Annual Progress Report 2008

Submitted by

The Government of

Yemen

Reporting on year: __2008__

Requesting for support year: _2010/2011_

Date of submission: _May 2009_

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

and any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of **Yemen**

Minister of Health:

Title: Deputy Minister of PHC

Signature: .....

Date: 13.5.09

Minister of Finance:

Title: DG of Finance

Signature: .....

Date: 13.5.09

This report has been compiled by:

Full name: Dr. Ali A. Al Mudhwahi

Position: Director General of Family Health

Telephone: + 967 733216255

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If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Please fined attached the list of HSSCC members and signatures (*DOCUMENT N°(1)*)			

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: **N**

No. Due to the delay in compiling the information and reports for governorates and sectors the APR was only sent on the second day of the RWG meeting and was not reviewed by them.

HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, Health Systems Strengthening Coordinating Committee (HSSCC) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Please fined attached the list of HSSCC members and signatures (*DOCUMENT N°(1)*)			

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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

This report on the GAVI Alliance CSO Support has been completed by:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

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

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI)*

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		804,203	829,664	855,753	882,662	910,417	939,045	968,572	999,029
Infants' deaths		60,154	62,326	64,341	66,363	68,387	70,410	72,425	74,428
Surviving infants		744,049	767,338	791,412	816,299	842,030	868,635	896,148	924,601
Pregnant women		804,203	829,664	855,753	882,662	910,417	939,045	968,572	999,029
Target population vaccinated with BCG		483,367	663,732	684,602	750,263	773,854	845,140	871,715	899,126
BCG coverage*		%60	80%	80%	85%	85%	90%	90%	90%
Target population vaccinated with OPV3		644,071	675,257	712,271	734,669	757,827	781,771	806,533	832,141
OPV3 coverage**		%87	88%	90%	90%	90%	90	90	90
Target population vaccinated with DTP (DTP3)*** (Pentavalent)		644,025	675,257	712,271	734,669	757,827	781,771	806,533	832,141
DTP3 coverage**(Pentavalent vaccine)		%87	88%	90%	90%	90%	90	90	90
Target population vaccinated with DTP (DTP1)*** (Pentavalent)		695,583	728,971	751,841	775,484	799,928	825,203	851,340	878,371
Wastage[1] rate in base-year and planned thereafter		%7	10%	10%	10%	10%	10%	10%	10%
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of **Pneumococcal**		-	-	712,271	734,669	757,827	781,771	806,533	832,141
Pneumococcal Coverage**		-	-	90%	90%	90%	90%	90%	90%
Target population vaccinated with **1st dose** of **Pneumococcal**		-	-	751,841	775,484	799,928	825,203	851,340	878,371
Wastage[1] rate in base-year and planned thereafter		-	-	5%	5%	5%	5%	5%	5%
Target population vaccinated with **1st dose** of Measles		545,485	690,604	712,271	734,669	757,827	781,771	806,533	832,141
Target population vaccinated with **2nd dose** of Measles		303,269	383,669	435,276	489,779	589,421	651,476	716,918	785,911
Measles coverage**		%73	90%	90%	90%	90%	90%	90%	90%
Pregnant women vaccinated with TT+		163,759	373,349	427,876	485,464	546,250	610,379	678,001	699,320
TT+ coverage****		%20	45%	50%	55%	60%	65%	70%	70%
Vit A supplement	Mothers (<6 weeks from delivery)	ND	ND	ND	ND	ND	ND	ND	ND
	Infants (>6 months)	476,583	537,137	633,129	734,669	757,827	781,771	806,533	832,141
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		7%	7%	5%	5%	5%	5%	5%	5%
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets (No change)

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births									
Infants' deaths									
Surviving infants									
Pregnant women									
Target population vaccinated with BCG									
BCG coverage*									
Target population vaccinated with OPV3									
OPV3 coverage**									
Target population vaccinated with DTP (DTP3)***									
DTP3 coverage**									
Target population vaccinated with DTP (DTP1)***									
Wastage[2] rate in base-year and planned thereafter									
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of ……..									
…….. Coverage**									
Target population vaccinated with **1st dose** of ……..									
Wastage[1] rate in base-year and planned thereafter									
Target population vaccinated with **1st dose** of Measles									
Target population vaccinated with **2nd dose** of Measles									
Measles coverage**									
Pregnant women vaccinated with TT+									
TT+ coverage****									
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100									
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

[2] 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. For new vaccines check table α after Table 7.1.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): **Yes**
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Yes. GAVI's contribution is reflected in MoPHP annual budget as part of the government budget which is approved by Parliament and endorsed by the President.

ISS funds appear under a category line called external support of the annual governmental budget.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

- *The last ISS fund was transferred to a special governmental account in the name of the ICC. MoF is represented in the HSSCC (previously ICC) by the deputy minister and the General Director of Finance represented at the MoPHP.*
- *MoPHP disburses the activities budget according to the plan of action approved by the HSSCC.*
- *MoPHP authorises the spending according to the plan of action according to the national financial system and through the signatories representing the MOF, MoPHP and the appointed financial officer for GAVI funded activities.*
- *MoPHP issues the checks according to the activities based on the Plan of Action approved by the HSSCC.*

1.1.2 Use of Immunization Services Support

*In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2008 **(400,000)**
Remaining funds (carry over) from 2007 (**2,385,142)**
Balance to be carried over to 2009 **2,582,536**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	0	0			
Transportation	3,980	3,980			
Maintenance and overheads	0	0			
Training	1000	1000			
IEC / social mobilization	0	0			
Outreach	0	0			
Supervision	194126	57000	137126		
Monitoring and evaluation	0	0			
Epidemiological surveillance	0	0			
Vehicles	0	0			
Cold chain equipment	0	0			
Other ……. *(specify)*	3,500	3,500			
Total:	202,606	65,480	137126		
Remaining funds for next year:	**2,582,536**				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? ***3 meetings***
Please attach the minutes (DOCUMENT N°(2)) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: ***[According to the main structure of HSSCC, a CSO is a member but still under selection]***
if yes, which ones?

Of the proposed NGOs working in Health Sector, the selection is still on process to make sure that the selected society's scope of work is relevant to HSS activities.

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

- *The main intervention regarding increasing the coverage stills the outreach activities. In 2008 Five rounds of outreach activities has been conducted resulting in increasing the coverage of Penta3 by 29% .Accordingly, the national coverage reached 87% for Penta3.*
- *Updated Micro-planes of outreach activities took place at the HF level helped in better organization of the teams through accurately outlining the catchment areas at three different levels. Better utilization of health service provision has been reached through vaccination at the three levels within the district health system (HF, outreach and mobile teams).*
- *Access problems due to security issues in some areas are the main problem facing increasing coverage because of conflicts.*
- *ISS funds utilization is low because of the availability of other sources from donors in 2008.These resources were allocated for a certain period of time as the situation with the World Bank Project (ended in 2008). MoPHP utilized the allocated amounts accordingly and the saved resources from GAVI will cover the expected funding gap in 2009 and 2010.*

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (DOCUMENT N°(**1**)) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.(**No external auditing performed**)
c) Detailed Financial Statement of funds (DOCUMENT N°**(3)**) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

Last DQA was done in 2006

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES ☐ *NO* ☐

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

The recommendations were fulfilled in 2007 and 2008.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. *[mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

DHS is planned for 2009.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

Pentavalent vaccine of 2 doses vials was introduced in March 2005.

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Pentavalent	**2**	**200000**	**2005**	**21/01/2008**
Pentavalent	**2**	**447600**	**2005**	**12/02/2008**
Pentavalent	**2**	**415400**	**2005**	**25/03/2008**
Pentavalent	**2**	**500000**	**2005**	**26/05/2008**
Pentavalent	**2**	**443300**	**2005**	**12/08/2008**
		2006300		

Please report on any problems encountered.

- To facilitate the process of vaccination, MoPHP requests GAVI's approval of providing the liquid form of the Pentavalent vaccine. The updated cold chain together with the installation of 13 new cold rooms at both national and governorates levels would support any needed additional capacity. Moreover, the HWs will be trained on introducing the new form of the vaccine within the ongoing training for the introduction of Pneumo Vaccine. If this is to be approved by GAVI and provided by UNICEF, the excel sheet will be modified accordingly.

1.2.2. Major activities

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

- *Regular supervision of EPI activities at different levels (National – Governorates – Districts)*
- *Evaluation meeting for the achievements and approval for the EPI plan for 2008.*
- *Implementation of 5 phases of outreach activities (with micro-planning)*
- *Training for HWs in 5 governorates.*
- *MLM training for 80 EPI districts' supervisors in 4 governorates.*
- *WHO inter country workshop on vaccine store management.*

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: *[2004]*

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems
2004	100,000	Last quarter 2004	-	Training the staff. Printing EPI documents.	

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[**April/2008**]*

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

- Record diluents & status of VVM
- Record all data in stock cards (batch No., expiry date, etc.)
- Record also vaccines for campaigns
- Implement freeze indicators
- Implement on-the job training of HW/staff to cover critical vaccine management issues (conditioning, need estimation, stock & temp. recording, vaccine handling)
- Develop contingency plans at sub-national level
- Implement regular preventive maintenance for the cold chain equipments.
- Alarming system to be installed.

Was an action plan prepared following the EVSM/VMA? **Yes**
If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

- Alarming system has been installed.
- Redesign of the vaccine records to register diluents.
- Printing of VVM poster is ongoing.

When will the next EVSM/VMA* be conducted? *[2010]*
**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*
Table 1.2

Vaccine 1: Pentavalent vaccine (2 doses vial)	
Anticipated stock on 1 January 2010	**350000**
Vaccine 2:	
Anticipated stock on 1 January 2010	**.....**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?. **NO**

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

-

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

- The government has separate budget line for both traditional vaccine and Pentavalent vaccine which includes the injection safety equipment (bundle supply is followed). In addition GAVI provides its share of Pentavalent vaccine along with its safety injection equipment.

Please report how sharps waste is being disposed of.

Through :

- Incinerators in some districts.
- Burning and burying.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

No major problems.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

No INS funds were received during 2007 or 2008.

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	**Reporting Year 2009**	**Reporting Year 2010**
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	990861	837937	895372
New Vaccines	9020988	10448128	9115730
Injection supplies	980892	1053270	1118327
Cold Chain equipment	348067	30308	70661
Operational costs	9345861	10041670	9550317
Other (Polio, MNT campaigns	3410000	0	500000
Polio, MNT campaigns &National Measles follow up campaign	0	8000000	0
Mopup Measles campaign	0	0	500000
Total EPI	24096669	30411313	21750407
Total Government Health			

Exchange rate used	200

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine : Pentavalent vaccine		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		0.70	0.70	0.70	0.70	0.70	0.70
Number of vaccine doses	#	545,100	547,000	602,900	782,900	883,900	972,400
Number of AD syringes	#	578,900	578,500	637,600	827,900	934,800	1,028,400
Number of re-constitution syringes	#	302,500	303,600	334,600	434,500	490,600	539,700
Number of safety boxes	#	9,800	9,800	10,800	14,025	15,825	17,425
Total value to be co-financed by country	**$**	$1,827,500	$1,723,000	$1,777,500	$1,834,000	$1,892,000	$1,952,000

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)

2nd vaccine: Pneumococcal vaccine (PCV10)		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		$0.15	$0.20	$0.20	$0.20	$0.20	$0.20
Number of vaccine doses	#	60,900	67,500	69,600	71,800	73,400	75,700
Number of AD syringes	#	65,000	71,300	73,600	75,900	77,600	80,000
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	725	800	825	850	875	900
Total value to be co-financed by country	**$**	$444,500	$492,500	$508,000	$524,000	$540,500	$558,000

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)

3rd vaccine:……		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)	July 2008	28 Nov 2008	
2nd Awarded Vaccine (specify)	October 2009		
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify)	1699077	388,793
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

*Are there changes between table A and B? **No***

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in surviving infants**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in Targets by vaccine**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in Wastage by vaccine**:*

_____
_____
_____
_____
_____

Vaccine 1: Pentavalent vaccine

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

Table 3.1: Specifications of vaccinations with new vaccine

- To facilitate the process of vaccination, MoPHP requests GAVI's approval of providing the liquid form of the Pentavalent vaccine. The updated cold chain together with the installation of 13 new cold rooms at both national and governorates levels would support any needed additional capacity. Moreover, the HWs will be trained on introducing the new form of the vaccine within the ongoing training for the introduction of Pneumo Vaccine. If this is to be approved by GAVI and provided by UNICEF, the excel sheet will be modified accordingly.

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	712,271	734,669	757,827	781,771	806,533	832,141
Target immunisation coverage with the third dose	*Table B*	#	90%	90%	90%	90%	90%	90%
Number of children to be vaccinated with the first dose	*Table B*	#	751,841	775,484	799,928	825,203	851,340	878,371
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.70	0.70	0.70	0.70	0.70	0.70

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	2,065,400	1,914,500	1,936,200	1,836,500	1,818,500	1,815,800
Number of AD syringes	#	2,193,500	2,024,700	2,047,600	1,942,200	1,923,100	1,920,300
Number of re-constitution syringes	#	1,146,300	1,062,600	1,074,600	1,019,300	1,009,300	1,007,800
Number of safety boxes	#	37,075	34,275	34,675	32,875	32,550	32,525
Total value to be co-financed by GAVI	**$**	$6,924,500	$6,031,000	$5,708,500	$4,301,500	$3,892,000	$3,645,000

Vaccine 2: Pneumococcal (PCV10)

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	712,271	734,669	757,827	781,771	806,533	832,141
Target immunisation coverage with the third dose	*Table B*	#	90%	90%	90%	90%	90%	90%
Number of children to be vaccinated with the first dose	*Table B*	#	751,841	775,484	799,928	825,203	851,340	878,371
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	$0.15	$0.20	$0.20	$0.20	$0.20	$0.20

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	2,899,600	2,394,000	2,469,500	2,547,600	2,629,000	2,712,600
Number of AD syringes	#	3,096,000	2,531,800	2,611,600	2,694,200	2,780,300	2,868,700
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	34,375	28,125	29,000	29,925	30,875	31,850
Total value to be co-financed by GAVI	**$**	$21,176,500	$17,482,000	$18,033,500	$18,603,500	$19,382,500	$19,998,000

Vaccine 3: .....

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from January (month) to December.(month).

b) This HSS report covers the period from January 2008 (month/year) to December 2008 (month year)

c) Duration of current National Health Plan is from January 2006.(month/year) to December 2010.(month/year).

d) Duration of the immunisation cMYP: January 2006 – December 2010

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Dr. Ali A. Al-Mudhwahi	MoPHP	Revising & Editing	mudhwahiali@hotmail.com +967733216255
Other partners and contacts who took part in putting this report together			
Mr. Jalal Al-Qadi	MoPHP	Financial revision	Jalal_al_qadi@yahoo.com +967733872376

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

The main source of information is the annual report prepared by the HSS task force members who represent the concerned vertical programs, the General Director of Planning and the General Director of Health Policy Unit. The annual report was discussed with the HSSCC members including WHO & UNICEF representatives.

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

- It was difficult to send the report to the Regional Working Group on time due to the delay experienced in getting the final information from the governorates and different sectors involved. The APR for 2008 was discussed and approved by the HSSCC during the last meeting held in April 2009. Accordingly, we would appreciate extending the dead line for submitting the APR till end of May and the RWG dead line to 15the of May.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved	376000	2198000	2188000						
Date the funds arrived	29 Oct. 07	09 Feb. 08	31 Jan. 09						
Amount spent	91664	917,687							
Balance	284336	1,564,649							
Amount requested	2198000	2188000	1573000						

Amount spent in 2008: 917,687
Remaining balance from total: 1,564,649 in addition to the amount requested for 2009 which was received in 31 Jan. 09

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	**Planned Activity for reporting year**	**Report on progress[3] (% achievement)**	**Available GAVI HSS resources for the reporting year (2008)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance into 2009)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1: **To improve accessibility, quality & utilization of district health systems to underserved populations**						
Activity 1.1:	- Carry out operational	- A base line survey done in	180000	0	210802	The first activity regarding the operational research was done in 07 with a remaining balance of 63120$. As for the training assessment, the process started in 2008. Due to the importance of a continuous modification of the

[3] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

	research - Conduct a training needs assessment study for managers and other staff	64 districts - Several workshops and trainings were held before a preliminary assessment was provided and training started accordingly to be finalized in 2009				training needs the final report will be issued in 2009. The allocated amount for this activity is to be used for this purpose. Moreover, MoPHP started the training for health workers and the results will be reflected on the final version of the report.
Activity 1.2:	Design a national integrated outreach model	Partially implemented	140000	47657	92343	Part of this design includes the national frame work and the other includes the training manuals. The English version of the full documents is to be translated. The executive summary of the national frame work is available in English. The amount spent was allocated for the 1st version. A total of 5000 copies of the training manual for trainees were printed and 1000 for the trainers' manual. The copies printed for the national frame work were 500. After the evaluation in 2009, an update will be done accordingly and more copies will be printed utilizing the available fund based on the feedback & revision of the training process. This model will be generalized to all training modules nationwide.
Activity 1.3:	Design national service strengthening program at the district level	Rescheduled	55000	-	55000	In 2007 and 2008, a Health Sector Review exercise started. As the statuesque was released early in 2008, the benchmarking report was issued only recently. Moreover, many donors expressed their interest in applying the HSS model in Yemen as a result of the trust gained with the efficiency of integration based on HSS programs' integrated activities. In order to benefit from the Health Sector Review results and not to duplicate the efforts especially with the Global Fund and the World Bank who intend to work through the integrated services, MoPHP will finalize this activity in 2009 and 2010. Based on the ongoing Health Sector Review and the negotiations with the relevant donors, the design will be approved and nationally applied.
Activity 1.4:	Train PHC staff and staff of six selected	A total number of 522 Health Workers were trained on the	520000	464112	55888	Due to its importance in PHC service delivery, Reproductive Health was added as the 7th vertical program. The training manual was developed to cover the RH component as well. Furthermore, a training hall was equipped at IBB governorate and other training halls are planned to be equipped in more

	vertical programs	designed and approved integrated model				governorates. This training targeted one health worker from each facility and another health worker will be trained in 2009 to deliver the integrated package. In general 46 districts were covered with training. It's worth mentioning that other donors applied the same training scheme of integration and accordingly 66 more districts were covered and financed from other resources.
Activity 1.5:	Implement outreach program	12 districts out of the targeted 64 implemented 1 round	400000	93598	306402	The preparation of the activity together with the need for updating the micro plans resulted in selecting only 12 districts to start with. However, in the 1st quarter of 2009 a total of 57 districts updated their micro plans implemented the 1st round of the integrated outreach activities. It's expected that all districts will perform at least 3 rounds in 2009 and the funds will be utilized accordingly. The outreach activities include providing the necessary equipment for the working teams. This activity is still in process and it was delayed to be finalized in 2009 to better understand the needs according to the integrated outreach activities implemented in 2008.
Objective 2: **To improve the efficiency and coordination of vertical programs**						
Activity 2.1:	Design framework and implementation plan for functional integration of vertical programs.	Delayed	38000	-	63000	This amount was not spent as it's allocated for building consensus workshops to approve and apply the implementation plan. Due to a delay in the process of receiving an international consultant as requested from WHO-EMRO, this activity was postponed till the consultant arrives.
Activity 2.2:	Design and	Rescheduled	25000	-	40000	As mentioned in activity 1.3, the national policy will be declared according to

	implement national policy to support integration					the results of the Health Sector Review.
Objective 3: **To improve central, governorate, and district level managerial systems to support these two process of outreach and integration**						
Activity 3.1:	Design and agree upon an integrated management framework	Rescheduled	70000	-	70000	As mentioned in the Yemen's HSS proposal, this activity is based upon aspects of the model designed in activities 1.2, 1.3, 2.1, and 3.3. In 2009 the activities implemented by the vertical programs will delineate the roles and responsibilities and the design will be finalized..
Activity 3.2:	Design the tools of integrated , unified, & simplified management system	M & E unit was formed and an integrated checklists and reporting system is approved	62000	5425	56575	The designed tool was approved in a national workshop. The integrated supervision designed in 2008 was only started in 2009. This is because of the process of building consensus among all stakeholders upon the tool and the importance to integrate this activity within the annual plan. In 2009 more funds were disbursed for the purpose of equipping and staffing the unit.

Activity 3.3:	Incorporate into the model and support district micro-planning and implementation based on problem solving approaches using community health management tools.	Partially implemented	85000	54204	30796	Based on the lessons learned from the outreach activities, and the already existing community based initiatives, the community management tool is yet to be finalized. In 2008 several orientation workshops targeting local communities were implemented.
Activity 3.4:	Incorporate above tools into the outreach systems of the targeted districts.	Rescheduled	25000	-	25000	To be incorporated according to the finalization of activity 3.3.

Activity 3.5:	Strengthen and make operational the integrated management unit (IMU) of the PHC sector.	Partially implemented The unit was formed with some recruitments and some equipment were provided And 5 cars purchased	190000	154521	35479	Starting in 2008, the unit was formed with minimal staff and equipment and some amount of money was utilized. According to the expansion in activities, the unit will be upgraded within the PHC structure. More recruitments and equipment are expected to be needed and provided in 2009.
Activity 3.6:	Carry out rapid operational research to identify both what is working and what isn't in the integrated outreach programs	Rescheduled	35000	-	35000	This activity was rescheduled to give better views about the implemented activities as the integrated outreach started late in 2008 and expanded only in 2009.
Activity 3.8:	The HSSCC strengthened to provide improved oversight and integration of health system strengthening efforts	Partially implemented	40000	30855	9145	The field visits by the HSSCC members started only in 2009 to supervise the integrated outreach activities. This activity was modified to include health managers from targeted governorates. Some of the technical members represented in the HSSCC together with some directors of health offices were invited to a field visits to be exposed to other experiences.

Objective 4: **To develop the results-based model of district health service provision**						
Activity 4.2:	Hold national and regional workshops to build consensus among all stakeholders for nationalizing this experience, and to create mechanisms for donor support.	Rescheduled	-	-	30000	This amount was scheduled for 2007. Due to the needed evidence based interventions, this activity was rescheduled to 2009 based on the field experience and lessons learned.
Activity 4.3:	Promote the model to MoF, MoLA, and local councils at the governorate level to agree on national	Rescheduled	55000	-	55000	The development of the model is still on process and it's rescheduled for the end of 2009 to give the MoF and the local councils a clear picture about the model.

	budgetary and decentralized implementation mechanisms for the next phase.					
Support Functions						
Management costs			48534	7375	41159	
M&E support costs			179000	-	179000	The M&E unit which was formed in 2008 started its activities in 2009.
Technical support			234000	59940	174060	Although a total amount of 37290$ has been transferred to WHO in June 9th 2008 to cover the fees and other costs of an international consultant requested by the ministry, we are still waiting for a consultant to come. This consultancy refers to activity 2.1.

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1: **To improve the accessibility, quality and utilization of district health systems to underserved populations**					
Activity 1.1:	- Conduct a training needs assessment study for managers and other staff	210802	210802	0	
Activity 1.2:	Design a national integrated outreach model	92343	92343	0	
Activity 1.3:	Design national service strengthening program at the district level	55000	55000	0	

Activity 1.4:	Train PHC staff and staff of six selected vertical programs	675888	55888	620000	
Activity 1.5:	Implement outreach program, with each selected district	886402	306402	580000	
Objective 2: **To improve the efficiency and coordination of vertical programs**					
Activity 2.1:	Design framework and implementation plan for functional integration of vertical programs.	63000	63000	0	
Activity 2.2:	Design and implement national policy to support integration	40000	40000	0	
Activity 2.3:	Carry out costing study to determine actual costs and savings of integration	45000	0	45000	
Objective 3: To improve central, governorate, and district level managerial systems to support these two process of outreach and					

integration					
Activity 3.1:	Design and agree upon an integrated management framework	70000	70000	0	
Activity 3.2:	Design the tools of integrated , unified, & simplified management system	56575	56575	0	
Activity 3.3:	Incorporate into the model and support district micro-planning and implementation based on problem solving approaches using community health management tools.	130796	30796	100000	
Activity 3.4:	Incorporate above tools into the outreach systems of the targeted districts.	25000	25000	0	
Activity 3.5:	Strengthen and make operational the integrated management unit (IMU) of the PHC sector	115479	35479	80000	

Activity 3.6:	Carry out rapid operational research to identify both what is working and what isn't in the integrated outreach programs	85000	35000	50000	
Activity 3.7:	Support existing national training bodies such as the HMTC and universities	180000	0	180000	
Activity 3.8	The HSSCC strengthened to provide improved oversight and integration of health system strengthening efforts	79145	9145	70000	
Objective 4: **To develop a results-based model of district health service provision**					
Activity 4.2:	Hold national and regional workshops to build understanding, and then consensus among all stakeholders for	100000	30000	70000	

	nationalizing this experience, and to create mechanisms for donor support.				
Activity 4.3:	Promote the model to MoF, MoLA, and local councils at the governorate level to agree on national budgetary and decentralized implementation mechanisms for the next phase.	100000	55000	45000	
Support costs					
Management costs		89159	41159	48000	
M&E support costs		309000	179000	130000	
Technical support		344060	174060	170000	
TOTAL COSTS		**3752649**	**1564649**	**2188000**	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments					
Major Activities	**Planned Activity for current year (ie.2009)**	**Planned expenditure in coming year *(2010)***	**Balance available *in 2009*** **(To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1: **To improve the accessibility, quality and utilization of district health systems to underserved populations**					
Activity 1.4:	Train PHC staff and staff of six selected vertical programs	-	675888	-	According to the POA for 2009 no remaining balance from previous year is expected
Activity 1.5:	Implement outreach program, with each selected district	650000	886402	650000	
Objective 2: **To improve the efficiency and coordination of vertical programs**					
Activity 2.3:	Carry out costing study to determine actual costs and savings of integration	30000	45000	30000	

Objective 3: To improve central, governorate, and district level managerial systems to support these two process of outreach and integration					
Activity 3.3:	Incorporate into the model and support district micro-planning and implementation based on problem solving approaches using community health management tools.	95000	130796	95000	
Activity 3.5:	Strengthen and make operational the integrated management unit (IMU) of the PHC sector	-	115479	-	
Activity 3.6:	Carry out rapid operational research to identify both what is working and what isn't in the integrated outreach programs	45000	85000	45000	

Activity 3.7:	Support existing national training bodies such as the HMTC and universities	115000	180000	115000	
Activity 3.8	The HSSCC strengthened to provide improved oversight and integration of health system strengthening efforts	50000	79145	50000	
Objective 4: **To develop a results-based model of district health service provision**					
Activity 4.1:	Pre and post intervention surveys. Following implementation of the model	60000	0	60000	
Activity 4.2:	Hold national and regional workshops to build understanding, and then consensus among all stakeholders for nationalizing this experience, and to	70000	100000	70000	

	create mechanisms for donor support.				
Activity 4.3:	Promote the model to MoF, MoLA, and local councils at the governorate level to agree on national budgetary and decentralized implementation mechanisms for the next phase.	110000	100000	110000	
Support costs					
Management costs		48000	89195	48000	
M&E support costs		130000	309000	130000	
Technical support		170000	344060	170000	
TOTAL COSTS		**1573000**	**3139965**	**1573000**	

4.6 Programme implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

The results of the integrated outreach activities implemented in 12 districts in 2008 showed remarkable improvements according to the following:

- **Coverage wise for EPI:** In comparison between the outreach activities before and after applying the integrated package, there was a significant increase in Penta 3 by 35 %, 34% in Measles and 72% for Tetanus Toxoid 2.
- **Coverage with other services:** The integrated outreach was a very good chance to avoid missed opportunities as IMCI, RH, & Nutrition services were provided for a new target population including under 5 children and child bearing age women.
- **Budget:** The cost per child during the EPI outreach was 259 Yemeni Riyal=1.3$ whereas the cost for the integrated outreach was 199 YR=1$.

Regarding management issues, the HSS program succeeded in orienting the governorates' and districts' health offices and provided a technical support or upgrading the micro plans and better provides the PHC services according to efficiency and effectiveness.

HSS program succeeded in attracting other donors to work through the integrated package of services. UNICEF training for IMCI was modified in the districts they support and the HSS training scheme is fully used. Moreover, Global Fund and World Bank approved the design of their new projects based on systems strengthening benefiting from HSS.

The main problems faced the implementation were represented with the lack of enough equipment to run the teams activities. It's expected that a logistic materials will be provided according to the actual needs after considering the already available resources.

b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

The involvement of CSO is considered in the structure of the HSSCC. A list of potential organizations is under preparation and will be presented for discussion.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

Yes. The HSS funds are itemized under the donors support for PHC and reflected in the annual budget of the MoPHP.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

The Director General of Finance in the MoPHP appointed by MoF is added as a signatory in the disbursements of HSS activities including checks. The national auditing system is applied to the HSS support.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application

Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets
Reaching all the targeted population with the integrated package focusing on remote areas	Achieving 90% national coverage for EPI	National PENTA3 coverage (%)	644025	744049	EPI statistic office+WHO/ UNICEF Joint Reporting Form 2008	85%	EPI statistic office + WHO/UNICEF Joint Reporting Form	2006	90%	2010 (consistent with cMYP)	87%	
Reaching all the targeted population with the integrated package focusing on remote areas	100% of districts achieve 80% coverage for EPI	Number / % of districts achieving ≥80% Penta3 coverage	221	333	EPI statistic office+WHO/ UNICEF Joint Reporting Form 2008	58%	EPI statistic office+WHO/UNICEF Joint Reporting Form	2006	100%	2008, and maintained through to 2010	66%	Some districts in Sa'da governorate couldn't report due to some security issues. Determining the catchment area between the districts is slightly affecting the results esp. in urban cites.
Expanding the PHC	Reducing the U5	Under five mortality rate	4181729	4608265	Yemen Family Health Survey,	102	Yemen Family	2003	85 (consist	2010	-	The data will be available

integrated services to local communities with no access to health services	mortality by 2/3 rd by 2015	(per 1000)			GOY and League of Arab States, 2005		Health Survey, GOY and League of Arab States, 2005		ent with MoPHP 5 year plan)			according to the DHS expected in 2009
Applying an integrated outreach model in the 64 selected districts	Expanding the outreach coverage for U5 children & CBAW with integrated PHC services in 64 districts through micro planning activities	Proportion of districts reaching at least 70% of their target population with the integrated intervention package.	12 Districts	64 Districts	MoPHP, GHO annual statistics	0	HSS M&E unit	2007	90% of target districts	2010	19%	The delay in expanding to more districts was because of the limited number of trained staff which was solved during 2009 & 2010
Increasing the utilization of PHC services	Applying a family health model at PHC facilities	# of service provision contacts per district per year			MoPHP HIS	District specific	MoPHP, GHO annual statistics	2007	tripled	2010		Ongoing through 2008 and 2009 and to be reported next year
To eliminate TT by 2012	Increase the coverage among CBAW	TT2+ coverage	163759	804203	EPI, Yemen	20%	EPI statistic office + WHO/UNICEF Joint Reporting Form	2006	90%	2010	20%	Campaigns' results are not included

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name: Jala Al-Qadi

Title / Post: Financial Officer

Signature:

Date: May 13th 2009

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[4]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

[4] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[5]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[5] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	✓	
Reporting Period (consistent with previous calendar year)	✓	
Government signatures	✓	
ICC endorsed	✓	
ISS reported on	✓	
DQA reported on	✓	
Reported on use of Vaccine introduction grant	✓	
Injection Safety Reported on	✓	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	✓	
New Vaccine Request including co-financing completed and Excel sheet attached	✓	
Revised request for injection safety completed (where applicable)	✓	
HSS reported on	✓	
ICC minutes attached to the report	✓	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	✓	

7. Comments

ICC/HSCC comments:

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.

~ End ~