GAVI Alliance

Annual Progress Report 2014

Submitted by

The Government of

Yemen

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **21/05/2015**

Deadline for submission: 27/05/2015

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

Enquiries to: apr@gavi.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: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Preventive Campaign Support	MR, 10 dose(s) per vial, LYOPHILISED	Not selected	2014
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	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2015
Routine New Vaccines Support	IPV, 10 dose(s) per vial, LIQUID	IPV, 1 dose(s) per vial, LIQUID	2018

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.

IPV second preferred presentation: **IPV, 5 dose(s) per vial, LIQUID**

IPV third preferred presentation: **IPV, 10 dose(s) per vial, LIQUID**

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2016	2016
Routine New Vaccines Support	IPV, 1 dose(s) per vial, LIQUID	2019	2019

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
COS	Yes	Not applicable	No
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No
HSFP	Yes	Next tranch of HSFP Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 is available here.

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of 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 High Level Review Panel (HLRP) 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. Abdulsalam AL Madany, Deputy MoH for PHC	**Name**	Mr. Jamal Al Aqary, DG Finanace
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat 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

Abdessalam Al Madan, Deputy MoH	MOH		

ICC may wish to send informal comments to: apr@gavi.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
Abdessalam Al Madan, Deouty MoH	MoH		

HSCC may wish to send informal comments to: apr@gavi.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 2015

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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.

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	959,043	959,518	989,200	989,194		1,020,299		1,052,382		1,085,474
Total infants' deaths	64,716	65,150	66,464	66,458		66,936		69,041		71,212
Total surviving infants	894327	894,368	922,736	922,736		953,363		983,341		1,014,262
Total pregnant women	959,043	959,518	989,200	989,194		1,020,299		1,052,382		1,085,474
Number of infants vaccinated (to be vaccinated) with BCG	767,235	704,641	811,145	741,895		785,630		831,381		879,233
BCG coverage*[1]*	80 %	73 %	82 %	75 %	0 %	77 %	0 %	79 %	0 %	81 %
Number of infants vaccinated (to be vaccinated) with OPV3	795,952	788,688	830,463	812,007		858,026		894,840		933,121
OPV3 coverage*[2]*	89 %	88 %	90 %	88 %	0 %	90 %	0 %	91 %	0 %	92 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*	822,782	837,976	858,145	858,145		886,627		914,507		953,406
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*	795,952	788,308	830,463	812,007		858,026		894,840		933,121
DTP3 coverage*[2]*	89 %	88 %	90 %	88 %	0 %	90 %	0 %	91 %	0 %	92 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP	5	4	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.05	1.04	1.05	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	867,498	837,976	858,145	858,145		886,627				
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	839,210	788,308	830,463	812,007		858,026				
DTP-HepB-Hib coverage*[2]*	94 %	88 %	90 %	88 %	0 %	90 %	0 %	0 %	0 %	0 %
Wastage*[5]* rate in base-year and planned thereafter (%)	5	4	5	5		5				
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.04	1.05	1.05	1	1.05	1	1	1	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	867,498	834,407	858,145	858,145		886,627				

Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	839,210	785,828	830,463	812,007		858,026				
Pneumococcal (PCV13) coverage[2]	94 %	88 %	90 %	88 %	0 %	90 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5		5				
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	867,498	710,772	858,145	738,188		886,627				
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	839,210	646,574	830,463	692,052		858,026				
Rotavirus coverage[2]	94 %	72 %	90 %	75 %	0 %	90 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5		5				
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with IPV	152,273	0	621,921	406,003	634,139	858,026		894,840		933,121
Wastage[5] rate in base-year and planned thereafter (%)	50	0	50	5	50	5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	2	1	2	1.05	2	1.05	1	1.05	1	1.05
Maximum wastage rate value for IPV, 1 dose(s) per vial, LIQUID (see note above)	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	715,462	670,131	765,872	765,872		819,892		865,340		912,836
Measles coverage[2]	80 %	75 %	83 %	83 %	0 %	86 %	0 %	88 %	0 %	90 %
Pregnant women vaccinated with TT+	191,809	176,873	197,840	197,840		224,466		252,572		282,223
TT+ coverage[7]	20 %	18 %	20 %	20 %	0 %	22 %	0 %	24 %	0 %	26 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0		0
Vit A supplement to infants after 6 months	715,462	525,983	765,872	765,872	N/A	819,892	N/A	865,340	N/A	912,836
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	6 %	3 %	5 %	0 %	3 %	0 %	2 %	0 %	2 %

Number	Targets (preferred presentation)	
	2019	
	Previous estimates in 2014	Current estimation
Total births		1,118,038

Total infants' deaths		73,348
Total surviving infants		1,044,690
Total pregnant women		1,118,038
Number of infants vaccinated (to be vaccinated) with BCG		905,647
BCG coverage*[1]*	0 %	81 %
Number of infants vaccinated (to be vaccinated) with OPV3		971,561
OPV3 coverage*[2]*	0 %	93 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*		992,455
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*		971,561
DTP3 coverage*[2]*	0 %	93 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP		5
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		
DTP-HepB-Hib coverage*[2]*	0 %	0 %
Wastage*[5]* rate in base-year and planned thereafter (%)		
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		
Pneumococcal (PCV13) coverage*[2]*	0 %	0 %
Wastage*[5]* rate in base-year and planned thereafter (%)		
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		

Rotavirus coverage[2]	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)		
Wastage[5] factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %
Number of infants vaccinated (to be vaccinated) with IPV		971,561
Wastage[5] rate in base-year and planned thereafter (%)		5
Wastage[5] factor in base-year and planned thereafter (%)	1	1.05
Maximum wastage rate value for IPV, 1 dose(s) per vial, LIQUID (see note above)	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		950,667
Measles coverage[2]	0 %	91 %
Pregnant women vaccinated with TT+		313,050
TT+ coverage[7]	0 %	28 %
Vit A supplement to mothers within 6 weeks from delivery		0
Vit A supplement to infants after 6 months	N/A	960,331
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	2 %

[1] Number of infants vaccinated out of total births

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

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

[4] Please make sure that the DTP3 cells are correctly populated

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014.** The numbers for 2015 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  A minor change in births in 2014 due to a study for the targeted children in the districts of Sana'a city governorate.

- 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.** For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.

  IPV introduction was delayed to the mid of 2015.

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

  No change.

5.2. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
no data			

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

With regard to immunization, there is no gender discrepancies in Yemen. Most of the children brought to the HF by their mothers and it's noticeable that both boys and girls are in the immunization sessions

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

5.2.4. 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/)

getting the immunization services closer to mothers through the outreach activities especially in the remote areas led to improvethe access for mothers in these areas.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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

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

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	WB	0	0
Traditional Vaccines*	1,781,007	1,781,007	0	0	0	0	0	0
New and underused Vaccines**	21,915,146	2,988,120	18,927,026	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	342,214	218,911	90,143	16,500	16,660	0	0	0
Cold Chain equipment	555,593	0	0	401,593	154,000	0	0	0
Personnel	305,304	0	175,638	0	129,666	0	0	0
Other routine recurrent costs	6,225,232	1,357,209	841,774	1,337,159	1,212,886	1,476,204	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	19,529,529	176,444	12,978,657	3,546,529	1,830,411	997,488	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	50,654,025							
Total Government Health		6,521,691	33,013,238	5,301,781	3,343,623	2,473,692	0	0

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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **3**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.3 Overall Expenditures and Financing for Immunisation

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

If Yes, which ones?

List CSO member organisations:
Yemeni Family Care Association (It is the same CSO member of the last year but the name was corrected)

5.5. Priority actions in 2015 to 2016

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

- Enhancement of routine immunizations in across the country especially in the armed conflict affected areas to rapidly increase coverage via close supervision and follow up, refreshing training for the vaccinators, rehabilitate the cold chain, implementation of social mobilization campaign and implementation of more frequent quality outreach activities.

- Sustain and increase the routine coverage to 88% and more by expansion of the fixed sites which provide immunization services from 87%to at least 90%, and implementation of at least four phases of the outreach activities every year.

- Sustain the regular supervision at all levels to improve the quality of the immunization services.

- Implement training (MLM, EVM, refreshing training on all aspects of EPI) for all levels.

- Sustain securing the governmental share of Pentavalent, Pneumococcal and Rota vaccines costs.

- Implement all there commendations from the comprehensive EPI review, EVM, Measles/rubella evaluation and surveillance network evaluation.

- Introduce IPV vaccines in 2015.

- 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 mop-up MR campaign in low coverage districts in 2015 and enhancement of the measles/rubella case-based surveillance.

- Implement the third round of MNT campaign in the high risk areas.

5.6. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD syringes, AD syringes for reconstitution 2 ml	Government, UNICEF
Measles	AD syringes, AD syringes for reconstitution 5 ml	Government
TT	AD syringes	Government
DTP-containing vaccine	AD syringes	GAVI - Government
IPV	AD syringes	GAVI

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

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

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

No obstacles.

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

Through:

- Incinerators in some districts:

There are big incinerators in most of the hospitals while there are locally build incinerators in most of the health centers in rural areas.

-Burning and burying:

In the HFs where there is no incinerator, burning and burying are the most suitable mean to dispose the sharps waste

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Yemen is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

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

Yemen is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Yemen is not applicable for 2014

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

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

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

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

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

	[A]	[B]	[C]	
Vaccine type	**Total doses for 2014 in Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience any stock outs at any level in 2014?**
IPV	380,700	615,500	0	No
Pneumococcal (PCV13)	2,678,400	2,100,300	176,400	No
DTP-HepB-Hib	2,980,200	2,878,100	0	No
Rotavirus	1,840,400	1,840,500	0	No

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? ...)

  The amount was supposed to purchased by the government was postponed due to the forecasting of the vaccine. however, the money already paid to Copenhagen, UNICFE

- 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.

  - Action plan has been developed and updated according to the recommendations of the effective vaccine management assessment.

- Most of the recommendations of the implementation plan were implemented.

- EVM training courses were conducted for the EPI district supervisors.

- Electronic monitoring of vaccines temperature is being established through securing and distributing the electronic devices to all levels.

- VARs are prepared within 24 and shared with UNICEF.

- Yemen is using now single dose vial for Penta, Rota and Pneumo vaccines which resulted in decreasing wastage rates.

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 2014

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	01/03/2005
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **December 2005**

IPV, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	01/06/2015
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **March 2016**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Nationwide introduction	Yes	31/01/2011
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **July 2013**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	01/08/2012
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **July 2013**

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

The PIE was conducted in July 2013.

As a part of the EPI review, PIE for Rota virus vaccine introduction was undertaken in July 2013. The Rota virus vaccine was introduced nationwide smoothly in August 2012.There was high level launch at national level with strong coverage by media. At Governorate level mostly the governors launched the vaccine. A realistic plan for introduction of rotavirus vaccine was prepared and implemented. Guidelines for introduction of rotavirus vaccine were prepared and distributed to all health facilities. Training to health workers was provided through cascade approach. AEFI for intuscusption was particularly focused during training. Mostly one person was trained from each health facility. However many of the heath-workers termed one day training as insufficient. Immunization registers, records and database were updated.

No issues related to vaccine management of the rotavirus vaccine were reported to national immunization programme. However no freeze watch monitors during vaccine transport were used.

Age restriction for administration of the rotavirus vaccine is still in effect. National EPI is strongly urged to work with NITAG on this issue to develop country policy for the age for receipt of rotavirus vaccine, in light of SAGE recommendations. The opportunity of providing training to health workers should be maximally used to cover all areas of EPI and where required and possible the days of training should be increased to be appropriate for the training subject.
<!--[if !supportLineBreakNewLine]-->
<!--[endif]-->

Freeze Watch are being used during the transportation of the vaccines. The later training of vaccinators included all the topics related to all aspects of EPI.

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? **No**

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:

The data generated from the sentinel sites is reviewed in the NITAG meetings. NITAG recommended to improve the positivity of the CSF samples. NITAG has also recommended to expand the sites of the rota and accordingly MoH expanded them from 2 to 4.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	1,381,000	296,915,000
Remaining funds (carry over) from 2013 (B)	9,890	2,126,350
Total funds available in 2014 (C=A+B)	1,390,890	299,041,350
Total Expenditures in 2014 (D)	0	0
Balance carried over to 2015 (E=C-D)	1,390,890	299,041,350

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Unfortunately the IPV introduction was postponed due to the security situation. MR was introduced in Feb 2015.

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

MR and IPV vaccines introduction postponed to 2015 due to security unrest in Yemen.

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

- A mop-up campaign will be conducted in low coverage districts based on the result of the cluster coverage which was done by WHO via independent contractor. The result of the survey showed a coverage of 90% at the national level.

- Introduction activities for MR and IPV vaccines into routine immunization will be implemented such as (meetings, printing, social mobilization, ... etc.)

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2,335,000	745,400
Awarded Vaccine #2: IPV, 10 dose(s) per vial, LIQUID*	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	433,186	0
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	409,774	190,500
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	All	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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	0	
Awarded Vaccine #2: IPV, 10 dose(s) per vial, LIQUID*	0	
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	December	Government
Awarded Vaccine #2: IPV, 10 dose(s) per vial, LIQUID*		
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	December	Government
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	December	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

*Note:** co-financing is not mandatory for IPV

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at
http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

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? **July 2013**

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? **Yes**

If yes, provide details

More focusing on maintaining cold chain at all levels. The temperature of the vaccine will be monitored through electronic continuous registration devices. Enhancement of capacity of the central level by increasing number of the cold rooms.

Increase the capacity and skills of the district level supervisors on EVM. Inclusion of the EVM component as essential part of the any training on immunization.

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for MR Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
13676100	09/11/2014	(5,597,500) Jul 2014 , (8,078,600) Aug 2014

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

7.6.2. Programmatic Results of MR preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
National	9-20 Nov 2014	12210081	11368968	93	90	4	42	0

*If no survey is conducted, please provide estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal?” **Yes**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

No

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

The results exceeded the targeted children mentioned in the proposal. The targets have been review during the campaign and increased.

What lessons have you learned from the campaign?

- Micro planning at the health facility level in instrumental in the success of the campaign.
- Mapping the high risk groups and develop special plans for them assist in better access and better coverage.
- Community leaders and local authorities involvement is crucial in accessing the refusals and the high risk groups especially the mobile populations.
- The collaboration with related organizations like UNCHR, ADRA, IOM helps in reaching such groups.
- The Ministry of education was deeply involved and the teachers in the schools of these areas were very influence and essential in securing the access.

7.6.3. Fund utilsation of operational cost of MR preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD

Training for HWs	7633600	35522
Health Education and social mobilization	85945000	399930
Supply vaccines and other supplies to lower levels	5260000	24477
Operational cost (perdims, transportation, ...etc)	939807460	4373232
Operational cost for Al Jawf governorate	40147470	186819
Operational cost for Al Jawf governorate	40147470	186819
Total	**1118941000**	**5206799**

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2014, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation

should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **IPV, 1 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° **27**) that has endorsed the requested change.

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

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2019 for the following vaccines:

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **IPV, 1 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

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

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **IPV, 1 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2019, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **IPV, 1 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **IPV, 1 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

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

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

Confirm here below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID							
IPV, 1 dose(s) per vial, LIQUID	IPV, 1 dose(s) per vial, LIQUID							
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID							
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED							
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule							

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017	2018	2019
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	3.40 %	3.50 %	3.60 %	4.40 %	4.40 %	4.40 %
IPV, 1 dose(s) per vial, LIQUID	IPV, 1 dose(s) per vial, LIQUID		7.70 %	7.50 %	8.60 %	8.60 %	9.90 %
IPV, 10 dose(s) per vial, LIQUID	IPV, 10 dose(s) per vial, LIQUID		7.70 %	7.50 %	8.60 %	8.60 %	9.90 %
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED	12.70 %	12.10 %	11.60 %	11.80 %	12.10 %	12.20 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40 %	4.50 %	3.00 %	4.50 %	4.60 %	3.10 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	3.90 %	4.20 %	4.40 %	4.40 %	4.40 %	4.40 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	894,327	922,736	953,363	2,770,426
	Number of children to be vaccinated with the first dose	Parameter	#	867,498	858,145	886,627	2,612,270
	Number of children to be vaccinated with the third dose	Parameter	#	839,210	830,463	858,026	2,527,699
	Immunisation coverage with the third dose	Parameter	%	93.84 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	2,192,687			
	Stock across second level Dec 31, 2014 (if available)*		#				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	$		0.60	0.35	
ca	AD syringe price per unit	Parameter	$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	$		0	0	
cs	Safety box price per unit	Parameter	$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		3.50 %	3.60 %	

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

The closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, 2015).

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

Co-financing group	Intermediate

	2014	2015	2016
Minimum co-financing	0.26	0.30	0.35
Recommended co-financing as per			0.35
Your co-financing	0.60	0.60	0.35

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

		2014	2015	2016
Number of vaccine doses	#	2,132,700	1,333,000	1,907,100
Number of AD syringes	#	2,243,600	1,367,300	1,980,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	24,925	15,050	21,000
Total value to be co-financed by GAVI	$	4,500,000	2,754,500	3,639,500

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

		2014	2015	2016
Number of vaccine doses	#	847,500	545,500	428,400
Number of AD syringes	#	891,500	559,500	444,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	9,900	6,175	4,725
Total value to be co-financed by the Country ***[1]***	$	1,788,500	1,127,500	817,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	*V*				
B	Number of children to be vaccinated with the first dose	*Table 4*	867,498	858,145		
B1	Number of children to be vaccinated with the third dose	*Table 4*	839,210	858,145		
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,562,608	2,535,404		
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D x E*		2,662,174		
G	Vaccines buffer stock	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted** =* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*				
H	Stock to be deducted	*H1 - (F (2015) current estimation x 0.375)*				
H1	Calculated opening stock	*H2 (2015) + H3 (2015) - F (2015)*				
H2	Reported stock on January 1st	*Table 7.11.1*	977,850	2,192,687		
H3	Shipment plan	*Approved volume*		1,878,500		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,878,500		
J	Number of doses per vial	*Vaccine Parameter*				
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*				
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*				
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*				
N	Cost of vaccines needed	*I x vaccine price per dose (g)*				
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*				
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*				
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*				
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*				
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	Total fund needed	*(N+O+P+Q+R+S)*				
U	Total country co-financing	*I x country co-financing per dose (cc)*				
V	Country co-financing % of GAVI supported proportion	*U / T*				

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	18.34%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	886,627	162,619	724,008
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	858,026	157,373	700,653
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,619,554	480,459	2,139,095
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	2,750,532	504,482	2,246,050
G	**Vaccines buffer stock**	***Buffer on doses needed + buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted** =* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	33,135	6,078	27,057
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*	448,270	82,219	366,051
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*	1,436,338	263,443	1,172,895
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,335,400	428,342	1,907,058
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	2,424,861	444,750	1,980,111
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	25,690	4,712	20,978
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	4,196,714	769,730	3,426,984
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	108,634	19,925	88,709
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)*	140	26	114
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	151,082	27,711	123,371
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)*	4,456,570	817,390	3,639,180
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	817,390		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	18.34 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	894,327	922,736	953,363	2,770,426
	Number of children to be vaccinated with the first dose	Parameter	#	867,498	858,145	886,627	2,612,270
	Number of children to be vaccinated with the third dose	Parameter	#	839,210	830,463	858,026	2,527,699
	Immunisation coverage with the third dose	Parameter	%	93.84 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	1,590,350			
	Stock across second level Dec 31, 2014 (if available)*		#				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.30	0.35	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50 %	3.00 %	

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

The closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, 2015).

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

Co-financing group	Intermediate

	2014	2015	2016
Minimum co-financing	0.26	0.30	0.35
Recommended co-financing as per			0.35
Your co-financing	0.26	0.30	0.35

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

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	*V*				
B	Number of children to be vaccinated with the first dose	*Table 4*	152,273	621,921		
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B x C*	152,274	621,922		
E	Estimated vaccine wastage factor	*Table 4*	2.00	2.00		
F	Number of doses needed including wastage	*D x E*		1,243,843		
G	Vaccines buffer stock	***Buffer on doses needed + buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	615,500		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		0		
J	Number of doses per vial	*Vaccine Parameter*				
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*				
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*				
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*				
N	Cost of vaccines needed	*I x vaccine price per dose (g)*				
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*				
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*				
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*				
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*				
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	Total fund needed	*(N+O+P+Q+R+S)*				
U	Total country co-financing	*I x country co-financing per dose (cc)*				
V	Country co-financing % of GAVI supported proportion	*U / T*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated**	*Table 4*	858,026	0	858,026
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	858,026	0	858,026
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	900,928	0	900,928
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted** = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	64,677	0	64,677
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	- 36,035	0	- 36,035
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,054,612	0	1,054,612
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	47,247	0	47,247
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)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	47,247	0	47,247
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated**	*Table 4*	894,840	0	894,840
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	894,840	0	894,840
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	939,582	0	939,582
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted** = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	65,636	0	65,636
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,056,524	0	1,056,524
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	47,333	0	47,333
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)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	47,333	0	47,333
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated**	*Table 4*	933,121	0	933,121
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	933,121	0	933,121
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	979,778	0	979,778
G	**Vaccines buffer stock**	***Buffer on doses needed + buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	233,759	0	233,759
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,283,568	0	1,283,568
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	57,504	0	57,504
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)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	57,504	0	57,504
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated**	*Table 4*	971,561	0	971,561
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	971,561	0	971,561
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	1,020,140	0	1,020,140
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted** = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	243,371	0	243,371
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,336,426	0	1,336,426
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	59,872	0	59,872
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)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	59,872	0	59,872
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	894,327	922,736	953,363	2,770,426
	Number of children to be vaccinated with the first dose	Parameter	#	867,498	858,145	886,627	2,612,270
	Number of children to be vaccinated with the second dose	Parameter	#	839,210	830,463	858,026	2,527,699
	Immunisation coverage with the second dose	Parameter	%	93.84 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	1,390,150			
	Stock across second level Dec 31, 2014 (if available)*		#				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Parameter	$		0.30	0.35	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20 %	4.40 %	

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

The closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, 2015).

Co-financing tables for Rotavirus, 2-dose schedule

Co-financing group	Intermediate

	2014	2015	2016
Minimum co-financing	0.26	0.30	0.35
Recommended co-financing as per			0.35
Your co-financing	0.26	0.30	0.35

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

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	*V*				
B	Number of children to be vaccinated with the first dose	*Table 4*	152,273	621,921		
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B x C*	152,274	621,922		
E	Estimated vaccine wastage factor	*Table 4*	2.00	2.00		
F	Number of doses needed including wastage	*D x E*		1,243,843		
G	Vaccines buffer stock	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted** = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	615,500		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		0		
J	Number of doses per vial	*Vaccine Parameter*				
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*				
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*				
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*				
N	Cost of vaccines needed	*I x vaccine price per dose (g)*				
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*				
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*				
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*				
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*				
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	Total fund needed	*(N+O+P+Q+R+S)*				
U	Total country co-financing	*I x country co-financing per dose (cc)*				
V	Country co-financing % of GAVI supported proportion	*U / T*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated**	*Table 4*	858,026	0	858,026
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	858,026	0	858,026
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	900,928	0	900,928
G	**Vaccines buffer stock**	***Buffer on doses needed** + **buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted** = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	64,677	0	64,677
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	- 36,035	0	- 36,035
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,054,612	0	1,054,612
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	47,247	0	47,247
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)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	47,247	0	47,247
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated**	*Table 4*	894,840	0	894,840
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	894,840	0	894,840
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	939,582	0	939,582
G	**Vaccines buffer stock**	***Buffer on doses needed + buffer on doses wasted*** ***Buffer on doses needed** = (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted** = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	65,636	0	65,636
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,056,524	0	1,056,524
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	47,333	0	47,333
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)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	47,333	0	47,333
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated	*Table 4*	933,121	0	933,121
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	933,121	0	933,121
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D x E*	979,778	0	979,778
G	Vaccines buffer stock	***Buffer on doses needed + buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	233,759	0	233,759
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	1,283,568	0	1,283,568
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	57,504	0	57,504
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)*	0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	57,504	0	57,504
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.4: Calculation of requirements for IPV, 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated**	*Table 4*	971,561	0	971,561
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	971,561	0	971,561
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	1,020,140	0	1,020,140
G	**Vaccines buffer stock**	***Buffer on doses needed + buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	243,371	0	243,371
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,336,426	0	1,336,426
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	59,872	0	59,872
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)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	59,872	0	59,872
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	894,327	922,736	953,363	983,341	1,014,262
	Number of children to be vaccinated	Parameter	#	152,273	621,921	858,026	894,840	933,121
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	2.00	2.00	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	615,500				
	Stock across second level Dec 31, 2014 (if available)*		#	615,500				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter	$		0.00	0.00	0.00	0.00
ca	AD syringe price per unit	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	$		0	0	0	0
cs	Safety box price per unit	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		7.70 %	7.50 %	8.60 %	8.60 %

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

Co-financing tables for IPV, 1 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Recommended co-financing as per			0.00	0.00	0.00
Your co-financing	0.00	0.00	0.00	0.00	0.00

	2019
Minimum co-financing	0.00
Recommended co-financing as per	0.00
Your co-financing	0.00

8. Health Systems Strengthening Support (HSS)

Please use this APR section (8. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, please complete and attach the HSS Reporting Form to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:

    a. Progress achieved in 2014

    b. HSS implementation during January – April 2015 (interim reporting)

    c. Plans for 2016

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

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

2. In order to better align HSS support reporting to country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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

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

5. If you are requesting a new tranche of funding, please make this clear in Section 8.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for 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 2014

    b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report

    c. Latest Health Sector Review Report

    d. Financial statement for the use of HSS funds in the 2014 calendar year

    e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

    a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

    b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

    c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

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

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **NA**

If NO, please indicate the anticipated date for completion of the HSS grant.

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Yemen Family Health Care Association is the main CSO involved in the development of the HSS proposal. They were planned to be provided with fund in 2014 according to the planned activities mentioned in the proposal but unfortunately due to the political unrest in the country and the new experience of this joint collaboration hinder the implementation of the activities as planned.

Future plan

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

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

8.1.1. Report on the use of HSS funds in 2014

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

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

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

If yes, please indicate the amount of funding requested: **8,859,161 US$**

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	2188000	1573000	0	0	0	4,200,000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	2188000	1573000	0	0	0	4,200,000

Total funds received from GAVI during the calendar year (*A*)	2188000	786500	768500	1211024	0	4,200,000
Remaining funds (carry over) from previous year (*B*)	1564649	1482109	766765	0	0	92,159.4
Total Funds available during the calendar year (*C=A+B*)	3752469	2268609	1553263	1211024	550,888,7	4,292,159.40
Total expenditure during the calendar year (*D*)	2270540	1761603	342240	660,134.	467,317.	2,202,965
Balance carried forward to next calendar year (*E=C-D*)	1739083	766765	1211024	550,888.7	83,571.70	2,089,194.40
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)	3,360,000	3,359,958	3,359,354	3,359,922
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	2,089,194.40			
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 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	468232000	336622000				903,000,000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	468232000	336622000				903,000,000
Total funds received from GAVI during the calendar year (*A*)	468232000	168311000	168311000			903,000,000
Remaining funds (carry over) from previous year (*B*)	334834886	317171326	164087710	260370160		19,814,185
Total Funds available during the calendar year (*C=A+B*)	803066886	485482326	332398282	260370160	118,441,070.50	922,814,185
Total expenditure during the calendar year (*D*)	485895560	376983042	73239360	141,928,810	100,473,155.00	473,637,475
Balance carried forward to next calendar year (*E=C-D*)	372163762	164087710	259158922	118,441,350	17,967,915.50	449,176,710
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
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 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	207.19	214	214	215	215	215
Closing on 31 December	200.17	207	214	215	215	215

Detailed expenditure of HSS funds during the 2014 calendar year

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

If any expenditures for the January April 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? Will be done by August 2015.

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)

8.2. Progress on HSS activities in the 2014 fiscal year

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

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1. Objective "1" Enahncing equitable access to immunization and integrated PHC servicess	1. Objective "1" Enahncing equitable access to immunization and integrated PHC servicess		
Implementing outreach rounds	Implementing outreach rounds	**100%**	**EPI Data**
Securing medicines for outreach rounds	Securing medicines for outreach rounds	**100%**	**IMCI data**
Securing medical supplies for outreach teams	Securing medical supplies for outreach teams	**100% (procured through UNICEF but not received yet)**	**IMCI data**
Integrated training for physicians (9days)	Integrated training for physicians (9days)	**100%**	**IMCI data**
TOTs Planning workshops at for governorates at governorate level	TOTs Planning workshops at for governorates at governorate level	**100%**	**IMCI data**
Micro-Planning workshops for districts at district level	Micro-Planning workshops for districts at district level	**100%**	**EPI data**
Printing outreach materials (registers, forms)	Printing outreach materials (registers, forms)	**Done**	
Purchasing cold chain refrigerators for HFs level	Purchasing cold chain refrigerators for HFs level	**100%**	**EPI data**
Conducting Effective Vaccine Management self assessment at all levels	Conducting Effective Vaccine Management self assessment at all levels	**0%**	
Conducting Mid Level Management course for districts supervisors in the targeted districts	Conducting Mid Level Management course for districts supervisors in the targeted districts	**100% (Funded by WHO & UNICEF)**	**EPI data**
Conducting refreshment training for EPI health workers in the targeted governorates.		**-**	
Furnishing and equipping the EPI meeting hall.	Furnishing and equipping the EPI meeting hall.	**50%**	**EPI**
Integrated supervision from Central to Gov level	Integrated supervision from Central to Gov level	**0%**	
conducting workshop to review and approve plans at governorate level	conducting workshop to review and approve plans at governorate level	**Done by other partners**	
Integrated training for Health Workers (16 days)	Integrated training for Health Workers (16 days)	**100%**	**IMCI**
TOT training for outreach health service providers at governorate level	TOT training for outreach health service providers at governorate level	**0%**	
Training of outreach health service providers at district level	Training of outreach health service providers at district level	**0%**	
Integrated supervision from governorates to district level	Integrated supervision from governorates to district level	**0%**	
Integrated supervision from Districts to HFs level	Integrated supervision from Districts to HFs level	**0%**	

Annual EPI meeting for governorates at the central level.	Annual EPI meeting for governorates at the central level.	**100% (Funded by WHO & UNICEF)**	**EPI**
Conducting outreach activities through mobile teams targeting the refugee and marginalized communities in urban areas	Conducting outreach activities through mobile teams targeting the refugee and marginalized communities in urban areas	**Done**	**EPI**
training of health workers from big hospitals in capitals of governorates to provide immunization services to newborns	training of health workers from big hospitals in capitals of governorates to provide immunization services to newborns	**10%**	**EPI**
Performance based incentives for staff involved in EPI activities at central, governorate and district levels	Performance based incentives for staff involved in EPI activities at central, governorate and district levels	**100%**	**EPI**
Performance based funding to motivate, GHOs, DHOs, private providers, SCOs to improve service provision and EPI coverage using innovative initiatives and modalities (the interested implementers provide proposals for funding, they are evaluated according to specific criteria. winners will get the fund accordingly)	Performance based funding to motivate, GHOs, DHOs, private providers, SCOs to improve service provision and EPI coverage using innovative initiatives and modalities (the interested implementers provide proposals for funding, they are evaluated according to specific criteria. winners will get the fund accordingly)	**0%**	
Conducting annual review and planning meeting with GHOs	Conducting annual review and planning meeting with GHOs	**100% (Funded by WHO & UNICEF)**	**FHC**
Training on effective vaccine management for districts staff (supervisor + storekeeper)		**-**	
Vaccine Software System Management training for district staff		**-**	
Training on effective vaccine management for HF level		**-**	
2. Objective "2" Improving the integrated health information including surveillance, monitoring and evaluation system and research	2. Objective "2" Improving the integrated health information including surveillance, monitoring and evaluation system and research		
Workshop to approve the updated regulatory framework and data registers, records and forms (based on the work to be done by WHO consultant)	Workshop to approve the updated regulatory framework and data registers, records and forms (based on the work to be done by WHO consultant)	**0%**	
printing data registries, records and reporting forms		**-**	
Training of health workers on data collection and reporting		**-**	
Training staff at district level on data analysis skills		**-**	

training of staff at governorate and central levels on data analysis		**-**	
Conducting refreshing training courses for surveillance health workers		**-**	
Review and update the national guideline for communicable diseases including the diseases under the Expanded Program for Immunization (EPI) including MR	Review and update the national guideline for communicable diseases including the diseases under the Expanded Program for Immunization (EPI) including MR	**100%**	**FHC**
National workshop for approving the new national guideline for surveillance		**-**	
Printing and distributing the new guideline and forms to the governorates and districts		**-**	
Training of Trainers (TOTs) on the new guideline		**-**	
Conducting trainings for surveillance officers at the governorates, districts and health facilities.		**-**	
Training of the lab staff		**-**	
Procurement of lab reagents	Procurement of lab reagents	**Done through WHO**	
procurement and installing software for data entry, analysis and reporting	procurement and installing software for data entry, analysis and reporting	**0%**	
conduct 2 SARA assessments in target governorates (other governorates funded by other DPs)		**-**	
capacity building on research	capacity building on research	**0%**	
conducting 2 research studies on equity and coverage of EPI services each one costs 15000, done in 2015 and 2016		**-**	
conducting 2 KAP studies on perceptions towards EPI and reasons for drop out, each one costs 20000, done in 2015 and 2016		**-**	
procuring 5 vehicles for surveillance activities in 5 target governorates		**-**	
Performance based incentives according to identified performance criteria for HMIS, Surveillance staff at central and governorate levels	Performance based incentives according to identified performance criteria for HMIS, Surveillance staff at central and governorate levels	**0%**	
Conducting EPI coverage survey		**-**	
3. Objective "3" Community empowerment and civil society participation in provision of	3. Objective "3" Community empowerment and civil society participation in		

immunization and essential health services including and not limited to community	provision of immunization and essential health services including and not limited to community		
Integrated training for community health volunteers (5days × 3 times)		**-**	
TOTs for targeted CSOs in Behavior Change Communication (BCC).	TOTs for targeted CSOs in Behavior Change Communication (BCC).	**0%**	
Cascade Training on BCC (trainers, health workers) in targeted communities (poorest people, geographically excluded).	Cascade Training on BCC (trainers, health workers) in targeted communities (poorest people, geographically excluded).	**0%**	
Cascade Training on BCC (trainers, community health HWs in targeted communities (poorest people, geographically excluded).		**-**	
sensitization workshop for the associations for 25 participants	sensitization workshop for the associations for 25 participants	**0%**	
sensitization workshop for the religious leaders for 25 participants	sensitization workshop for the religious leaders for 25 participants	**0%**	
Training for Health Workers for positive household child care practices			
Training for school teachers for positive household child care practices			
Conducting outreach activities in challenging areas	Conducting outreach activities in challenging areas	**0%**	
holding 26 training sessions of 3 days on the community communication to raise beneficiaries awareness for the targeted districts.			
develop and print basic health messages manual for CHV on immunization.			
Social mobilization activities on the integrated services package (mass and local media)			
mapping of available community health volunteers in the country and coordination meeting of involved partners in CHVs support	mapping of available community health volunteers in the country and coordination meeting of involved partners in CHVs support	**0%**	
4. Program management	4. Program management		
end of program evaluation		**-**	
IMU operations including daily operations, supervision , auditing	IMU operations including daily operations, supervision , auditing	**-**	

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
1. Objective "1" Enahncing equitable access to immunization and integrated PHC servicess	
Implementing outreach rounds	**4 outreach rounds had been conducted**
Securing medicines for outreach rounds	**Medicines were purchased and distributed according to the plan**
Securing medical supplies for outreach teams	**Procured through UNICEF but not received yet due to the current situation in YEMEN**
Integrated training for physicians (9days)	**2 courses targeted 39 physicians from selected governorates**
TOTs Planning workshops at for governorates at governorate level	**Done in the selected governorates**
Micro-Planning workshops for districts at district level	**Done in some governorates. Other governorates implemented the activity with support of other partners**
Printing outreach materials (registers, forms)	**Done from other partners**
Purchasing cold chain refrigerators for HFs level	**200 Refrigerators were purchased**
Conducting Effective Vaccine Management self assessment at all levels	**Will be supported by WHO in 2015**
Conducting Mid Level Management course for districts supervisors in the targeted districts	**Done by support of WHO & UNICEF**
Furnishing and equipping the EPI meeting hall.	**Partly furnished and to completed in 2015**
Integrated supervision from Central to Gov level	**Delayed due to the need of harmonizing the concept and approach about conducting the supervision with local level, which will be reviewed in 2015**
conducting workshop to review and approve plans at governorate level	**Done by support of other partners**
Integrated training for Health Workers (16 days)	**12 courses were conducted, 288 HWs were trained**
TOT training for outreach health service providers at governorate level	**This activities was integrated in the activities related to planning for outreach activities**
Training of outreach health service providers at district level	**This activities was integrated in the activities related to planning for outreach activities**
Integrated supervision from governorates to district level	**Delayed due to the need of harmonizing the concept and approach about conducting the supervision with local level, which will be reviewed in 2015**
Integrated supervision from Districts to HFs level	**Delayed due to the need of harmonizing the concept and approach about conducting the supervision with local level, which will be reviewed in 2015**
Annual EPI meeting for governorates at the central level.	**Done through support of WHO & UNICEF**
Conducting outreach activities through mobile teams targeting the refugee and marginalized communities in urban areas	**Done at urban areas of the capital , Aden and Alhodaida towns**
training of health workers from big hospitals in capitals of governorates to provide immunization services to newborns	**Health workers at delivery rooms in 3 hospitals were trained in Sana'a city**
Performance based incentives for staff involved in EPI activities at central, governorate and district levels	**Done**
Performance based funding to motivate, GHOs, DHOs, private providers, SCOs to improve service provision and EPI coverage using innovative initiatives and modalities (the interested implementers provide proposals for funding, they are evaluated according to specific criteria. winners will get the fund accordingly)	**This activity needs concepts and guidelines to be developed**

Conducting annual review and planning meeting with GHOs	**Done by WHO support**
2. Objective "2" Improving the integrated health information including surveillance, monitoring and evaluation system and research	
Workshop to approve the updated regulatory framework and data registers, records and forms (based on the work to be done by WHO consultant)	**The consultant has worked for a short period and discontinued the work because the current situation country is experiencing. So it is postponed.**
Review and update the national guideline for communicable diseases including the diseases under the Expanded Program for Immunization (EPI) including MR	**The guidelines are updated by the technical team to be approved by ministry leadership and relevant partners**
Procurement of lab reagents	**Done through WHO**
procurement and installing software for data entry, analysis and reporting	**Postponed to 2015**
capacity building on research	**Postponed to 2015**
Performance based incentives according to identified performance criteria for HMIS, Surveillance staff at central and governorate levels	**This activity is still under discussion to conclude the criteria for performance based incentives.**
3. Objective "3" Community empowerment and civil society participation in provision of immunization and essential health services including and not limited to community	
TOTs for targeted CSOs in Behavior Change Communication (BCC).	**Due to the political unrest and the new joint collaboration with CSOs, more work is needed for better implementation of the activities.**
Cascade Training on BCC (trainers, health workers) in targeted communities (poorest people, geographically excluded).	**Due to the political unrest and the new joint collaboration with CSOs, more work is needed for better implementation of the activities.**
sensitization workshop for the associations for 25 participants	**Due to the political unrest and the new joint collaboration with CSOs, more work is needed for better implementation of the activities.**
sensitization workshop for the religious leaders for 25 participants	**Due to the political unrest and the new joint collaboration with CSOs, more work is needed for better implementation of the activities.**
Conducting outreach activities in challenging areas	**Due to the political unrest and the new joint collaboration with CSOs, more work is needed for better implementation of the activities.**
mapping of available community health volunteers in the country and coordination meeting of involved partners in CHVs support	**Due to the political unrest and the new joint collaboration with CSOs, more work is needed for better implementation of the activities.**
4. Program management	
IMU operations including daily operations, supervision , auditing	**Done**

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

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

Human Resource Incentives funded by the HSS program are based onassessment of performance done by the EPI; EPI is using assessment criteria andis using them as a motivating mechanism. We look at it as an example forpotential use by the government system to shift into performance based payment(we realize the difficulties in adopting this).

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				
Penta 3 coverage	**82%**	**2012 EPI**	90%	86%	EPI	Penta 3 coverage achieved 88%
Measles coverage	**71%**	**2012 EPI**	90%	80%	EPI	Measles coverage achieved 75% due to implementation of MR campaign in 2014.
Districts with >= 80% of penta 3 coverage	**58%**	**2012 EPI**	90%	70%	EPI	78% of districts achieved more than 80% of coverage
Results of research and assessments are providing evidence for the annual and strategic planning of EPI in 70% of districts	**0**	**2013 MOH**	1	0	MOH	DQS and EVM informed the plans at the district level through sending feedback to all governorates and districts.
Community awareness on importance of immunization increased in communities of remote areas by 50%						KAP not done.

8.4. Programme implementation in 2014

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

Integrated outreach activities extended to most of the governorates except Al Baidha and Al Jowf that the districts implementing integrated outreach activities increased from 246 to 301. All pmain partners are now supporting the integrated outreach activities including GAVI, WB, UNICEF and WHO. Outreach rounds are in average 4 per year, done almost at the same time across the country reaching the target population in the hard to reach areas. Practical efforts have started to integrate nutrition in integrated outreach activities. The outreach activities contributed around 29% of the total coverage which is 88%

Comprehensive improvement plan for EVM was developed based on the external EVM assessment. All the recommendations and the improved plan were fully implemented. TOT on EVM was done at the central level. EVM Guideline was thoroughly reviewed and updated. EVM training was implemented for all EPI district supervisors.
DQS was implemented and the verification factor was 100%.
Cols chain at the central level was expanded by adding six cold rooms. 34 solar and 1024 refrigerators were purchased spare parts were secured.
30 Generators were also purchased to cover the vaccine stores at the district level in the hot goevrnorates.

Supportive supervision including integrated one was conducted at all levels and includes more than 80% of the districts and HFs. The questionnaire of the DQS has been used during the supervision. Feedback sent to the lower level and corrective actions have been taken
- 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.
- 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

The role of GAVI support was essential in enhancing the implementation of the activities in integration manner. GAVI fund was instrumental in achieving the high coverage through all the activities supported especially the integrated outreach activities. More than half of the cold chain expansion was done through GAVI support.

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

No significant ones

8.4.3. 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 reasonablelevel of performance. The governorate health offices are supporting andsupervising the performance through governorate health office team ofsupervisors to districts, the district health offices are sending supervisorsto 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

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

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

8.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include 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 on activities, the ministry is also sending supervision teams.

- EPI in coordination with other programs in the PHC sector is leading the planning and implementation of the activities under objective1. EPI is also collaborating with other departments to benefit form all the activities under objective 2 &3.

- WHO is supporting technically, it has a amn role in the developing the cMYP, Planing, microplanning, EVM and data quality and EPI target disease surveillance. WHO is also supported good proportion of the districts by integrated outreach activities. It also supports training of CHVs in some districts.

- UNICEF is extendingits support to fund integrated outreach activities in 106 districts starting2014 other than GAVI supported ones.

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

- EPI Task Force which involve all the main partners was instrumental in guiding the EPI through the bi-monthly meeting which converted to weekly during the crisis.

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

Yemen Family Health Care was part of the development of the HSS proposal and they were supposed to start some activities in 2014 but unfortunately due to the political unrest and the new experience of joint collaboration with NGOs hindered the implementation of the activities as planned.

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

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

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

- The HSS 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.
- 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 is done FM procedures.
- Disbursement modality of funds to GHOs is to Bank accounts.
- Cash of 2000$ or more is disbursed by a cheque.
- No changes to funds management is foreseen for the next phase of HSS support.

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
1. Objective "1" Enahncing equitable access to immunization and integrated PHC servicess						

Implementing outreach rounds	✓	734,152	754,676	-	The budget increased due to the increased cost of the fuel and life conditions	858,633
Securing medicines for outreach rounds	✓	356,275	309,533	-	Due to increased internal displacement and closure of HFs	429,227
Securing medical supplies for outreach teams	✗	0.0	357,279	-	Done in 2014	0
Integrated training for physicians (9days)	✓	24,000	22,880	-	Minor change due to recalculations	25,120
TOTs Planning workshops at for governorates at governorate level	✗	0.0	59,413	-	Done in 2014	0
Micro-Planning workshops for districts at district level	✗	0.0	99,997	-	Done in 2014	0
Printing outreach materials (registers, forms)	✗	0.0	0.0	-	This activity was planned in 2014 and postponed to 2015	70,000
Purchasing cold chain refrigerators for HFs level	✗	0.0	364,930	-	Due to the current situation in YEMEN there is a need for purchasing Solar ref for 66 HFs	263,870
Conducting Effective Vaccine Management self assessment at all levels	✗	0.0	0.0	-	Funded by WHO	0
Conducting Mid Level Management course for districts supervisors in the targeted districts	✗	0.0	0.0	-	Funded by WHO	0
Conducting refreshment training for EPI health workers in the targeted governorates.	✗	0.0	0.0	-	The activity planned in 2016	0
Furnishing and equipping the EPI meeting hall.	✗	0.0	22,600	-	Done partly in 2014, will be completed in 2016	0
Integrated supervision from	✗	0.0	0.0	-	Shifted from 2014 to 2015	8,325

Central to Gov level						
conducting workshop to review and approve plans at governorate level	✗	0.0	0.0	-	This activity is deleted and the balance is used for new activities	0
Integrated training for Health Workers (16 days)	✓	108,000.0	247,770	-	The expenditure is for 2014 and part of 2015. The balance will be used in 2015	112,230
TOT training for outreach health service providers at governorate level	✗	0.0	0.0	-	This activity is deleted and the balance is used for new activities	0
Training of outreach health service providers at district level	✗	0.0	0.0	-	This activity is deleted and the balance is used for new activities	0
Integrated supervision from governorates to district level	✗	0.0	0.0	-	Shifted from 2014 to 2015	5,472
Integrated supervision from Districts to HFs level	✓	23,544	0.0	-	The balance of 2014 is added to 2015	45,344
Annual EPI meeting for governorates at the central level.	✓	9,000	0.0	-	Shifted from 2014 to 2015	9,000
Conducting outreach activities through mobile teams targeting the refugee and marginalized communities in urban areas	✓	27,200	0.0	-	Shifted from 2014 to 2015 and the budget increased due the incremental displacement is some governorates	100,000
training of health workers from big hospitals in capitals of governorates to provide immunization services to newborns	✗	0.0	2,295	-	Partly implemented	9,853
Performance based incentives for staff involved in EPI activities at central, governorate and district levels	✓	183,200.0	106,318	-	The increase is due the increased cost of life conditions	205,000

Performance based funding to motivate, GHOs, DHOs, private providers, SCOs to improve service provision and EPI coverage using innovative initiatives and modalities (the interested implementers provide proposals for funding, they are evaluated according to specific criteria. winners will get the fund accordingly)	✗	**0.0**	**0.0**	-	The activity deleted and the balance is used for new activities	**0**
Conducting annual review and planning meeting with GHOs	✓	**25,000**	**0.0**	-	This activity is deleted and the balance is used for new activities	**0**
Training on effective vaccine management for districts staff (supervisor + storekeeper)	✗	**0.0**	**0.0**	-	The activity is planned in 2016 and 2017	**0**
Vaccine Software System Management training for district staff	✓	**72,600**	**0.0**	-	The activity shifted to 2016	**0**
Training on effective vaccine management for HF level	✗	**0.0**	**0.0**	-	The activity is planned in 2016	**0**
DQS & EPI supportive supervision at all levels (2 times)	✗	-		✓	New activity planned in 2016 and 2017	**0**
EPI mid year meeting at central and governorate levels.	✗	-		✓	New activity	**50,000**
Training of the central & gov. supervisiores for integrated outreach and supervision activities	✗	-		✓	New activity	**65,000**

Support operational cost of EPI at all levels (communication, fuel, cold chain maintenance)	✗	-		✓	New activity	**426,771**
2. Objective "2" Improving the integrated health information including surveillance, monitoring and evaluation system and research						
Workshop to approve the updated regulatory framework and data registers, records and forms (based on the work to be done by WHO consultant)	✗	**0.0**	**0.0**	-	This activity is deleted and the balance is used for new activities	**0**
printing data registries, records and reporting forms	✓	**100,000.0**	**0.0**	-	The activity is planned in 2015	**100,000**
Training of health workers on data collection and reporting	✓	**24,500.0**	**0.0**	-	The activity is planned in 2015	**24,500**
Training staff at district level on data analysis skills	✓	**20,800.0**	**0.0**	-	The activity is planned in 2015	**20,800**
training of staff at governorate and central levels on data analysis	✓	**26,800.0**	**0.0**	-	The activity is planned in 2015	**26,800**
Conducting refreshing training courses for surveillance health workers	✓	**18,800.0**	**0.0**	-	The activity is planned in 2015	**18,800**
Review and update the national guideline for communicable diseases including the diseases under the Expanded Program for Immunization	✗	**0.0**	**2,680**	-	The activity is done in 2014	**0**

(EPI) including MR						
National workshop for approving the new national guideline for surveillance	✓	12,000.0		-	The activity is planned in 2015	12,000
Printing and distributing the new guideline and forms to the governorates and districts	✓	15,000.0	0.0	-	The activity is planned in 2015	15,000
Training of Trainers (TOTs) on the new guideline	✓	10,000.0	0.0	-	The activity is planned in 2015	10,000
Conducting trainings for surveillance officers at the governorates, districts and health facilities.	✓	90,000.0	0.0	-	The activity is planned in 2015	90,000
Training of the lab staff	✓	3,000.0	0.0	-	The activity is planned in 2015	3,000
Procurement of lab reagents	✓	9,000.0	0.0	-	The activity is planned in 2015	9,000
procurement and installing software for data entry, analysis and reporting	✗	0.0	0.0	-	This activity is deleted and the balance is used for new activities	0
conduct 2 SARA assessments in target governorates (other governorates funded by other DPs)	✓	370,000.0	0.0	-	The activity shifted to 2016	0
capacity building on research	✗	0.0	0.0	-	This activity is deleted and the balance is used for new activities	0
conducting 2 research studies on equity and coverage of EPI services each one costs 15000, done in 2015 and 2016	✓	15,000.0	0.0	-	The activity is planned in 2015 & 2016	15,000
conducting 2 KAP studies on perceptions towards EPI and reasons for drop out, each one costs 20000,	✗	0.0	0.0	-	The activity is planned in 2016 & 2017	0

done in 2015 and 2016						
procuring 5 vehicles for surveillance activities in 5 target governorates	✗	**0.0**	**0.0**	-	The activity is planned in 2017	**0**
Performance based incentives according to identified performance criteria for HMIS, Surveillance staff at central and governorate levels	✓	**50,000.0**	**0.00**	-	The activity was delayed and the balance of 2014 will be used for new activities	**50,000**
Conducting EPI coverage survey	✗	**0.0**	**0.0**	-	The activity is shifted from 2018 to 2017	**0**
procuring 3 vehicles for surveillance supervision at central level				✓	This is a new activity	**120,000**
3. Objective "3" Community empowerment and civil society participation in provision of immunization and essential health services including and not limited to community						
Integrated training for community health volunteers (5days × 3 times)	✓	**180,000.0**	**0.0**	-	**-**	**180,000**
TOTs for targeted CSOs in Behavior Change Communication (BCC).	✗	**0.0**	**0.0**	-	**The activity is shifted from 2014**	**36,738**
Cascade Training on BCC (trainers, health workers) in targeted communities (poorest people, geographically excluded).	✗	**0.0**	**0.0**	-	**The activity is shifted from 2014**	**92,205**

Cascade Training on BCC (trainers, community health HWs in targeted communities (poorest people, geographically excluded).	✓	**92,205.0**	**0.0**	-	**-**	**92,205**
sensitization workshop for the associations for 25 participants	✓	**57,912.0**	**0.0**	-	**The activity is delayed and he balance from 2014 is added to 2015**	**113,792**
sensitization workshop for the religious leaders for 25 participants	✓	**57,912.0**	**0.0**	-	**The activity is delayed and he balance from 2014 is added to 2015**	**115,824**
Training for Health Workers for positive household child care practices	✓	**150,000.0**	**0.0**	-	**-**	**150,000**
Training for school teachers for positive household child care practices	✓	**150,000.0**	**0.0**	-	**-**	**150,000**
Conducting outreach activities in challenging areas	✓	**100,156.0**	**0.0**	-	**-**	**100,156**
holding 26 training sessions of 3 days on the community communication to raise beneficiaries awareness for the targeted districts.	✓	**19,500.0**	**0.0**	-	**-**	**19,500**
develop and print basic health messages manual for CHV on immunization.	✓	**33,666.0**	**0.0**	-	**-**	**33,666**
Social mobilization activities on the integrated services package (mass and local media)	✓	**30,000.0**	**0.0**	-	**-**	**30,000**
mapping of available community	✗	**0.0**	**0.0**	-	**The activity is deleted and the balance from 2014**	**0**

health volunteers in the country and coordination meeting of involved partners in CHVs support					**will be used for new activities**	
4. Program management						
end of program evaluation	✗	**0.0**	**0.00**	-	The activity is planned in 2017	
IMU operations including daily operations, supervision , auditing	✓	**169,000.0**	**78,985**	-	The balance will be used in 2015.	**169,000**

8.6. Planned HSS activities for 2016

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

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

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	**Planned Activity for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2016** (if relevant)
1. Objective "1" Enahncing equitable access to immunization and integrated PHC servicess		0			
Implementing outreach rounds	✓	**734,152.0**		The budget increased due to the increased cost of the fuel and life conditions	**881,172**
Securing medicines for outreach rounds	✓	**356,275.0**		-	**356,275**
Securing medical supplies for outreach teams	✓	**383,635.0**		Shifted to 2017	**0**
Integrated training for physicians (9days)	✓	**24,000.0**		-	**24,000**
TOTs Planning workshops at for governorates at	✗	**0.0**		-	**0**

governorate level					
Micro-Planning workshops for districts at district level	✗	0.0		The budget for 2014 was divided for 3 years and the remaining balance used for new activities	100,000
Printing outreach materials (registers, forms)	✓	100,000.0		The activity will be implemented in 2015 and 2017	0
Purchasing cold chain refrigerators for HFs level		0.0		-	0
Conducting Effective Vaccine Management self assessment at all levels	✗	0.0		-	0
Conducting Mid Level Management course for districts supervisors in the targeted districts	✗	0.0		-	0
Conducting refreshment training for EPI health workers in the targeted governorates.	✓	167,544.0		The budget planned in 2014 will not be sufficient to implement the activity, More budget added in 2016 from other activities.	235,000
Furnishing and equipping the EPI meeting hall.	✗	0.0		The remaining balance from 2015 will be used in 2016 to complete furnishing the EPI meeting hall	17,400
Integrated supervision from Central to Gov level	✓	8,325.0		-	8,325
conducting workshop to review and approve plans at governorate level	✗	0.0		-	0
Integrated training for Health Workers (16 days)	✓	252,000.0		-	252,000
TOT training for outreach health service providers at governorate level	✗	0.0		-	0
Training of outreach health service	✗	0.0		-	0

providers at district level					
Integrated supervision from governorates to district level	✓	5,472.0		-	5,472
Integrated supervision from Districts to HFs level	✗	0.0		-	0
Annual EPI meeting for governorates at the central level.	✓	9,000.0		-	9,000
Conducting outreach activities through mobile teams targeting the refugee and marginalized communities in urban areas	✓	27,200.0			100,000
training of health workers from big hospitals in capitals of governorates to provide immunization services to newborns	✗	0.0		The balance from 2015 will be used in 2016&2017	9,853
Performance based incentives for staff involved in EPI activities at central, governorate and district levels	✓	183,200.0		An extra budget is added to this activities to cover the needed cost	205,000
Performance based funding to motivate, GHOs, DHOs, private providers, SCOs to improve service provision and EPI coverage using innovative initiatives and modalities (the interested implementers provide proposals for funding, they are evaluated according to specific criteria. winners will get	✗	0.0		-	0

the fund accordingly)					
Conducting annual review and planning meeting with GHOs	✓	**25,000.0**		This activity is deleted and the balance is used for new activities	**0**
Training on effective vaccine management for districts staff (supervisor + storekeeper)	✓	**126,400.0**		An extra budget is added to this activities to cover the needed cost	**154,000**
Vaccine Software System Management training for district staff	✓	**72,600.0**		-	**72,600**
Training on effective vaccine management for HF level	✗	**0.0**		The activity was shifted from 2017 to 2016 and an extra budget is added to cover the cost	**280,000**
DQS & EPI supportive supervision at all levels (2 times)			✓	New activity	**102,000**
EPI mid year meeting at central and governorate levels.			✓	New activity	**50,000**
Training of the central & gov. supervisiores for integrated outreach and supervision activities			✓	New activity will be conducted in 2015	**0**
Support operational cost of EPI at all levels (communication, fuel, cold chain maintenance)			✓	New activity will be conducted in 2015	**0**
2. Objective "2" Improving the integrated health information including surveillance, monitoring and evaluation system and research					
Workshop to approve the	✗	**0.0**		-	**0**

updated regulatory framework and data registers, records and forms (based on the work to be done by WHO consultant)					
printing data registries, records and reporting forms	✗	**0.0**		-	**0**
Training of health workers on data collection and reporting	✓	**35,000.0**		-	**35,000**
Training staff at district level on data analysis skills	✓	**26,000.0**		-	**26,000**
training of staff at governorate and central levels on data analysis	✗	**0.0**		-	**0**
Conducting refreshing training courses for surveillance health workers	✓	**47,000.0**		-	**47,000**
Review and update the national guideline for communicable diseases including the diseases under the Expanded Program for Immunization (EPI) including MR	✗	**0.0**		-	**0**
National workshop for approving the new national guideline for surveillance	✗	**0.0**		-	**0**
Printing and distributing the new guideline and forms to the governorates and districts	✗	**0.0**		-	**0**
Training of Trainers (TOTs) on the new guideline	✗	**0.0**		-	**0**
Conducting trainings for	✓	**130,000.0**		-	**130,000**

surveillance officers at the governorates, districts and health facilities.					
Training of the lab staff	✓	3,000.0		-	3,000
Procurement of lab reagents	✓	9,000.0		-	9,000
procurement and installing software for data entry, analysis and reporting	✗	0.0		-	0
conduct 2 SARA assessments in target governorates (other governorates funded by other DPs)	✗	0.0		The activity is shifted from 2017 to 2016	370,000
capacity building on research	✗	0.0		-	0
conducting 2 research studies on equity and coverage of EPI services each one costs 15000, done in 2015 and 2016	✓	15,000.0		-	15,000
conducting 2 KAP studies on perceptions towards EPI and reasons for drop out, each one costs 20000, done in 2015 and 2016	✓	20,000.0		-	20,000
procuring 5 vehicles for surveillance activities in 5 target governorates	✗	0.0		-	0
Performance based incentives according to identified performance criteria for HMIS, Surveillance staff at central and governorate levels	✓	50,000.0		-	50,000
Conducting EPI coverage survey	✗	0.0		-	0

procuring 3 vehicles for surveillance supervision at central level			✓	New activity will be conducted in 2015	**0**
3. Objective "3" Community empowerment and civil society participation in provision of immunization and essential health services including and not limited to community					
Integrated training for community health volunteers (5days × 3 times)	✓	**234,000.0**		An extra budget is added to this activities to cover the needed cost	**342,000**
TOTs for targeted CSOs in Behavior Change Communication (BCC).	✗	**0.0**		-	**0**
Cascade Training on BCC (trainers, health workers) in targeted communities (poorest people, geographically excluded).	✗	**0.0**		-	**0**
Cascade Training on BCC (trainers, community health HWs in targeted communities (poorest people, geographically excluded).	✗	**0.0**		-	**0**
sensitization workshop for the associations for 25 participants	✗	**0.0**		-	**0**
sensitization workshop for the religious leaders for 25 participants	✗	**0.0**		-	**0**
Training for Health Workers for positive	✗	**0.0**		-	**0**

household child care practices					
Training for school teachers for positive household child care practices	✗	0.0		-	0
Conducting outreach activities in challenging areas	✓	100,156.0		An extra budget is added to this activities to cover the needed cost due the current situation in YEMEN	150,234
holding 26 training sessions of 3 days on the community communication to raise beneficiaries awareness for the targeted districts.	✓	19,500.0		-	19,500
develop and print basic health messages manual for CHV on immunization.	✗	0.0		-	0
Social mobilization activities on the integrated services package (mass and local media)	✓	30,000.0		An extra budget is added to this activities to cover the needed cost	45,000
mapping of available community health volunteers in the country and coordination meeting of involved partners in CHVs support	✗	0.0		-	0
4. Program management					
end of program evaluation	✗	0.0		-	0
IMU operations including daily operations, supervision , auditing	✓	169,000.0		An extra budget is added to this activities to cover the needed cost	253,500

8.7. Revised indicators in case of reprogramming

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

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
UNICEF	1,755,252	2014	Integrated outreach activites, Cold chain purchase, Social Mobilization, Supervision and training.
WHO	1,513,212	2014	Integrated outreach activities, Cold chain purchase, DQS, Supervision, EVM and training.
WB	1,476,204	2014	Outreach activities

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

8.9. Reporting on the HSS grant

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

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

Table 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
EPI	DQS is an integral part of the supervisory process - direct supervision on implementation of activities from all levels	

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

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014? 3

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

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

Yemen is not reporting on GAVI TYPE A CSO support for 2014

9.2. 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 2014

10. Comments from ICC/HSCC Chairs

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

11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for 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 2014 (referred to as the "variance").

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

V. 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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

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 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

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

V. 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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** 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 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

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 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure 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 2014 (referred to as the "variance").

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

V. 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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

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 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:53:27 **Size:** 12 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:53:44 **Size:** 12 KB
3	Signatures of members of ICC	2.2	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:53:58 **Size:** 12 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:54:12 **Size:** 12 KB
5	Signatures of members of HSCC	2.3	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:54:31 **Size:** 12 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:54:57 **Size:** 12 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✔	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:55:21 **Size:** 12 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US$ 250,000	7.3.1	✔	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:55:40 **Size:** 12 KB
12	Latest EVSM/VMA/EVM report	7.5	✔	Yemen_EVM_report_5-26 Jul 2013vfinal.zip **File desc:** **Date/time :** 21/05/2015 10:33:36 **Size:** 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✔	EVM action plan and implementation status April 2015.xlsx **File desc:** **Date/time :** 21/05/2015 10:37:22 **Size:** 24 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✔	EVM action plan and implementation status April 2015.xlsx **File desc:** **Date/time :** 21/05/2015 10:37:33 **Size:** 24 KB
16	Valid cMYP if requesting extension of support	7.8	✔	Updated cMYP Yemen 2011-2015 Aug 2012.doc **File desc:** **Date/time :** 21/05/2015 10:39:45 **Size:** 2 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✔	cMYP_Costing_Tool_Vs.2.3_En 2 MR Aug 2012.zip **File desc:** **Date/time :** 21/05/2015 10:47:12 **Size:** 843 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✔	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:56:02 **Size:** 12 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✔	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:56:35 **Size:** 12 KB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:56:56 **Size:** 12 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:57:14 **Size:** 12 KB
22	HSS Health Sector review report	8.9.3	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:57:31 **Size:** 12 KB
23	Report for Mapping Exercise CSO Type A	9.1.1	☒	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	☒	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	☒	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	Blank form.docx **File desc:** **Date/time :** 21/05/2015 11:57:50 **Size:** 12 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	☒	No file loaded
28	Justification for changes in target population	5.1	☒	No file loaded

	Other		☒	No file loaded