Annual Progress Report 2009

Submitted by

The Government of

[***YEMEN***]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 10th of April 2010

Deadline for submission: 15 May 2010

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

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.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 language of the arbitration will be English.
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.*

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Government of **Yemen**

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

See Attachment (A)

Minister of Health (or delegated authority):

Title: ……

Signature: ……

Date: ……

Minister of Finance (or delegated authority):

Title: ……

Signature: ……

Date: ……

This report has been compiled by:

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ICC Signatures Page

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

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

The GAVI Alliance Transparency and Accountability Policy 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.

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

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

.....

.....

Comments from the Regional Working Group:

.....

.....

.....

HSCC Signatures Page

If the country is reporting on HSS

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 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/Organisation	Signature	Date
Please find attached the list of HSSCC members and signatures (*DOCUMENT N°(1)) of the last HSSCC meeting*			

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

.....

.....

Comments from the Regional Working Group:

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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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

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.

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
8	Calculation of ***[Country's]*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
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1. General Programme Management Component

1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 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 the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

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

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

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

Based on the revision made for EPI in the context of developing the new cMYP 2011-2015 the targets have been revised accordingly.

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

For Pentavalent vaccine no change in the wastage rate in 2009, The wastage rate from 2011 and on will be 5% since the new presentation of the vial.

For Pneumo vaccine the wastage rate changes to 10% because the presentation of the vaccine changed and approved by GAVI to be PCV10 2 dose/vial liquid instead of PCV 7 PFS.

1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

The target was to achieve 88% and the reached coverage was 86%.
Main achievements:

- The four rounds of outreach activities were conducted as planned and around 28% of the total coverage was achieved through outreach sessions.
- All district supervisors (around 270) in 18 governorates were trained on Mid Level Management
- Most of the vaccinators in 4 governorates were trained on EPI.
- Regular supervisory visits were maintained at all levels. The central level paid visits to around 37% (1028) of the total HFs.

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

- The security conflict in one governorate and some districts in other 3 governorates resulted in decrease of coverage in the affected areas.

1.3 *Data assessments*

1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)[1].

- The last WHO/UNICEF best estimate done in 2009 showed discrepancy with the administrative coverage. MOPH&P expressed its un-satisfaction of WHO/UNICEF best estimate which relied on the MICS survey which was conducted in Sep 2006 for children 12-23 months (born between Sep 2005 and Sep 2004), while the outreach, which contributed to around 28% to the total coverage, started, for the first time in Yemen, in 2005. Therefore, comparison should be made between MICS and the annualized administrative coverage in Sep 2005 which was 66%.
  Moreover, data quality improvement activities started in 2005 which resulted in passing the DQA with high score in 2006.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [**NO**]. If YES:

Please describe the assessment(s) and when they took place.

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- All kind of training involved a topic on the data system.
- Regular monitoring of completeness and timeliness at all levels.
- Feedback, including the coverage by antigens, completeness and timeliness and discrepancies of data, to the lower level was made regularly on quarterly basis.
- Biannual review meetings at the central level for the governorate staff were held.

1.3.4 Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- Sustaining the already established activities.
- DQS will be conducted in the 3rd quarter of 2010 to further improve the data system.
- Expansion of computerizing the coverage data at the governorate level.
- Completing the training of vaccinators.

[1] *Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series*

1.4 *Overall Expenditures and Financing for Immunisation`*

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$.

Expenditures by Category	**Expenditure Year 2009***	**Budgeted Year 2010****	**Budgeted Year 2011*****
Traditional Vaccines[2]	1,219,483	1,131,171	1,516,069
New Vaccines	7,122,148	15,757,250	26,669,716
Injection supplies with AD syringes	429,695	1,120,451	633,706
Injection supply with syringes other than Ads	69,950	182,399	103,161
Cold Chain equipment	2,100	70,661	7,337
Operational costs	2,122,300	3,817,254	2,498,898
Salaries	5,946,600	6,200,000	6,422,022
Routine Capital Costs	375,500	220,816	700,740
Maintenance and overhead	2,971,544	4,270,156	3,121,976
Short-term training	172,028	276,020	204,000
IEC/social mobilization	16,481	651,408	76,500
Disease surveillance	787,020	320,183	765,000
Programme management	458,397	215,296	561,078
Other routine recurrent costs	112,500	0	0
Total EPI	21,805,746	34,233,065	43,280,203
Total Government Health	242,488,115	226,628,505	

Exchange rate used	200

*These figures have been taken from the new cMYP (2011-2015) since the 2009 is the base year and reflects the real expenditure.

**These figures have been taken from the updated cMYP Sep 09 (2006-2010) with amendment of the salaries to be in line with new calculation. It also amended to include the cost of Pneumococcal vaccine for half a year only instead of the whole since the vaccine expected to be introduced in July 2010.

***These figures have been taken from the new cMYP which include the scenario of introducing the Rota vaccine in 2011.The only difference between the 2 scenarios is the cost of the Rota vaccine which is ($$9,858,300).

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, 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.

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

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? Three times.
Please attach the minutes **(Document N°2)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

Are any Civil Society Organisations members of the ICC ?: **[Yes].** If yes, which ones?

List CSO member organisations:
The National Society for Women & Child Development (SOUL)

1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

- Sustain and increase the routine coverage to 90% and more by expansion of the fixed services and implementing four outreach activities every year.
- Sustain securing the governmental share of the pentavalent vaccine cost.
- Introducing the approved Pneumococcal vaccine and Rota vaccine.
- Conduction of the EVSM.
- Preparing for certifying the main store.
- Sustain the lab-based surveillance of bacterial meningitis, pneumococcal and rota virus diseases to assess the burden of these diseases.
- Attain the MNT elimination especially by completing the phases of MNT campaign in the high risk districts by two rounds targeting around 2 million CBAW.
- Sustain polio free status particularly implementing of two rounds of polio NIDs every year.

2. Immunisation Services Support (ISS)

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$ **257,000**
Remaining funds (carry over) from 2008: US$ **2,582,536**
Balance carried over to 2010: US$ **1,765,290**

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

- Outreach activities were partially funded.
- Improve the quality of the services through intensive supervision on health facilities.
- Increase the skills of the district EPI supervisors by conducting Mid Level Management courses.
- Procurement of 6 vehicles equipped with refrigerators.
- Partial support for the integrated campaign against Polio & Measles.

1.2 *Management of ISS Funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.

- The ISS funds are transferred to a special governmental account in the name of the ICC. The Ministry of Finance, represented by the General Director of Finance, approves all the disbursements and the DG of Finance is a major signatory on all the financial documents. MoF is also represented in the HSSCC (previously ICC).
- HSSCC approves all the budgeted activities proposed by the MoPHP.
- MoPHP authorises 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.

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N°3).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

The audit report is to be sent as soon as received by the selected firm.

1.4 *Request for ISS reward*

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[3]

[3] The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

3.1 *Receipt of new & under-used vaccines for 2009 vaccination programme*

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
Pneumococcal	**-**	**14 Jan. 2010**	-	**2.251.000**

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

If numbers [A] and [B] are different,

What are the main problems encountered? *(Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)*	• The DL dated 10 July 2009 approved the Pneumococcal vaccine has been replaced by a DL in 14 Jan 2010. Till now the country has not received any confirmed date about the arrival of the vaccine.
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 SD)	• According to the correspondences with UNICEF SD, the annual forecast determined the needed quantities and the delivery dates of shipments. Lastly H.E. the Minister addressed UNICEF regional director to accelerate the process.

3.2 *Introduction of a New Vaccine in 2009*

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	.....
Phased introduction [NO]	Date of introduction .....
Nationwide introduction [YES]	Date of introduction .....
The time and scale of introduction was as planned in the proposal? If not, why?	

3.2.2 Use of new vaccines introduction grant (or lump sum)

Funds of Vaccines Introduction Grant received: US$ 257,000 Receipt date: 22 March 2009

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.

All of the new vaccine related activities were done in relation to printing new registry forms, updated training manual, new vaccination cards, guidelines, etc. Other activities have been delayed until EPI gets confirmation on the shipments of the vaccine from UNICEF. In order to start these activities, especially training and social mobilization, the introduction date must be identified according to the availability of the vaccines. As stated in the last APR for 2008, the cold chain required has been installed at all levels.

Please describe any problems encountered in the implementation of the planned activities:

- The main problem is the uncertain arrival date of vaccine.

Is there a balance of the introduction grant that will be carried forward? [YES]
If YES, how much? US$ 257,000

Please describe the activities that will be undertaken with the balance of funds:

1- Training for HWs.
2- Social mobilization, IEC and advocacy.
3- Program management: Central workshop for policy makers, partners and governorate staff.
4- Waste management: An ongoing activity especially regarding the monitoring and supervision of the waste management.

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 *Report on country co-financing in 2009 (if applicable)*

Table 5: Four questions on country co-financing in 2009

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 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (Pentavalent)	Dec. 09	28 Nov 08	31 Dec. 09
2nd Awarded Vaccine (Pneumococcal)			
3rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (Pentavalent)	$1,699,077	388,793
2nd Awarded Vaccine (Pneumococcal)	$352,500	96,300
3rd Awarded Vaccine (specify)		

Q. 3: Sources of funding for co-financing?
1. Government: **YES**
2. Donor (specify)
3. Other (specify)

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1. The previous good experience of co-financing the Pentavalent according to the Financial Sustainability Plan.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf

3.4 *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 2008/2009, please attach the report. (**Document N°**4)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? ***YES***

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

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

When is the next EVSM/VMA* planned? *[**2010**]*

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

3.5 *Change of vaccine presentation*

If you would prefer during 2011 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. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Please attach the minutes of the ICC meeting **(Document N°.....)** that has endorsed the requested change.

3.6 *Renewal of multi-year vaccines support for those countries whose current support is ending in 2010*

If 2010 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 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for **Pentavalent and Pneumococcal** *.....[vaccine type(s)]* vaccine for the years 2011-*.2015.* At the same time it commits itself to co-finance the procurement of **Pentavalent and Pneumococcal** vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of **Pentavalent and Pneumococcal** vaccine support is in line with the new cMYP for the years 2011-2015 which is attached to this APR **(Document N°5).**

The country ICC has endorsed this request for extended support of .....*[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N°.....)**

3.7 *Request for continued support for vaccines for 2011 vaccination programme*

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm**]**

If you don't confirm, please explain:

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 *Receipt of injection safety support in 2009 (for relevant countries)*

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

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

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

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD syringes for BCG AD syringes for reconstitution 2 ml	Government
Measles	AD syringes AD syringes for reconstitution 5 ml	Government
TT	AD syringes	Government
DTP-containing vaccine	AD syringes AD syringes for reconstitution 2 ml	GAVI - Government

Please report how sharps waste is being disposed of:

Through :

- Incinerators in some districts.
- Burning and burying.

Does the country have an injection safety policy/plan? YES
If YES: Have you encountered any problem during the implementation of the transitional plan for

safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

There is no major problem.

4.3 *Statement on use of GAVI Alliance injection safety support in 2009 (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:

Fund from GAVI received in 2009 (US$): .....
Amount spent in 2009 (US$):.....
Balance carried over to 2010 (US$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US$
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
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** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[4] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 *Information relating to this report*

5.1.1 Government fiscal year (cycle) runs from January to December.
5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
5.1.3 Duration of current National Health Plan is from January 2006 to December 2010.
5.1.4 Duration of the current immunisation cMYP is from January 2006 to December 2010.

[4] All available at http://www.gavialliance.org/performance/evaluation/index.php

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for 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 programmatic clarifications:			
Dr. Ali A. Al-Mudhwahi	MOPH&P	Revising & Editing	alimudhwahi@yahoo.com +967733216255
Focal point for any accounting of financial management clarifications:			
Jalal Al-Qadi	MOPH&P	Financial revision	Jalal_al_qadi@yahoo.com +967733872376
Other partners and contacts who took part in putting this report together:			

5.1.6 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 (especially financial information and indicators values) 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 annual report of PHC for the year 2009 prepared by the concerned PHC programs directors, the General Director of Planning and the General Director of Health Policy Unit, the targeted governorates. The annual report was discussed with the HSSCC members including WHO & UNICEF representatives.
- The financial report for the 2009 activities.
- The M&E unit report for the year 2009.

5.1.7 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?

The annual report template for the PHC sector for 2009 has been modified to cover the integrated activities in line with the HSS report. Accordingly, all activities are reported in an integrated form for all PHC programs and not merely for those targeted under HSS support.

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? **Three times.**
Please attach the minutes **(Document N°2)** from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report
Latest Health Sector Review report is also attached **(Document N°6).**

5.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)	376,000	2,198,000	2,188,000	1,573,000					
Revised annual budgets (if revised by previous Annual Progress Reviews)	376,000	2,198,000	2,188,000	1,573,000					
Total funds received from GAVI during the calendar year	376,000	2,198,000	2,188,000	786,500					
Total expenditure during the calendar year	91,664	917,687	2,270,540.11						
Balance carried forward to next calendar year			1,739,083.36						
Amount of funding requested for future calendar year(s)					786,500				

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

5.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, 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. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 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 research Conduct a training needs assessment study for managers	60%	The study for the training needs assessment was fully Implemented in the 64 targeted districts including the preparation for introducing the Family File to selected health facilities as pilot project.
Activity 1.2:	Design a national integrated outreach model	70%	As the final document was approved, high level supervisory visits were conducted in order to promote for the model and expand it to other districts in coordination with development partners.
Activity 1.3:	Design national service strengthening program at the district level	Delayed	A WHO consultant was selected to finalize the design but the work was not done. Accordingly, the ministry worked with other consultant in 2010 and the first draft of the document was submitted. Moreover, several meetings were held in 2009 based on the Health Sector Review with Health Policy Unit in order to finalize the design in 2010
Activity 1.4:	Train PHC staff and staff of six selected vertical programs	100%	In addition to Reproductive Health The training continued in 2009 in all targeted 64 districts.
Activity 1.5:	Implement outreach program	100%	Four rounds of integrated outreach activities were held in all 64 targeted districts

Major Activities	Planned Activity for 2009	%	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
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	This activity is based on the results of a requested consultancy of activity 1.3. As no report has been submitted by the WHO-EMRO consultant, this activity was delayed
Activity 2.2:	Design and implement national policy to support integration	Delayed	This activity is based on the results of a requested consultancy of activity 1.3. As no report has been submitted by the WHO-EMRO consultant, this activity was delayed
Activity 2.3:	Carry out costing study to determine actual costs and savings of integration	Planned for 2010	TORs for an international consultant were prepared and consultancy is expected to be done by the 3rd quarter of 2010.
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	70%	The management training manual was developed and tested through several trainings took place in some of the targeted governorates and districts. Accordingly, the framework final design will be endorsed in 2010
Activity 3.2:	Design the tools of integrated , unified, & simplified management system	Under process	Based on activity 3.1, the tool will be in place by 2010
Activity 3.3:	Incorporate into the model and support district micro-planning and implementation based on problem solving approaches using community health management tools.	100%	The community health volunteer initiative was discussed with the development partners and the guidelines and training manuals were developed and tested in selected districts. A unified tool is to be agreed upon with all stakeholders in 2010
Activity 3.4:	Incorporate above tools into the outreach systems of the targeted districts.	Under	Based on activity 3.3, the CHV will be part of the

Major Activities	Planned Activity for 2009	%	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
		process	integrated outreach activities in 2010
Activity 3.5:	Strengthen and make operational the integrated management unit (IMU) of the PHC sector.	60%	The integrated unit was strengthened with staff, equipment, vehicles, etc.
Activity 3.6:	Carry out rapid operational research to identify both what is working and what isn't in the integrated outreach programs	60%	An assessment is to be done with the world bank in 2010
Activity 3.7:	Support existing national training bodies such as the HMTC and universities, and strengthen management curricula, and incorporate into them the key concepts and tools needed for the integrated outreach approach, and carry out management training of vertical managers at all levels of the system	50%	Several trainings took place in coordination with the planning sector, health policy unit and the selected governorates and districts. A unified training manual is to be developed based on the results of the activity 1.1
Activity 3.8:	The HSSCC strengthened to provide improved oversight and integration of health system strengthening efforts	60%	As mentioned in the APR of 2009, this activity was modified to include health managers from targeted governorates
Objective 4:	**To develop the results-based model of district health service provision**	%	
Activity 4.1:	Pre and post intervention surveys. Following implementation of the model	Planned for 2010	According to the implementation of the model, the survey will be done to measure the performance in comparison with the results of the base line survey
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.	50%	Meetings were held in some districts in preparation for a national conference on health systems
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.	Under process	Field visits and meetings were held with the representatives from Ministry of Finance and Ministry of Local Authority together with the local councils in some of the targeted governorates and districts. Moreover, a field supervisory visits by them were organized to promote for the integrated activities

5.4 *Support functions*

*This 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?*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

After submitting the activities' requests, a technical revision is done. If approved, the requests are transferred to the financial officer of the HSS and the financial department to be cleared. The checks and all relevant financial papers are signed by the financial department represented by the DG of Finance who is appointed by the Ministry of Finance.

Liquidation took place after a clearance from financial department and all documents are to be revised by the assigned auditors.

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

The M&E unit was strengthened by qualified staff administratively and technically. Moreover, all the necessary equipment, software, vehicles were provided.

Training for the central and governorates supervisors is done and refreshment courses are maintained through the unit. Training includes information system and quality of data, technical supervision for fixed and outreach activities, communication, etc.

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Regarding the programmatic implementation, the vertical programs' directors' work together to fulfill the required technical inputs through a task force that meets regularly. Moreover, the available technical support to all PHC programs is utilized to serve the goals and objectives of the health sector.

The M&E unit is working with the relevant partners inside and outside the ministry. In addition to the available technical staff, expertise from the program and DPs are available and the cost of the supervisory activities is shared between the government and some donors (GAVI, WHO, UNICEF).

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the 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 application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	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 research Conduct a training needs assessment study for managers	0	182,564.50		The remaining fund for this activity is to be used for further research investigation, mainly Demographic Health Survey.
Activity 1.2:	Design a national integrated outreach model	0	57,670.00		The design to be endorsed and a national document to be issued in both Arabic & English. Other donors support will benefit from the design such as the Health & Population Project supported by the World Bank.
Activity 1.3:	Design national service strengthening program at the district level	0	55,000.00		The HSS and the revised experiences of the District Health System will help finalizing the design for a national model of integrated services.
Activity 1.4:	Train PHC staff and staff of six selected vertical programs	0	337,147.30		The training will continue in 2010to cover all HFs in the 64 targeted districts.
Activity 1.5:	Implement outreach program	650,000	0		Four rounds of integrated outreach activities is planned to be held in all 64 targeted districts

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
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.	0	0		This activity is based on the results of a requested consultancy. As no report has been submitted by the WHO-EMRO consultant, this activity was delayed
Activity 2.2:	Design and implement national policy to support integration	0	0		This activity is based on the results of a requested consultancy. As no report has been submitted by the WHO-EMRO consultant, this activity was delayed
Activity 2.3:	Carry out costing study to determine actual costs and savings of integration	30,000	45,000		This amount of 45.000$ was proposed for the year 2009and yet to be utilized in 2010. According to the final report of the consultancy, the HSS team will determine the need for further study or the utilization of the remaining allocated resources for 2010 in a modified activity.
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	0	36,160.71		The framework final design will be endorsed in 2010.

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Activity 3.2:	Design the tools of integrated , unified, & simplified management system	0	62,000		Based on activity 3.1, the tool will be in place by 2010 and this amount is to be utilized to cover additional costs for activity 3.3.
Activity 3.3:	Incorporate into the model and support district micro-planning and implementation based on problem solving approaches using community health management tools	95,000	0		As the community health volunteer initiative was started and expanded in 2009, the allocated amount is not sufficient to cover the 64 districts (zones 2&3 of catchment areas). Moreover, a unified tool is ready to be agreed upon with all stakeholders in 2010 and more resources are required. Accordingly, allocated amount for activity 3.2 is to be used for the expansion.
Activity 3.4:	Incorporate above tools into the outreach systems of the targeted districts.	0	25,000		Based on activity 3.3, the CHV will be part of the integrated outreach activities in 2010
Activity 3.5:	Strengthen and make operational the integrated management unit (IMU) of the PHC sector.	0	96,536.18		To continue supporting staff, equipment and supervision.
Activity 3.6:	Carry out rapid operational research to identify both what is working and what isn't in the integrated outreach programs	45,000	85,000		In 2010, operational researches are to be done in all 64 districts. In addition, an assessment is to be done with the world bank.

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Activity 3.7:	Support existing national training bodies such as the HMTC and universities, and strengthen management curricula, and incorporate into them the key concepts and tools needed for the integrated outreach approach, and carry out management training of vertical managers at all levels of the system	115,000	116,057.90		Several trainings took place in coordination with the planning sector, health policy unit and the selected governorates and districts. A unified training manual is to be developed based on the results of the activity 1.1
Activity 3.8:	The HSSCC strengthened to provide improved oversight and integration of health system strengthening efforts	50,000	68,363.38		As mentioned in the APR of 2009, this activity was modified to include health managers from targeted governorates
Objective 4:	**To develop the results-based model of district health service provision**	0	0		
Activity 4.1:	Pre and post intervention surveys. Following implementation of the model	60,000	30,000		According to the implementation of the model, the survey will be done in 2010 & 2011 to measure the performance in comparison with the results of the base line survey.

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
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.	70,000	100,000		A national conference/workshop on health systems to be conducted.
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.	110,000	150,000		Field visits and meetings to continue with the representatives from Ministry of Finance and Ministry of Local Authority together with the local councils in some of the targeted governorates and districts. Moreover, a comprehensive model to be in place for fixed and outreach activities.
TOTAL		1,225,000*			

*This figure matches the original proposal taking into consideration that the support coasts not included.

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

According to the Proposal, the activities were planned for the period 2008-2010. However, the allocated amount for the year 2010 is divided in 2 equal instalments for 2010 and 2011.

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

The activities in 2011 will depend on the performance in 2010. Accordingly, the training, outreach, supervision and studies will be conducted in 2011 and to be elaborated in the 2010 APR and after approval of the HSSCC.

5.5 *Programme implementation for 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*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.*

In order to improve the performance, efficiency and reach of health services through utilizing results-based motivational systems, an integrated approach was approved for the needed acceleration to achieve the MDGs 4, 5 &6. Through a district based interventions, the proposed activities are expected to play a major role in reducing child and maternal mortality, and to halt and reverse the spread of Malaria, Bilharzias and TB.

The previous context where health care services are largely fixed site, and which is characterized by a fragmented and vertical training, supervision and service provision system was replaced by a main strategy of establishing a routine outreach system and functional integration of vertical programs. The approach incorporated Seven vertical health programmes (EPI, RH, IMCI, Nutrition, Malaria, TB and Bilharzias).

The HSS support during the past two years, succeeded in implementing the integrated outreach system in 64 districts out of 333 districts all over the country, and supported by policy measures and by a strengthened management and health information system at all levels of the Ministry.

Improved coverage and impact of immunization and other essential health services have been accomplished according to the available data (annex 9). By 2010, the model was adjusted through experience, presented to all major HSS stakeholders, and used as the road map for the national health service provision strategy to be implemented. UNICEF, DUTCH, World Bank and Global Fund are supporting the expansion of the HSS model in new districts and complementing the existing fund in the selected ones. The new health strategy together with the recently discussed five year development plan (2011-2015), support the HSS concept of integrated serviced with shared national programming.

During the year 2009, the design and approval of the course content for the integrated training for health staff was finalized together with the community based training.

The curriculum of the integrated training for the health workers has been modified and printed according to the course reports, operational research & the field feedback from the governorates.

The main results of the HSS activities were:

- More clear vision of integration at both central and peripheral levels
- Quality integrated outreach services implemented
- Increased coverage with vaccines for children and women
- Skills gained by health workers
- Capacity building for Governorate and the District Health Offices
- More accurate and integrated information system
- Approve a unified form of supervision between PHC vertical programs
- Provide needed medical supplies and equipment for the health facilities and outreach teams
- Capacity building of the Health Facilities to meet the training needs
- Finalizing the design of the national integrated outreach model for service delivery
- Approving the framework for functional integration of vertical programs
- Start the integrated community based training
- Advocacy among governmental institutions towards financial sustainability
- Starting an integrated program with the support of the WB in 6 governorates for the period 2011-2015
- Monitoring and evaluation of all activities

5.5.2 Are any Civil Society Organisations 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.

5.6 *Management of HSS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

Part B: briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process. **Same as ISS funds as described earlier**

5.7 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N°7).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document N°7)**.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

5.8 *General overview of targets achieved*

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**
National PENTA3 coverage (%)	657,261	767,338	EPI statistic office+WHO/UNICEF Joint Reporting Form 2008	85% 2006	EPI statistic office + WHO/UNICEF Joint Reporting Form	88%
Number / % of districts achieving ≥80% Penta3 coverage	227	333	EPI statistic office+WHO/UNICEF Joint Reporting Form 2008	58%	EPI statistic office+WHO/UNICEF Joint Reporting Form	68%
Under five mortality rate (per 1000)	This to be determined in the 2010 DHS	4608265	Yemen Family Health Survey, GOY and League of Arab States, 2005	102	Yemen Family Health Survey, GOY and League of Arab States, 2005	This to be determined in the 2010 DHS
Proportion of districts reaching at least 70% of their target population with the integrated intervention package.	62 Districts	64 Districts	MoPHP, GHO annual statistics	0	HSS M&E unit	97%
# of service provision contacts per district per year			MoPHP HIS	District specific	MoPHP, GHO annual statistics	**See annex (9)**
TT2+ coverage 15-45 CBAW	182,860	1,453,125	EPI, Yemen	20%	EPI statistic office + WHO/UNICEF Joint Reporting Form	10% coverage was achieved in 2009 comparing to 12% in the targeted districts

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:**
Provide justification for any changes in **the denominator:**
Provide justification for any changes in **data source:**

Table 16: Trend of values achieved

Name of Indicator *(insert indicators as listed in above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for non achievement of targets**
National PENTA3 coverage (%)	87%	87%	86%	Due to the security constrains in Sa'da governorate and one district in Amran governorate, routine EPI services were suspended which resulted in decreased coverage
Number / % of districts achieving ≥80% Penta3 coverage	62%	66%	68%	
Under five mortality rate (per 1000)	102	102	102	Based on 2003 Family Health Survey results. Demographic Health Survey is expected to be done in 2010 to determine the U5MR between 2003 and 2010
Proportion of districts reaching at least 70% of their target population with the integrated intervention package.	0	12	62	5 more districts were added under the Dutch support in addition to the 64 districts supported by GAVI
# of service provision contacts per district per year				
TT2+ coverage	17%	20%	20%	This is based on national figures. However, data shows 100% improvement in TT coverage in the 64 districts due to the integrated services

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.9 *Other sources of funding in pooled mechanism for HSS*

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US$	Duration of support	Contributing to which objective of GAVI HSS proposal
World Bank	28,000,000	2011-2015	The integrated package of services through outreach will be implemented in 71 districts in 6 governorates
Netherland			This support is allocated for Dhamar governorate using the same GAVI supported package of integrated outreach services
UNICEF			All training of health workers in the 5 supported governorates are using the same GAVI supported HSS model. Moreover, UNICEF supported 3 rounds of integrated outreach in some districts in the 5 governorates
Japanese International Cooperation JICA	1.000.000	2009-2014	According to the HSS integrated community services, JICA is applying an integrated package through trained Community Health Volunteers CHVs

Maybe it would be interesting to remind the reader that there is a policy, a national health plan and a coordination mechanism that forces the different health sector partners to engage around a consensual way of supporting the health sector.
The report gives an interesting overview of what is feasible with Gavi HSS money. The element that could be improved is the "factual" documentation of statements. Provide just a few examples with figures going beyond the indicators reported above would be perfect in our opinion.

6. Strengthened Involvement of Civil Society Organisations (CSOs)

6.1 *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[5]

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:

6.1.1 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 describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°**.....).

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

6.1.2 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.

6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2 *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[6]

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:

6.2.1 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.

[6] 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 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).

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 change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

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.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, 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.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US$.....

Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.

[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 4).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

6.2.5 Monitoring and Evaluation

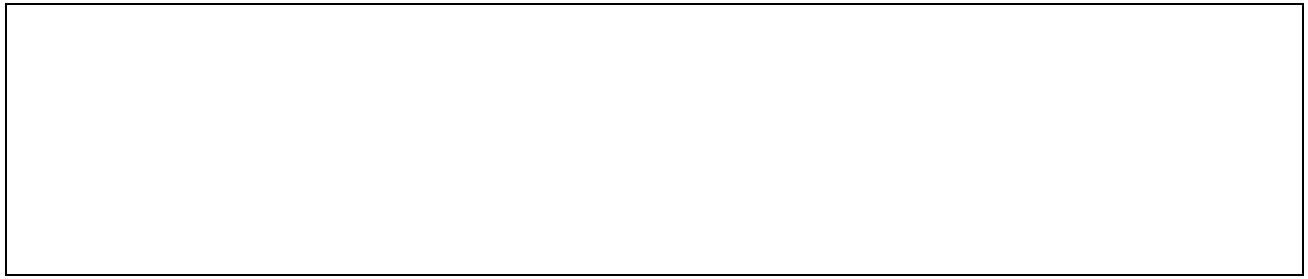
Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

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

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	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.



7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

8. Comments

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

The appreciation to GAVI for enhancing the role of other development partners who adopt the integrated model in providing the PHC services (mainly World Bank, UNICEF, JICA and WHO). Such existing and potential funding would empower Yemen to expand the model of integrated services and needs to continue in the targeted districts to allow reasonable phasing out with government contribution for gradual replacement of GAVI's fund.

~ End ~