV1. This resulted in huge toll in terms of morbidity and mortality due to vaccine preventable diseases. During 2018, cholera outbreak affected 22 out of 23 governorates resulting in 370,200 cases with over 500 cumulative deaths. One-third of these cases are under 5 years children.

Seventy percent districts (234) are affected by the continuous diphtheria outbreak with a toll of 3,800 probable cases and 128 deaths. One-fourth cases are below 5 years age and overall 59% cases are either not vaccinated or partially vaccinated.

Measles outbreak spread over all 23 governorates with over 24,000 cases and 231 deaths. Sixty eight percent suspected cases are below 5 years age.

## 5. PERFORMANCE OF GAVI SUPPORT PERFORMANCE

### 5.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Provide a succinct analysis of the performance of Gavi's HSS support for the reporting period.

- Progress of the HSS grant implementation** against objectives, budget and workplan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.), **using the below table**.

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	Enhancing equitable access to immunization and integrated PHC services
Priority geographies / population groups or constraints to C&E addressed by the objective	As targeted by the HSS2 114 Districts in 9 Governorates
% activities conducted / budget utilisation	Though HSS fund could not be accessed due to various reasons but critical activities (e.g. 4 rounds integrated outreach) were implemented with resource mobilized by WHO and UNICEF.
Major activities implemented & Review of implementation progress	Most of the activities under HSS2 are now planned and budget requests are in process. It is to be noted that because of unprecedented outbreaks of Cholera, Measles and Diphtheria

including key successes & outcomes / activities not implemented or delayed / financial absorption	and other program priorities some activities couldn't be implemented as planned.
<b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b> <sup>5</sup> )	Various trainings like MLM, IMCI, reducing missed opportunities, cold chain and purchase of medicines/supplies for integrated outreach
<b>Objective 2:</b>	
<b>Objective of the HSS grant</b> (as per the HSS proposal or PSR)	<b>Improving the integrated health information including surveillance, monitoring and evaluation system and research</b>
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	As targeted by the HSS2 114 Districts in 9 Governorate.
<b>% activities conducted / budget utilisation</b>	As above
<b>Major activities implemented &amp; Review of implementation progress</b> including key successes & outcomes / activities not implemented or delayed / financial absorption	Lab function was ensured running without any interruption by providing necessary supplies by WHO using its own resources.
<b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b> <sup>5</sup> )	Training of VPDs surveillance staff, sensitization for health care providers, procurement of lab reagent/equipment's and vehicles for surveillance as well supervision in process and will be completed in the next few months
<b>Objective 3:</b>	
<b>Objective of the HSS grant</b> (as per the HSS proposal or PSR)	<b>Community empowerment and civil society participation in provision of immunization and essential health services including and not limited to community volunteers</b>
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	
<b>% activities conducted / budget utilisation</b>	
<b>Major activities implemented &amp; Review of implementation progress</b> including key successes & outcomes / activities not implemented or delayed / financial absorption	Due to emerging emergencies as mentioned above, activities under this objective couldn't be prioritized.
<b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b> <sup>5</sup> )	

<sup>5</sup> When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extend known to date - the type of TA required

In the text box below, briefly describe:

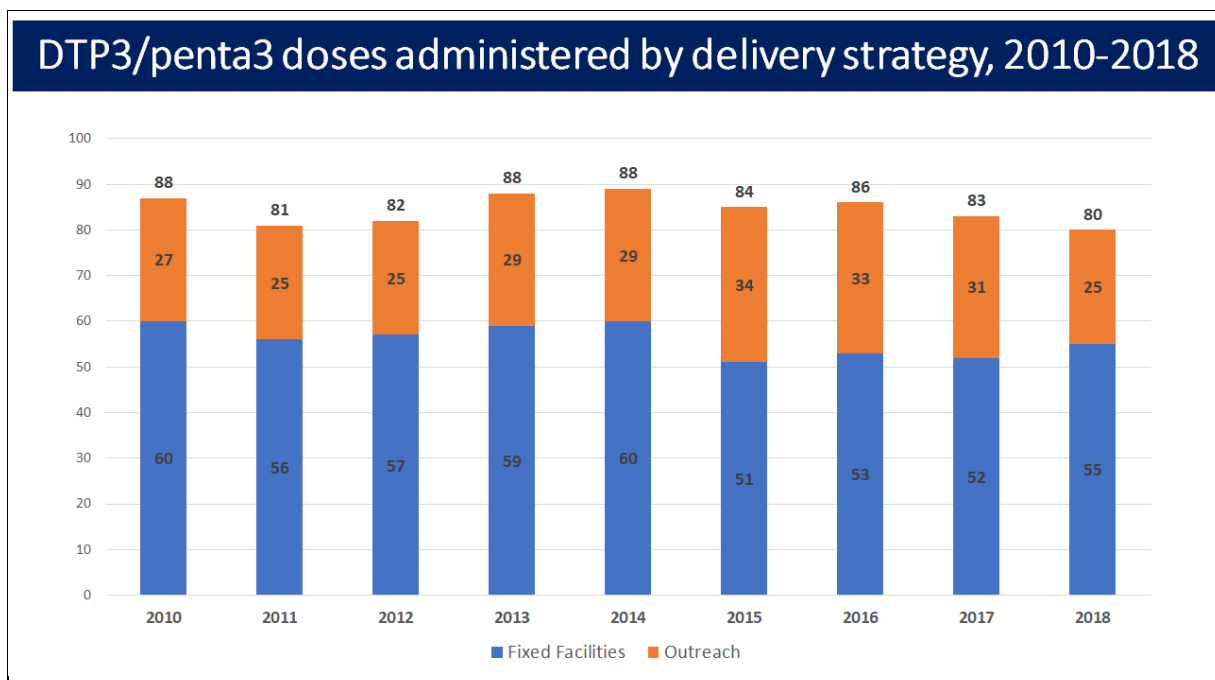
- **Achievements against agreed targets** as specified in the grant performance framework (GPF), and key outcomes. E.g. how does the number of additional children vaccinated and under-immunised children in districts supported by the HSS grant compare to other non-supported districts/national targets. Which indicators in the GPF were achieved / impacted by the activities conducted?
- How Gavi support is **contributing to address the key drivers of low immunisation** outcomes?
- Whether the **selection of activities is still relevant**, realistic and well prioritised in light of the situation analysis conducted, as well as financial absorption and implementation rates.
- Planned **budget reallocations** (please attach the revised budget, using the Gavi budget template).
- If applicable, briefly describe the usage and results achieved with the **performance based funding** (PBF) the country received. What grant performance framework (GPF) metrics will be used to track progress?
- **Complementarity and synergies with other donor support** (e.g. the Global Fund, Global Financing Facility)
- **Private Sector and INFUSE<sup>6</sup> partnerships** and key outcomes (e.g. increasing capacity building and demand, improving service delivery and data management). Please outline the sources (e.g. Private sector contributions, Gavi matching Fund and Gavi core funding – HSS/PEF) and amount of funding.
- **Civil Society Organisation (CSO) participation** in service delivery and the funding modality (i.e. whether support provided through Gavi's HSS or other donor funding).

1. Due to different procedural challenges, HSS2 fund couldn't be accessed on time. However, critical activities e.g. outbreak response activities, four rounds of integrated outreach activities were implemented by mobilizing other resources.
2. Four Integrated Outreach Rounds (IOR) were conducted in country in second half of 2018 using the new IOR service delivery strategy; targeting the third tier of the health facility's catchment area in 307 districts of the country. This activity aimed the most vulnerable and marginalized children in the hard to reach areas, IDPs and refugees. Along with with routine vaccination services IMCI (Integrated Management of Childhood Illnesses), MUAC/Nutrition services as well TT vaccine and reproductive Health services for the pregnant ladies and women of Child bearing age were also added. These rounds helped to maintain the OPV 3 coverage above 80% despite humanitarian crisis. The IOR implemented have contributed to approximately 33% and 25% of the annual vaccination coverage of children under one year of age in 2017 and 2018 respectively. The drop of the IOR vaccination coverage in 2018 is due to implementation of less number of rounds than in 2017. Rounds. Integrated Outreach strategy focuses to target and reach all eligible under one, under two and defaulter children in tier 3, high risk population, IDPs and population in hard to reach and security compromised areas. This activity was implemented with support mobilized by WHO and UNICEF.
3. MOPHP has continued the implementation of two polio NIDs annually as a strategy to sustain the polio free status of Yemen and prevent the emergence of polio virus from outside the country. In 2018, two rounds of NIDs were implemented to vaccinate under five children (U5) with b-OPV vaccine in August and November. In first NID round 4,163,062 (86%) children U5 were vaccinated with b-OPV whereas in November 2018 4,691,910 (85%) children <5 years were vaccinated with b-OPV.

(staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

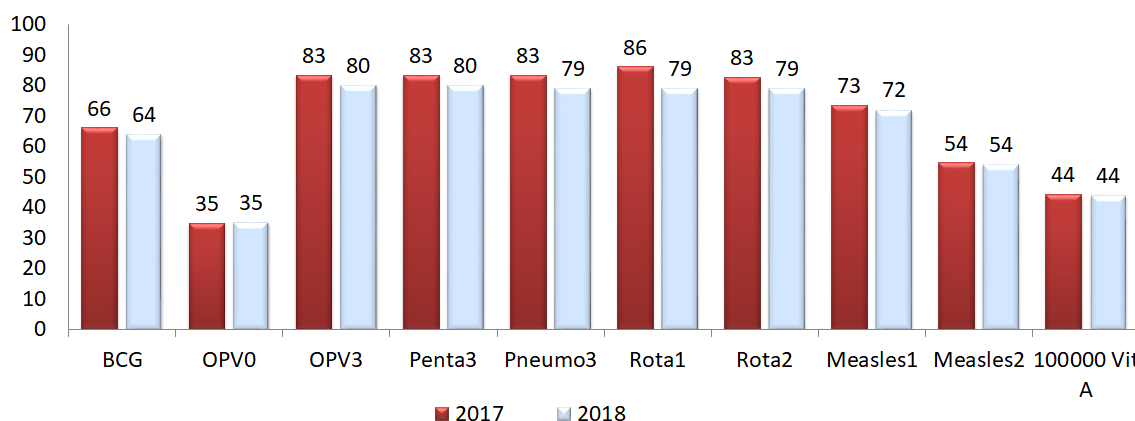
<sup>6</sup> INFUSE was launched by the Gavi Alliance to help bridge the gap between the supply and demand side for new technologies and innovations and to create a market place for these innovations.

4. Administrative coverage of PENTA3 coverage 2018 is 80%, with 25% contribution by 4 Integrated



Outreach. Coverage decreased by 6.8% compared to 2017, as the number of IOR rounds reduced by 1 (4 rounds in 2018 compared to 5 rounds in 2017). The coverage through fixed health facilities was 55% which is 2% higher than 2017.

#### Comparison between vaccines coverage 2017 - 2018



- 5.
6. Measles outbreak response activities was implemented in 45 districts, in response to high number and deaths reported during 2018. A total of 853,624 children were administered MR vaccine with 559,172 from 22 districts from 6 Governorates in the South vaccinating children 6 months to 10 years of age in March 2018 and 294,592 from 23 districts of 3 Governorates in the North targeting children age 6 months to 15 years of age in May 2018.
7. A nationwide MR campaign was planned in November 2018 that was postponed and conducted in February 2019 in which 12.9 million children 6 months to 14 years of age were targeted throughout Yemen except Sa'adah Governorate and 11,959,561 (93%) were reached. 62 AEFI cases were reported during the campaign, however none of these were serious in nature. Most of the cases had either rash, redness or fever. Follow up of the cases showed that all cases were cured during the campaign.

Independent post campaign coverage was conducted to assess coverage with an overall 91.6% coverage though having variation at governorate, district and village levels. The three main reasons identified children not being vaccinated were 1) Absence of children or in travel at the time of campaign 15.7%, 2) unavailability of vaccinator or vaccine at the site (13.1%) and 3) fear of Injection (12.9%).

8. Implementation of Immunization Campaign (first round) against the epidemic of diphtheria in 39 priority districts of 11 governorates according to the surveillance/immunization data. A total 2,001,487 children 6 weeks to 15 years of age were vaccinated in March 2018 campaign

9. Implementation of second round of Diphtheria in May 2019 and in the campaign the 39 districts where round 1<sup>st</sup> round was conducted was included. In addition to that 23 districts from 3 governorates were also included because of the increased number of Diphtheria cases. In the second Diphtheria campaign, 941,739 children age 6 weeks to 15 years of age were vaccinated with Diphtheria containing vaccine.

10. Implementation of OCV campaign for children from one year to adulthood in 5 districts of Aden Governorate first round reached to 271026 children (77% coverage) (April 2018)

11. Implementation of OCV campaign for children from one year to adulthood in 5 districts of Aden Governorate second round reached to 267545 children (76% coverage) (October 2018)

12. Implementation of OCV campaign for children from one year to adulthood in 2 districts of Alhodaidah and 1 district in Ibb Governorate first round reached to 387390 children (69% coverage) (Aug. 2018)

13. Implementation of OCV campaign for children from one year to adulthood in 2 districts of Alhodaidah & 1 district in Ibb Governorate second round reached to 309603 children (57% coverage) (October 2018)

14. implementation of an emergency POLIO + MR + VIT A campaign for children under 5 and 10 years in all 2 districts of Sada'a governorate reached to 239.349 for MR (91% coverage) and POLIO 163.326 (78% coverage) (Dec. 2018)

15. Training of 1,856 health workers on EPI services from fixed health facilities

16. Training of 234 CHVs on EPI interventions and EPI promotion

17. training of 234 CHWs on EPI health services interventions and EPI promotion

18. Implementation of microplanning workshops for EPI routine and outreach activities & approval of plan

19. Conducting orientation workshop related to EPI, immunization and vaccines for 122 doctors (GP & pediatricians)

20. Training 42 nurses on EPI and vaccine administration for neonate in delivery rooms in big hospitals

21. Submission of draft of HSS3 proposal for 2019-2023 for GAVI

22. Technical and costed plans of the various immunization program activities for the year 2019 have been prepared and submitted to the concerned UN partners

23. Updating of the EPI guideline/manuals for the health care providers

24. Updating of the EPI guideline/manuals for the CHWs

## 5.2. Performance of vaccine support

*Provide a succinct analysis of the performance of Gavi vaccine grants, focusing on **recently (i.e. in the last two years) introduced vaccines**, or planned to be introduced vaccines, **and campaigns**, supplementary immunisation activities (SIAs), demonstration programmes, MACs etc., as well as switches in vaccine presentations. This section should capture the following:*

- **Vaccine-related issues which may have been highlighted for the vaccine renewals**, such as challenges on stock management (overstock, stock-outs, significant consumption variations etc.), wastage rates, target assumptions, annual consumption trend, quantification data triangulation, etc., and **plans to address them**.
- **NVS introductions and switches:** If country has recently introduced or switched the product or presentation of an existing vaccine, then the country is requested to highlight the performance (coverage) and lessons learned from the introduction/switch, key implementation challenges and the next steps to address them.



- **Campaigns/SIA:** Provide information on recent campaigns (since last JA) and key results of the post-campaign survey, including the coverage achieved. If achieved coverage was low, provide reasons. Provide other key lessons learned and the next steps to address them. If post-campaign survey has not been conducted, highlight reasons for the delay and the expected timelines. Are there any key observations concerning how the operational cost support was spent? Explain how the campaign contributed to strengthening routine immunisation e.g. by identifying zero-dose children and lessons learned.
- Update of the **situation analysis for measles and rubella** (using the latest immunisation coverage and surveillance data for measles, rubella and congenital rubella syndrome from national and sub-national levels<sup>7</sup>) and update of the country's **measles and rubella 5 year plan** (e.g. future dates of MR intro, MCV2 intro, follow-up campaigns, etc.).
- **Describe key actions related to Gavi vaccine support in the coming year** (e.g. decision-making on vaccine introduction, future application, planning and implementation of introduction/ campaigns or decisions to switch vaccine product, presentation or schedule) **and associated changes in technical assistance**<sup>5</sup>.

1. Submit the NVS proposal request to GAVI on 15 May 2019
2. During 2018, GAVI-supported vaccines were provided, contributing to the continued provision of routine immunization services, which contributed to the increase of coverage.
3. 89% of the EPI stores in the districts were covered with solar refrigerators to secure the cold chain.
4. Training of 70 health workers on regular/basic cold chain management and 288 had refresher cold chain management training
5. Training on MLM for 34 EPI supervisors
6. Periodic maintenance cold chain was carried out in the central warehouses
7. Assigning a committee from the General Directorate of Maintenance in MOPH&P and EPI program to work out a comprehensive plan for maintenance, plan was submitted to concerned in MOPH&P
8. SDD refrigerators were distributed and installed (58 refrigerator) supported by UNICEF for the district stores.
9. SDD refrigerators were distributed (48 refrigerator) provided by the United Nations Development Program for health facilities
10. Provision and installation of 86 solar and gas refrigerators for health facilities
11. Secure and strengthen immunization stores and immunization sites with 58 Solar refrigerators
12. The diesel material was secured in amount of 416,000 liters

### Quantities of vaccines for 2018 and cost

The name of vaccine	GAVI support		Government contribution		TOTAL	
	quantities of vaccines 2018	cost	quantities of vaccines 2018	cost	Quantities (GOV. & GAVI)	Total cost of vaccines
DTP-HepB-Hib-1 (lqd)	2,430,500	2,933,500	363,000	348,500	2,793,500	3,282,000
PCV13-4	2,533,000	8,684,000	420,200	1,308,000	2,953,200	9,992,000
RV1-1	1,576,500	3,278,000	259,500	536,500	1,836,000	3,814,500
IPV-5	1,069,100	2,115,500			1,069,100	2,115,500
	7,609,100	17,011,000	1,042,700	2,193,000	8,651,800	19,204,000

### Current available vaccines stock by 8 of Jan. 2019

Vaccine Type	dose per vials	current stock by 6 Jan. 2019
BCG.Dlu	20	1,045,700
BCG.Vac	20	1,045,700
bOPV Vac	20	2,129,900
IPV.Vac	10	56,970
Meas.Dlu	10	11,453,420

<sup>7</sup> Please refer to the JA analysis guidance document for additional information on the expected analyses for measles and rubella.

Meas.R.Vac	10	11,451,920
OCV	1	1,188,100
PCV.Vac	4	357,600
Penta.Vac	1	121,486
Penta.Vac	10	4,318,000
Rota.Vac	1	117,600
TD.Vac	10	6,667,400

Vaccine	Wastage 2018
DTP-HepB-Hib-1 (lqd)	5%
PCV13-4	5%
RV1-1	4%
IPV-5	5%

### 5.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

If your country is receiving CCEOP support from Gavi, provide a brief update on the following:

- **Performance** on five mandatory CCEOP indicators and other related intermediate results – achievement against agreed targets as specified in the grant performance framework (GPF) with discussion on successes, challenges and solutions for reaching targets;
- **Implementation status** (number of equipment installed / waiting installation, user feedback on preventive maintenance training, refrigerator performance, etc.), including any challenges / lessons learned;
- **Contribution** of CCEOP to immunisation performance (i.e. how CCEOP is contributing to improving coverage and equity);
- **Changes in technical assistance** in implementing CCEOP support.<sup>5</sup>

Note: an updated CCE inventory must be submitted together with the CCEOP renewal request.

Yemen had her CCEOP application approved by GAVI and a total of 617 solar direct drive equipment will be injected into the system between 2020 and 2021. The CCEOP is currently procurement stage of the implementation phase for year one. The country is currently engaging with UNICEF Supply Division on the procurement of the equipment. Given the peculiar situation in Yemen, the service bundle including the in country logistics of the distribution and installation of the equipment will be handled by the MoPHP whose technicians currently support in the country distribution and installation of similar equipment from the same company

By the end of the implementation of the CCEOP, the country would be able to measure the contribution of the project improving the cold chain system as well as coverage and equity in immunization service delivery

### 5.4. Financial management performance

MINISTRY of PUBLIC HEALTH and POPULATION (MoPHP) - GAVI				
Health Systems Strengthening (HSS 2 ) PROGRAMME				
PROGRAMME MANAGEMENT UNIT				
Financial Report				
Cost Item	Cost (US)			
	Balance from Jun 2017	Expenditure	Balance in 31/12/2018	Spent %
Balance ISS Jun 2017	473,100.00	473,100.00	0	
Balance from HSS1 & new vaccine MR & IVP	671,830.00	671,830.00	0	Medicines supplies
Sub -TOTAL	1,144,930.00	1,144,930.00	0	
budget plan 2018 (UNICEF&WHO)	3,359,920.00	0	3,359,920.00	
TOTAL	4,504,850.00	1,144,930.00	3,359,920.00	

ISS Details 2017-2018						
No.	Activity name and description	Responsible		Budget	Expenditure	Balance
1	Procure 2 Cargo Crane for EPI Central Store and MCI Store (with extra pattries)	2	40,000	80000	0	80000
2	handcargo cranes	4	2,500	10000	4000	6000
3	shelves	1	70,000	70000	3200	66800
4	air vaccum	4	500	2000	2100	-100
5	WASHING Machine	2	2500	5000	0	5000
6	Air-condation	4	5,000	20000	9008	10992
7	Fire Extinguishers	30	250	7500	0	7500
8	Repair of the central sotre generators	3	3*10000	30000	37190	-7190
9	Spare parts for central stores Walk in Rooms (Cold Rooms)	18	1,000	18000	82100	-64100
10	Spare parts for Governorate stores Walk in Rooms (Cold Rooms)	10	1,000	18000	2922	15078
11	Spare parts for Generators at Central sotres,Oil, filters, ...etc.	4	4,800	19200	86730	-67530
12	Installation for Solar powered cold chain at districts			100000	32450	67550
13	Incentives for persons on duty (gnerators and store rooms at central stores)	7/26 Months	900*12	47800	163800	-116000
14	Maintenance work of cold chain at governorate and district levels			18400	2700	15700
15	Transportation in urgent situations to governorates			10000	21120	-11120
16	Repair of transportation truck (EPI central level)	2 Trucks&12Cars		7200	23480	-16280
17	Training of repair workers at cnetral and govenrorate level on maintenance of walk-in cold rooms, prinitng of materials			10000	2300	7700
Total				473100	473100	0

Grant type	Recipient	Award Year	Grant Allocation	Grant Expenditure	Balance	Remarks
GAVI/HSS	UNICEF	2016	\$1,720,359.00	\$1,720,359.00	\$0.00	Grant closed, and donor statement shared with GAVI
GAVI/HSS	UNICEF	2016	\$1,612,764.00	\$1,597,583.37	\$15,180.63	Grant closed, and donor statement shared with GAVI
GAVI/HSS	UNICEF	2017	\$2,028,238.29	\$2,028,274.00	\$35.71	Grant closed, and donor statement shared with GAVI
GAVI/HSS	UNICEF	2018	\$1,477,062.00	\$362,880.58	\$1,114,118.42	NCE requested to complete activities on the grant
PEF/TCA 2018	UNICEF	2018	\$1,167,135.00	\$167,117.16	\$17.84	Implementation completed
PEF/TCA 2019	UNICEF	2019	\$1,347,985.00	\$19,903.10	\$1,328,081.90	Implementation on going
GAVI/HSS2 65995	WHO	2017	\$1,632,892.00	\$1,078,211.00	\$555,671	Grant closed, and FCFS shared with GAVI
GAVI/HSS2 66789	WHO	2018	\$1,244,000	\$151,657	\$1,092,343	NCE granted. Activities will start soon
GAVI/HSS2 68125	WHO	2019	\$1,207,946	\$493,138	\$714,808	NCE granted. Activities ongoing
GAVI/MR 68223	WHO	2019	\$2,783,165	\$2,782,871	\$294	MR conducted and grant will be closed
PEF/TCA 67492	WHO	2018	\$941,485	\$558,452	\$383,033	Remaining balance will be returned to GAVI
PEF/TCA 68755	WHO	2019	1,207,948	\$16,514	\$1,082,769	Implementation in progress

The table above shows the financial management performance of the GAVI grants to Yemen. All GAVI grants for Yemen from 2015 are managed by UNICEF and WHO, whose compliance mechanisms are known and managed in the global cooperation arrangements. There were delayed implementation of activities in 2017 and 2018 with funds through WHO and in 2018 with funds through UNICEF. No cost Extension is being requested to enable the completion of the activities by the Ministry of Health.

Financial and audit reports to be obtained from WHO and UNICEF HQs in case required and not already received.

## 5.5. Transition plan monitoring (applicable if country is in accelerated transition phase)

*If your country is transitioning out of Gavi support, specify whether the country has a transition plan in place. If no transition plan exists, please describe plans to develop one and other actions to prepare for transition.*

- *If a transition plan is in place, please provide a brief overview on the following:*
  - *Implementation progress of planned activities;*
  - *Implementation bottlenecks and corrective actions;*
  - *Adherence to deadlines: are activities on time or delayed and, if delayed, the revised expected timeline for completion;*
  - *Transition grant: specify and explain any significant changes proposed to activities funded by Gavi through the transition grant (e.g., dropping an activity, adding a new activity or changing the content/budget of an activity);*
  - *If any changes are requested, please submit a consolidated revised version of the transition plan.*

## 5.6. Technical Assistance (TA) (progress on ongoing TCA plan)

- *Describe the strategic approach to Technical Assistance (TA) delivery to improving coverage and equity in reaching the under-immunised and unimmunised children. (i.e. embedded support, subnational support, support from expanded partners etc.)*
- *On the basis of the reporting against PEF functions and milestones, summarise the progress of partners in delivering technical assistance.*
- *Highlight progress and challenges in implementing the TCA plan.*
- *Specify any amendments/ changes to the TA currently planned for the remainder of the year.*

### • **GAVI PEF TCA 2018, through UNICEF**

- Under the GAVI TCA support, the 11 consultants, hired under TCA 2017, continued their deployment in all the 23 governorates to provide technical assistance on cold chain equipment and vaccine management, communication and social mobilization and operational management and governance. A cold chain and vaccine management consultant, an EPI operational consultant and C4D consultant support Sa'ada, Aden and Taiz hubs. A cold chain and vaccine management consultant and C4D consultant supported Sana'a, and Hodeida governorates.
- Two posts including a cold chain and vaccine management officer and a C4D officer at UNICEF CO were filled, late in 2018, to support the central and governorate levels EPI programme.
- The TAs supported by GAVI in UNICEF at central level supports MoPHP in planning, implementation and monitoring of EPI activities. Supports Immunization supply chain management including vaccine and cold chain management at all levels in the country
- MoPHP appreciated the support of GAVI and UNICEF regarding provision of HR support and filling critical gaps regarding HR, however they recommended that there is need to strengthen linkages and coordination between staff working at the Governorate level and EPI staff at MoPHP at central level.

- MoPHP will discuss with UNICEF to review the ToR for the consultants to include emerging tasks that may be required of them in the next TCA cycle. MoPHP will also to identify a Focal person to be accommodated in the 2020/2021 TCA that will coordinate with UNICEF on the activities of the consultants, conduct joint supervisions to the field with UNICEF and follow up on the findings and recommendations from the reports submitted by consultants from the field

### • **GAVI PEF TCA 2018, through WHO**

- Under the GAVI TCA support, the Data Manager EPI (NOB), Immunization Officer (NOB) and team Assistant (G5) positions were supported. These staff have been helping MoPH and EPI staff in

planning, implementation and monitoring various EPI activities conducted. Other positions (1 P4 International, 1 NOC Immunization/ Surveillance Officer, 1 NOB Immunization/Surveillance officer Aden, and 1 G5 Data Assistant could not be recruited as WHO was undertaking operational and functional review and revising the organogram to make it in line with the evolving situations and the functions to be carried out. These vacant positions as well few more sanctioned under TCA 2019 are being processed for recruitment after the organogram was revised in the light of functional/operation review. Person for P4 international position is identified and the recruitment process is near finalization.

## 6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

*Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal<sup>8</sup> and any additional significant Independent Review Committee (IRC) or High Level Review Panel (HLRP) recommendations (if applicable).*

Prioritised actions from previous Joint Appraisal	Current status
<ul style="list-style-type: none"> <li>Situation analysis regarding non/under vaccinated children <ul style="list-style-type: none"> <li>IDPs coverage and access to immunization services (tracking population, coverage survey)</li> <li>Equity/bottle-necks analysis (following UNICEF workshop July 2017)</li> </ul> </li> <li>Assessments of immunization strategies in regards of capacity to reach the unreached children (outreach, outreach plus, fixed and mobile)</li> <li>Explore possible other immunization strategies to reach under/non vaccinated children</li> <li>Review integrated approach (modalities, achievements, mapping, use of the outreach activities to strengthen the referral health facilities)</li> </ul>	<ul style="list-style-type: none"> <li>There is a matrix developed by the MOPH&amp;P and WHO/UNICEF showing the districts with non/under vaccinated <ul style="list-style-type: none"> <li>There is no survey addressing this issue but the matrix shows the problems</li> </ul> </li> <li>The MOPH&amp;P developed a new multiple strategies plan to address the reaching the unreached children</li> <li>The strategy was explored in an official workshop in present of the UN partners</li> <li>The review of the outreach modalities was under taken by the EPI to improve the utilization of the fixed health facilities and reaching the children in the third catchment areas of the health facilities in addition to that the establishment of a temporary site in big communities to provide EPI services was an option to improve the coverage in non/under vaccinated children</li> </ul>
<ul style="list-style-type: none"> <li>HR all levels governorates, districts including CHVs/CHW <ul style="list-style-type: none"> <li>Technical capacities, training: MLM, vaccine management cold chain, CHVs/CHWs refresher.</li> <li>Development of EPI modules (for various targets, using competency based approach), e.g. Training of Community Health workers (CHWs)/ volunteers (CHVs)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Updating of the EPI guideline/manuals for the health care providers</li> <li>Updating of the EPI guideline/manuals for the CHWs</li> <li>training of 234 CHVs on EPI interventions and EPI promotion</li> <li>training of 234 CHWs on EPI health services interventions and EPI promotion</li> </ul>
<ul style="list-style-type: none"> <li>Development and implementation of a plan to combat Vaccines Hesitancy</li> <li>Updated communication/risk management plans</li> <li>Communities and C4D Activities</li> </ul>	<ul style="list-style-type: none"> <li>There were communication related plans developed including contingency communication plan and Cholera response communication plan.</li> <li>Community based communication related activities geared towards combating vaccine hesitancy in 2018 included focused group discussions with men and women groups, engagement of religious and community leaders.</li> </ul>

<sup>8</sup> Refer to the section "Prioritised Country Needs" in last year's Joint Appraisal report

	<ul style="list-style-type: none"> <li>There was capacity building of Health Educators and about 12,000 Community Health Volunteers (CHVs) and 400 Community Health workers (CHWs) engaged in door to door visit to create awareness on health interventions including immunization.</li> <li>IEC materials were developed and distributed nationwide. Mass media including TV, Radio programs were conducted and messages through social media to the population</li> <li>NGOs partners were also engaged in social mobilization activities including theatres and concerts</li> </ul>
<ul style="list-style-type: none"> <li>EVM and CCEOP implementation</li> </ul>	<ul style="list-style-type: none"> <li><b>The CCEOP proposal was submitted to GAVI in 2018 and already approved. The country is moving to the implementation phase and discussing the implementation modalities with UNICEF supply division. EVM assessment is planned for in 2019 TCA and will be conducted between Q4 2019 and Q1 2020</b></li> </ul>
<ul style="list-style-type: none"> <li>Preparation of GAVI HSS application in the context of the new approach</li> <li>Ensure management and monitoring and evaluation for all Gavi grants</li> </ul>	<ul style="list-style-type: none"> <li><b>The HSS 3 draft is submitted to GAVI and endorsed by IRC</b></li> </ul>
<b>Additional significant IRC / HLRP recommendations (if applicable)</b>	<b>Current status</b>

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 7 below).

## 7. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Briefly summarise the **key activities to be implemented next year** with Gavi grant support, including if relevant any **introductions** for vaccine applications already approved; preparation of **new applications**, preparation of **investment cases** for additional vaccines, and/ or plans related to HSS / CCEOP grants, etc.

In the context of these planned activities and based on the analyses provided in the above sections, describe the five **highest priority findings and actions to be undertaken to enhance the impact of Gavi support or to mitigate potential future risks to programme and grant performance**.

Please indicate if any **modifications** to Gavi support are being requested (indicating the rationale and main changes), such as:

- Changes to country targets as established earlier, either from the agreed Grant Performance Framework (GPF) or as part of the NVS renewal request submitted by 15 May;
- Plans to change any vaccine presentation or type;
- Plans to use available flexibilities to reallocate budgeted funds to focus on identified priority areas.

**Overview of key activities planned for the next year and requested modifications to Gavi support:**

This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance<sup>9</sup>.

<b>Key finding / Action 1</b>	Constant delays in integrated outreach implementation especially during first half of the year.
Current response	Plans are made but constantly delayed due to outbreak responses and competing priorities
Agreed country actions	A minimum of five IOC must be ensured every year spaced at an appropriate interval, minimum acceptable is one round per quarter
Expected outputs / results	Immunization coverage is maintained, and quality of services is ensured and hence outbreaks are minimized over the long term
Associated timeline	On-going and one per quarter
Required resources / support and TA	Vaccine and IMCI medicines to be delivered timely, resources to be ensured from HSS3 in targeted HSS districts (66) and other donors to support remaining districts.
<b>Key finding / Action 2</b>	Delays in availability of funds for activities
Current response	Delays in activities related to prolonged process based on related issues with requests and subsequent delay in processing of the request from the partners, which in turn is because of not provision of required documents from MoPH. Delinquent DFC report causes WHO unable to process any new request and that causes further delay in accessing fund.
Agreed country actions	WHO and UNICEF to enhance financial capacity through hiring of designated staff with Gavi support to deal and follow on these issues according to the need. - WHO and UNICEF to provide standardized checklist for fulfilling requirements while submitting any request according to their own organization need.
Expected outputs / results	More rapid availability of funds, timely implementation of activities and fund utilization.
Associated timeline	On-going and to be addressed urgently
Required resources / support and TA	Support for positions in UNICEF and WHO
<b>Key finding / Action 3</b>	Enhancing the coverage by availability of services through fixed sites and establishing temporary health posts in densely populated rural communities
Challenge	Only 51% of the health facilities are currently fully functional, more than 30% of coverage is achieved through integrated outreach that has not been happening in the first 6 months of the year for the last 3 years. Need to ensure availability of immunisation serviced in more fixed sites.
Current response	HSS3 funding available to strengthen fixed sites and temporary immunization posts; Need to develop more detailed budget and workplan to identify facilities to expand immunization services in priority districts and also need to find a way forward for the non-priority districts.
Agreed country actions	Assess EHNP supported 300-400 out of 1700 facilities currently not providing immunisation with an aim to functionalise through meeting deficient requirements EHNP is not providing funding for routine immunisation, Gavi only supports a select number of districts – what will be done to strengthen routine in the other more than 200 districts Need for detailed resource mapping of the closed facilities – especially in the risk areas. UNICEF is raising other funds for this. WB suggested they are willing to finance other gaps identified.
Expected outputs / results	Enhanced access to services and increase immunisation coverage and will address those areas where outreach is not being implemented.
Associated timeline	Immediate
Required resources / support and TA	Ensure needs that are identified through assessment including equipment, staff, operational cost.

<sup>9</sup> The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. The TA menu of support is available as reference guide.



<b>Key finding / Action 4</b>	Demand: raising awareness. Immunisation is not considered a priority where there is food insecurity, malnutrition other health risks and challenges. Priority of caregivers are different. Negative media against vaccination and rumours circulating.
Current response	Look into school-based communication / coordination between vaccination teams and health education
Agreed country actions	Revise HSS3 budget for TV communication – no TV; IPC for health workers (trusted community) ensure to focus on community engagement activities and building capacity of CHVs
Expected outputs / results	Improve demand, decrease the rumours and rate of refusals; increase EPI coverage through advocacy, social mobilization and Behaviour change, activated community participation through community mobilization, religious and community leaders, FRLs, CVs, CHW and other effective communication tools. Activate referral system and information flows.
Associated timeline	Before any EPI activities and continuous activities.
Required resources / support and TA	Health education and Communication activities should be part of each EPI activities.
<b>Key finding / Action 5</b>	Data discrepancy in some districts resulted focusing resources incorrectly-
Current response	Almashana-lbb is one of the most EPI low coverage districts when the target number of children is wrong. There are also so many other districts with the same issue
Agreed country actions	Review the data per each HF, Micro plan from HF to MOPHP, improve the data management systems.
Expected outputs / results	Correct data of targets, facilitate update micro plans, increase EPI coverage
Associated timeline	2020
Required resources / support and TA	TA and HSS3
<b>Key finding / Action 6</b>	Limited capacity of technician for installation and maintenances of cold chain equipment including solar equipment.
Current response	One training Identified in the HSS2 but not yet implemented. Two training for 7 technicians also identified in HSS3
Agreed country actions	<ul style="list-style-type: none"> <li>Roll over HSS2 funds to HSS3 with additional funds to undertake international training by DULAS on installation and maintenance of solar refrigerators for 27 technicians</li> <li>Training of 12 technicians on maintenance of walk-in cold room</li> </ul>
Expected outputs / results	Country capacity improved, life span of equipment extended and vaccine safety and TA will be needed
Associated timeline	Q1 2020
Required resources / support and TA	Additional funds from HSS3,
<b>Key finding / Action 7</b>	EVM was last conducted in the country in 2013 and the current status is not known
Current response	EVM assessment identified in the 2019 TCA
Agreed country actions	Conduct EVMA and develop comprehensive improvement plan
Expected outputs / results	Improvement plan available to improve vaccine management practice to ensure potency and reduce wastage in the country
Associated timeline	Q4 2019-Q1 2020
Required resources / support and TA	TA is already accommodated in the 2019 TCA and will be required further on the finalization and initiate the implementation of the cIP
<b>Key finding / Action 8</b>	Lack of complete, and regularly updated data on Cold Chain Equipment status
Current response	Updates are currently supported by the consultants when they visit in the field
Agreed country actions	Establishment of advanced system for monitoring and updating cold chain following the conduct of comprehensive cold chain assessment (CCA) Build the capacity at all level to ensure regular update of cold chain inventory
Expected outputs / results	Updated CCA data base for better planning for replacement and expansion, cold chain inventory updated on regular basis (also to look in to the possibility of establishing real time electronic cold chain inventory update.
Associated timeline	2020 -2021

Required resources / support and TA	Accommodated in HSS3 TA support for strengthening system for cold chain inventory update.
<b>Key finding / Action 9</b>	Inability of technicians to carry out regular basic preventive maintenance and repairs of cold chain equipment due to lack of tools and spare parts
Current response	UNICEF support with procurement of spares parts available in the local market for electrical equipment
Agreed country actions	<ul style="list-style-type: none"> <li>Procurement of sets of spare parts for solar refrigerators, electrical refrigerators and walk in cold rooms and basic maintenance tool kits for technicians</li> <li>Operational funds for regular maintenance</li> </ul>
Expected outputs / results	Sufficient capacity for repairs and maintenance of equipment, the cold chain repair and maintenance developed
Associated timeline	Q2 2020
Required resources / support and TA	Funds/TA including support for capacity building and developing of guidelines for repair and maintenance.
<b>Key finding / Action 10</b>	Poor overview of the efficiency, effectiveness and resilience of the country immunization supply chain system, inadequate use of immunization supply chain data use.
Current response	MoPHP with support of partners engage in management of the current supply chain system
Agreed country actions	Country to commence Immunization supply chain system design process with introduction and advocacy workshop, data collection, analysis for models and pilots of selected model by country for subsequent scale up Conduct immunization supply chain data use assessment to identify the current gaps and propose for improvement.
Expected outputs / results	Efficient and resilient supply chain system design developed; strengthened capacity for immunization supply chain data use.
Associated timeline	Q2 of 2020 to 2022
Required resources / support and TA	TA/HSS resources/TCA including technical support on iSC data use
<b>Key finding / Action 11</b>	Challenge of electrical power supply in the country
Current response	Provision of generators and fuel at district and governorate and Gradual transition from electrical equipment to solar direct drive equipment
Agreed country actions	Implement the approved CCEOP and partners to advocate for resources from other donors to fill the gap
Expected outputs / results	Vaccine potency at all levels assured
Associated timeline	2020
Required resources / support and TA	TA/HSS resources
<b>Key finding / Action 12</b>	Poor visibility of vaccine stock at the service delivery points
Current response	Irregular manual collection of vaccine stock information from the HF
Agreed country actions	Immunization supply chain related data including consumption, stock balance, wastage rate and cold chain status to be considered for integration in the DHIS2
Expected outputs / results	Visibility for vaccine at the service delivery level to ensure availability of stock for coverage and equity
Associated timeline	2020 - 2022
Required resources / support and TA	TA/DHIS2 resources from Gavi

<b>Key finding / Action 13</b>	Need for sustainable unified system/platform for data reporting to link all governates
Current response	Pilots being rolled out in select districts in Sana'a and Aden
Agreed country actions	Review of pilots for lessons learned and successful scaling of DHIS2 for national use down to the district level
Expected outputs / results	DHIS2 Roadmap for long-term scale up plan DHIS2 implemented down to the district level

	Access to dashboards and data analysis at governorate and district level
Associated timeline	2020-2021
Required resources / support and TA	TCA from University of Oslo Funds for training of national staff on DHIS (included in HSS3) and TA
<b>Key finding / Action 14</b>	Continued need for strengthening capacity for data analysis and use via training of trainers
Current response	Training was conducted in 2018, but additional training needs have been identified
Agreed country actions	Training on data management and DHIS2 – National level data managers, EPI Manager and Central supervisors
Expected outputs / results	Training of national level staff to facilitate cascade training of lower levels Improved analysis and use of data and dashboards at lower levels
Associated timeline	2020-2021
Required resources / support and TA	HSS3 resources and TA
<b>Key finding / Action 15</b>	Challenges in laboratory confirmatory testing, particularly caused by procurement issues around reagents and laboratory materials
Current response	Review of procurement of reagents and a phased plan will be implemented for ordering
Agreed country actions	Request for update of laboratory capacity in Sana'a and Aden included in HSS3 funds <i>(to be discussed in the IRT)</i>
Expected outputs / results	Percentage of specimens being tested within existing surveillance guidelines increases
Associated timeline	2020-2021
Required resources / support and TA	???

Based on the above action plan, please outline any specific technology or innovation demand that can be fulfilled by private sector entities or new innovative entrepreneurs.

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## 8. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

- Does the national Coordination Forum (ICC, HSCC or equivalent) meet the Gavi requirements (please refer to <http://www.gavi.org/support/coordination/> for the requirements)?
- Briefly describe how the Joint Appraisal was reviewed, discussed and endorsed by the relevant national Coordination Forum (ICC, HSCC or equivalent), including key discussion points, attendees, key recommendations and decisions, and whether the quorum was met. Alternatively, share the meeting minutes outlining these points.
- If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners, or other stakeholders.

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## 9. ANNEX: Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal. **It is important to note that in the case that key reporting requirements (marked with \*) are not complied with, Gavi support will not be reviewed for renewal.**

	Yes	No	Not applicable
End of year stock level report (due 31 March) *	On line		

<b>Grant Performance Framework (GPF) *</b> reporting against all due indicators	On line		
<b>Financial Reports *</b>			
Periodic financial reports			
Annual financial statement			
Annual financial audit report			
<b>Campaign reports *</b>			
Supplementary Immunization Activity technical report			
Campaign coverage survey report			
<b>Immunisation financing and expenditure information</b>	Included in JA		
<b>Data quality and survey reporting</b>			
Annual data quality desk review		Not exist	
Data improvement plan (DIP)		Not exist	
Progress report on data improvement plan implementation		Not exist	
In-depth data assessment (conducted in the last five years)			
Nationally representative coverage survey (conducted in the last five years)			
<b>Annual progress update on the Effective Vaccine Management (EVM) improvement plan</b>		Not exist	
<b>CCEOP: updated CCE inventory</b>			
<b>Post Introduction Evaluation (PIE) (specify vaccines):</b>			
<b>Measles &amp; rubella situation analysis and 5 year plan</b>			
<b>Operational plan for the immunisation programme</b>			
<b>HSS end of grant evaluation report</b>			
<b>HPV demonstration programme evaluations</b>			
Coverage Survey			
Costing analysis			
Adolescent Health Assessment report			
<b>Reporting by partners on TCA and PEF functions</b>	On line		

*In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.*