GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Yemen

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **21/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranch of HSFP Grant N/A	N/A
VIG	Yes	Not applicable	N/A
COS	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

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

By signing this page, the Government of Yemen hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Yemen

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Magid AL GUNAID	**Name**	Mr. Abdulkarim Al-Wali (DG of Finance)
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

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:

2.3. HSCC signatures page

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/Organization	Signature	Date

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:

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

Yemen is not reporting on CSO (Type A & B) fund utilisation in 2014

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	929,806	929,806	959,043	959,043	989,200	989,200
Total infants' deaths	62,947	62,947	64,716	64,716	66,464	66,464
Total surviving infants	866859	866,859	894,327	894,327	922,736	922,736
Total pregnant women	929,806	929,806	959,043	959,043	989,200	989,200
Number of infants vaccinated (to be vaccinated) with BCG	743,845	656,392	815,187	767,235	890,280	811,145
BCG coverage	80 %	71 %	85 %	80 %	90 %	82 %
Number of infants vaccinated (to be vaccinated) with OPV3	806,178	764,359	840,668	795,952	876,600	830,463
OPV3 coverage	93 %	88 %	94 %	89 %	95 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	832,184	818,057	867,498	822,782	904,282	858,145
Number of infants vaccinated (to be vaccinated) with DTP3	806,178	764,614	840,668	795,952	876,600	830,463
DTP3 coverage	93 %	88 %	94 %	89 %	95 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	0	4	0	5	0	5
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.00	1.04	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	832,184	818,057	867,498	822,782	904,282	858,145
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	832,184	764,614	867,498	795,952	876,600	830,463
DTP-HepB-Hib coverage	96 %	88 %	97 %	89 %	95 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	4	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.04	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	832,184	817,728	867,498	822,782	904,282	858,145
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	832,184	764,514	867,498	795,952	876,600	830,463

Pneumococcal (PCV13) coverage	96 %	88 %	97 %	89 %	95 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	3	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.03	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	832,184	681,553	867,498	822,782	904,282	858,145
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	832,184	613,842	867,498	795,952	876,600	830,463
Rotavirus coverage	96 %	71 %	97 %	89 %	95 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	3	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.03	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	780,173	673,503	849,611	715,462	885,827	765,872
Measles coverage	90 %	78 %	95 %	80 %	96 %	83 %
Pregnant women vaccinated with TT+	604,374	167,394	623,378	191,809	642,980	197,840
TT+ coverage	65 %	18 %	65 %	20 %	65 %	20 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	780,173	520,384	849,611	715,462	885,827	765,872
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	3 %	7 %	3 %	3 %	3 %	3 %

** Number of infants vaccinated out of total 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

in the JRF, there is a mistake in the live births of 2013 and will be corrected to match what has been mentioned in this APR.

- Justification for any changes in **surviving infants**

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

- The targets by vaccine has been reviewed by MOH and partners while developing the HSS proposal in September 2013 and new realistic targets set. However, the achievement of 88% in 2013 impose higher coverage to be achieved in 2014 and 2015 than what has been set in the HSS as well.

- According to the achievement of TT2+ coverage in the previous consecutive years, the TT2+ target has been reviewed and set at 20% in 2014 and 2015.
- BCG target also reviewed based on the achievement of the previous years and new targets have been set to be more realistic.

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

No changes

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

- EPI achieved 88% of coverage in 2013 while it was only 82% in 2012. The set target for 2013 was 93% but due to political instability and tense security situation the target has not been achieved. In addition, the targets were reviewed by MOH and partners wile developing the HSS proposal in September 2013.
- MLM training for (402) governorats and districts supervisors was carried out. .
- (195) Supervisory visits was conducted during 2013.
- Cold chain capacity was expanded by (3) cold rooms and (241) refrigerators in 2013.
- 2 National and 2 SNIDs were implemented in 2013.
- Due to the hectic schedule of the EPI in responding to polio outbreak in HOA and Middle East , DQS , which was planned in 2013, was carried out in January 2014.
- EPI conducted 4 times of outreach activities in which every round included around 6000 immunization sessions. the outreach activities contributed around 29% to the total coverage. the percentage of districts achieved more than 80% reached to 75% comparing with 59% in 2012.
- Comprehensive EPI review, PIE for rota and EVM were conducted in July 2013.
- Measles /Rubella and meningitis surveillance was conducted in May 2013.
- Sustain and support the work of the 9 sentinel sites of the meningitis, pneumococcal and rota diseases.
- Proposal for MR campaign support has been submitted and approved and the implementation will be in September 2014.

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

The prevailing political unrest and the security situation in many places like Sa'ada and Al Jowf governorates hindered achieving the set target. Approaching the local communities and local leaders was the main strategy to secure the access to the compromised security areas.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

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

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

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

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

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

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

5.4. Data assessments

5.4.1. 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)

There is only one source of data which is the administrative data.

DHS survey field work completed in 2013 and the final result expected in the 2nd half of 2014

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

If Yes, please describe the assessment(s) and when they took place.

Data Quality Self Assessment (DQS) was carried out by using the WHO tool and guidelines. The samples of the districts and health facilities were randomly selected. 21 central supervisors were trained and deployed to (273)sites including 21 governorates, 63 districts and 189 HFs. The assessment was planned in the last quarter of 2013 but due to the hectic schedule of EPI in responding to the polio outbreak in the HoA and middle east, the DQS was delayed to Jan 2014 to assess 2013 administrative data.<?xml:namespace prefix =

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The national verification factor was 106% since there were 7governorates with under reporting.

The main quality indexes at the governorate level were as thefollowing :

<!--[if !supportLists]-->- <!--[endif]-->Registration 87%

<!--[if !supportLists]-->- <!--[endif]-->Reporting 74%

<!--[if !supportLists]-->- <!--[endif]-->Archiving 87%

<!--[if !supportLists]-->- <!--[endif]-->Availability of demographic information 97%

<!--[if !supportLists]-->- <!--[endif]-->Main indicators and analysis 76%

<!--[if !supportLists]-->- <!--[endif]-->Using data for Action 66%

<!--[if !supportLists]-->- <!--[endif]-->Vaccine management 93%

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

- Data quality was main topic in all training courses for EPI staff.

- Regular feedback to the lower level has been done including verification of the coverage data. Feedback was done throughofficial letters and through regular review meetings.
<!--[endif]-->

- Biannual review meetings at the central level for the governorates staff were held.
- Annual review meeting was done at the governorate level for all district supervisors.
<!--[endif]-->

- Maintaining the level of vaccinators up to standard through refreshing trainings (all vaccinators received refreshing training every year). The training included all topics of EPI including quality of Data.
<!--[endif]-->

- The DQS checklist was used as the supervisory check list in all the supervisory visits.

- Maintaining monthly supervisory visits at the local level (governorates, districts and central level).

- Regular monitoring of completeness and timeliness of reporting at all levels.<?xml:namespace prefix = o />

- Implementing DQS covered (21) gov. , (63) dist., and (189) HF In Jan 2014. DQS was also implemented in 2011, 2012. Every time actions have been taken to improve the weak areas through the the training and supervision.

5.4.4. 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 last quarter of 2014 to further improve the data system.

- Standardizing the data base used at the governorate level
- Inclusion of data quality topic in all training.
- Sustain the regular supervisory visits at all levels.

- Sustain the use of DQS checklist in the supervisroy visits.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 215	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	HPP (WB)	0	0
Traditional Vaccines*	2,185,792	2,185,792	0	0	0	0	0	0
New and underused Vaccines**	27,915,503	2,623,633	25,291,870	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	309,408	0	186,693	122,715	0	0	0	0
Cold Chain equipment	507,746	0	0	401,246	106,500	0	0	0
Personnel	186,253	186,253	0	0	0	0	0	0
Other routine recurrent costs	4,633,668	971,012	376,056	940,754	1,062,245	1,283,601	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	11,850,563	1,425,037	0	5,811,989	3,082,367	1,531,170	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	47,588,933							
Total Government Health		7,391,727	25,854,619	7,276,704	4,251,112	2,814,771	0	0

* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

All traditional vaccine covered by goevrnmental fund..

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

- Fund disbursement to sub-national entities: Done throughCAC Bank to GHOs, GHOs opened bank accounts.No bank branches in all districts,so districts get funds by cheques from the GHO.

- Cash payments more 2000$: Applied

- Internal control procedures: Financial manual preparedand approved

- Accounting and financial reporting: Report submitted tothe HSSCC in each meeting conducted

- Internal audit: Department of internal audit in the MoH is in charge of internal auditing regarding GAVI support as well as others

- External audit:: Will be done with this round of auditing and the internal ministry regulation regarding this issue are applied.

- Procurement: Applied

- Banking arrangements: Done

If none has been implemented, briefly state below why those requirements and conditions were not met.

Transfer of cash to districts through bank accounts showed up to be not practical, because branches of banks are mostly available at main towns, this arrangement needs to adjusted.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

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

If Yes, which ones?

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

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

- Enhancement of routine immunizations in the conflict-affected areas to rapidly increase coverage via close supervision and follow up, refreshing training for the vaccinators, rehabilitate the cold chain, implementation of social mobilization campaign and implementation of more frequent quality outreach activities.
<!--[endif]--><?xml:namespace prefix = o />

- Sustain and increase the routine coverage to 89% and more by expansion of the fixed sites which provide immunization services from 87%to at least 90%, and implementation of at least four phases of the outreach activities every year.

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

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

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

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

- Introduce IPV and MR vaccines in 2014.

- Sustain the lab-based surveillance of bacterial meningitis, Pneumococcal and rota virus diseases to assess the burden of these diseases.

- Sustain polio free status particularly implementing of two rounds of polio NIDs every year.

- Implement national MR campaign in 2014 and enhancement of the measles/rubella case-based

surveillance.

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

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD syringes, AD syringes for reconstitution 2 ml	Government, UNICEF
Measles	AD syringes, AD syringes for reconstitution 5 ml	Government
TT	AD syringes	Government
DTP-containing vaccine	AD syringes	GAVI - Government

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

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

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

No obstacles.<?xml:namespace prefix = o />

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Through:<?xml:namespace prefix = o />

- Incinerators insome districts.

There are bigincinerators in most of the hospitals while there are locallybuild incinerators in most of the health centers in rural areas.

-Burning and burying.

Inthe HFs where there is no incinerator, burning and burying are the mostsuitable mean to dispose the sharps waste.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	1,159,721	249,340,015
Total funds available in 2013 *(C=A+B)*	1,159,721	249,340,015
Total Expenditures in 2013 *(D)*	159,850	34,367,750
Balance carried over to 2014 *(E=C-D)*	999,871	214,972,265

6.1.1. 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.

6.1.2. 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

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

Supervisory visits from central & governorate level to lowerlevels

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

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Yemen is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	2,237,750	2,267,700	0	No
Pneumococcal (PCV13)	2,649,600	2,620,800	0	No
Rotavirus	1,906,500	1,868,750	0	No

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  Prices of vaccines in the global market affecting the vaccine quantities.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  - Action plan has been developed according to the recommendations of theeffective vaccine management assessment.<?xml:namespace prefix = o />
  - Electronic monitoring of vaccines temperature is being establishedthrough securing and distributing the electronic devices to all levels.
  - VARs are prepared within 24 and shared with UNICEF.
  - Yemen is using now single dose vial for Penta, Rota and Pnumo vaccineswhich resulted in decreasing wastage rates.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	0

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	0

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	0

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

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

The PIE was conducted in July 2013.

As a part of the EPI review, PIEfor Rotavirus vaccine introduction was undertaken in July 2013. The Rotavirus vaccine was introducednationwide smoothly in August 2012.There was high level launch at national level with strong coverage by media.At Governorate level mostly the governors launched the vaccine. A realisticplan for introduction of rotavirus vaccine was prepared and implemented. Guidelines for introduction of rotavirus vaccine wereprepared and distributed to all health facilities.Training to health workers wasprovided through cascade approach. AEFI for intuscusption wasparticularly focused during training. Mostly one person was trained from eachhealth facility. However many of the heath workers termed one day training asinsufficient. Immunization registers,records and database were updated.

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

Age restriction for administration of the rotavirus vaccine is still in effect. National EPI is stronglyurged to work with NITAG on this issue to develop country policy for the agefor receipt of rotavirus vaccine, in light of SAGE recommendations. The opprtunityof providing training to health workers shouldbe maximally used to cover all areas of EPI and where required and possible the days of training should be increasedto be appropriate for the training subject.

Freeze Watch started to be used during the transportation of the vaccines. The later training of vaccinators

included all the topics related to all aspects of EPI.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

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

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	9,890	2,126,350
Total funds available in 2013 (C=A+B)	9,890	2,126,350
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	9,890	2,126,350

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine,

using the GAVI New Vaccine Introduction Grant

0

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

0

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

0

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,780,703	663,000
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	433,186	183,600
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	409,745	105,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	All	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	December	Government
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	December	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	December	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

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/about/governance/programme-policies/co-financing/

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **July 2013**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

There would be focusing on increasing the capacity of the district EPI officers on EVM. The temperature of the vaccine will be monitored through continuous registration instruments.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Yemen does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Yemen does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Yemen is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	866,859	894,327	922,736	2,683,922
	Number of children to be vaccinated with the first dose	Table 4	#	832,184	867,498	858,145	2,557,827
	Number of children to be vaccinated with the third dose	Table 4	#	832,184	867,498	830,463	2,530,145
	Immunisation coverage with	Table 4	%	96.00 %	97.00 %	90.00 %	

	the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,353,950			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,353,950			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Co-financing table	$		0.60	0.60	
ca	AD syringe price per unit	Table 7.10.1	$		0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	$		0	0	
cs	Safety box price per unit	Table 7.10.1	$		0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

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

Not defined

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

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.58
Your co-financing	0.62	0.60	0.60

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

		2014	2015
Number of vaccine doses	#	1,980,000	1,299,100
Number of AD syringes	#	2,075,800	1,329,100

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	22,850	14,625
Total value to be co-financed by GAVI	$	4,149,000	2,754,000

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

		2014	2015
Number of vaccine doses	#	794,400	512,900
Number of AD syringes	#	832,900	524,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	9,175	5,775
Total value to be co-financed by the Country <i>[1]</i>	$	1,665,000	1,087,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	28.63 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	832,184	867,498	248,397	619,101
B1	Number of children to be vaccinated with the third dose	*Table 4*	832,184	867,498	248,397	619,101
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,496,552	2,602,494	745,190	1,857,304
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		2,732,619	782,449	1,950,170
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		41,715	11,945	29,770
H	Stock to be deducted	*H1 - F of previous year x 0.375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	1,353,950		
H3	Shipment plan	*UNICEF shipment report*		2,980,200		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2,774,350	794,398	1,979,952
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		2,908,630	832,848	2,075,782
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		31,995	9,162	22,833
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		5,340,624	1,529,217	3,811,407
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		130,889	37,479	93,410
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		160	46	114
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		341,800	97,870	243,930
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		5,813,473	1,664,610	4,148,863
U	Total country co-financing	*I x country co-financing per dose (cc)*		1,664,610		
V	Country co-financing % of GAVI supported proportion	*U / T*		28.63 %		

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

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	28.30 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	858,145	242,891	615,254
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	830,463	235,056	595,407
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,535,404	717,625	1,817,779
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	2,662,175	753,507	1,908,668
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	- 25,158	- 7,120	- 18,038
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*	825,093	233,536	591,557
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*	1,782,108	504,411	1,277,697
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*UNICEF shipment report*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,811,950	512,858	1,299,092
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,853,668	524,666	1,329,002
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	20,391	5,772	14,619
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	3,531,491	999,559	2,531,932
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	83,416	23,611	59,805
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	102	29	73
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	226,016	63,972	162,044
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,841,025	1,087,170	2,753,855
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,087,170		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	28.30 %		

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

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	866,859	894,327	922,736	2,683,922
	Number of children to be vaccinated with the first dose	Table 4	#	832,184	867,498	858,145	2,557,827
	Number of children to be vaccinated with the third dose	Table 4	#	832,184	867,498	830,463	2,530,145
	Immunisation coverage with the third dose	Table 4	%	96.00 %	97.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,498,350			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,498,350			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.30	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

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

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.30
Your co-financing	0.26	0.26	0.30

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

		2014	2015
Number of vaccine doses	#	1,173,400	1,725,100
Number of AD syringes	#	1,156,200	1,767,700
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	12,725	19,450
Total value to be co-financed by GAVI	$	4,270,000	6,242,000

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

		2014	2015
Number of vaccine doses	#	90,300	156,000
Number of AD syringes	#	89,000	159,900
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,000	1,775
Total value to be co-financed by the Country <i>[1]</i>	$	329,000	564,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	7.15 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	832,184	867,498	61,984	805,514
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	2,496,552	2,602,494	185,951	2,416,543
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		2,732,619	195,249	2,537,370
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		27,810	1,988	25,822
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,263,600	90,286	1,173,314
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		1,245,150	88,968	1,156,182
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		13,697	979	12,718
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		4,284,868	306,158	3,978,710
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		56,032	4,004	52,028
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		69	5	64
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		257,093	18,370	238,723
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		4,598,062	328,536	4,269,526
U	Total country co-financing	*I x country co-financing per dose (cc)*		328,536		
V	Country co-financing % of GAVI supported proportion	*U / T*		7.15 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	8.29 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	858,145	71,150	786,995
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	2,574,435	213,448	2,360,987
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	2,703,157	224,120	2,479,037
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 7,014	- 581	- 6,433
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	815,195	67,589	747,606
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,881,000	155,955	1,725,045
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,927,448	159,806	1,767,642
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	21,202	1,758	19,444
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	6,338,970	525,566	5,813,404
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	86,736	7,192	79,544
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	107	9	98
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	380,339	31,535	348,804
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	6,806,152	564,300	6,241,852
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	564,300		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	8.29 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	866,859	894,327	922,736	2,683,922
	Number of children to be vaccinated with the first dose	Table 4	#	832,184	867,498	858,145	2,557,827
	Number of children to be vaccinated with the second dose	Table 4	#	832,184	867,498	830,463	2,530,145
	Immunisation coverage with the second dose	Table 4	%	96.00 %	97.00 %	90.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	773,600			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	773,600			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.30	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.30
Your co-financing	0.26	0.26	0.30

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

		2014	2015
Number of vaccine doses	#	964,800	1,314,900
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	$	2,594,500	3,525,000

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

		2014	2015
Number of vaccine doses	#	103,300	165,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country <i>[1]</i>	$	278,000	444,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.67 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	832,184	867,498	83,877	783,621
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B x C*	1,664,368	1,734,996	167,754	1,567,242
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		1,821,746	176,142	1,645,604
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		18,540	1,793	16,747
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,068,000	103,264	964,736
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*		0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		2,735,148	264,458	2,470,690
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		136,758	13,223	123,535
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		2,871,906	277,680	2,594,226
U	Total country co-financing	*I x country co-financing per dose (cc)*		277,680		
V	Country co-financing % of GAVI supported proportion	*U / T*		9.67 %		

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	11.19 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	858,145	96,038	762,107
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	1,716,290	192,076	1,524,214
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,802,105	201,680	1,600,425
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 4,676	- 523	- 4,153
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	318,164	35,607	282,557
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,480,500	165,688	1,314,812
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	3,779,717	423,000	3,356,717
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	188,986	21,151	167,835
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,968,703	444,150	3,524,553
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	444,150		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.19 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for <u>and</u> received HSS funds before or during January to December 2013**. All countries are expected to report on:

    a. Progress achieved in 2013

    b. HSS implementation during January – April 2014 (interim reporting)

    c. Plans for 2015

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

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

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

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

    a. Minutes of all the HSCC meetings held in 2013

    b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

    c. Latest Health Sector Review Report

    d. Financial statement for the use of HSS funds in the 2013 calendar year

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

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

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

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

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

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

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **Not selected**

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

we are receiving a new tranche in the coming few days.

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

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

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

Not applicable

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

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

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

9.1.1. Report on the use of HSS funds in **2013**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

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

If yes, please indicate the amount of funding requested: **4200000** US$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	2198000	2188000	1573000			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	2198000	2188000	1573000			
Total funds received from GAVI during the calendar year (*A*)	2198000	2188000	786500	768500	1211024	

Remaining funds (carry over) from previous year (*B*)	284336	1564649	1482109	766765		
Total Funds available during the calendar year (*C*=*A*+*B*)	2482336	3752469	2268609	1553263	1211024	550889
Total expenditure during the calendar year (*D*)	917687	2270540	1761603	342240	660134	467317
Balance carried forward to next calendar year (*E*=*C*-*D*)	1564649	1739083	766765	1211024	550889	83572
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	2198000	2188000	1573000	0	0	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	4200000	3360000	3359958	3359354

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	439600000	468232000	336622000			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	439600000	468232000	336622000			
Total funds received from GAVI during the calendar year (*A*)	439600000	468232000	168311000	168311000		
Remaining funds (carry over) from previous year (*B*)	56867200	334834886	317171326	164087710	260370160	
Total Funds available during the calendar year (*C=A+B*)	496467200	803066886	485482326	332398282	260370160	118441071
Total expenditure during the calendar year (*D*)	183537400	485895560	376983042	73239360	141928810	100473155
Balance carried forward to next calendar year (*E=C-D*)	312929800	372163762	164087710	259158922	118441350	17967916
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	439600000	468232000	336622000	0	0	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	903000000	722400000	722390970	722261110

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	200.17	207.19	214	213	215	215
Closing on 31 December	200	200.17	207	214	215	215

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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 HSCC in this process.

HSS funds management has shown up to be effective, it has beenreferred to in the FMA done in 2010.

- The HSS funds are transferred to a special governmental account inthe name of the ICC. The Ministry of Finance, represented by the GeneralDirector of Finance, approves all the disbursements and the DG of Finance is amajor signatory on all the financial documents. MoF is also represented in theHSSCC (previously ICC).

- HSSCC approves all the budgeted activities proposed by the MoPHP.

- MoPHP authorizesthe spending according to the approved plan of action following the national applied financial procedures

- Tenders are announced, analyzed and finalized according to the national governmental financial system.

- Financial auditing is done by the MOF and an international firm.

- Documentation of financial procedures will be done in 2011 based on FMA recommendations.

- Disbursement modality of funds to GHOs is to Bank accounts

- Cash of 2000$ or more is disbursed by a cheque

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1.5 Implement outreach program	Support conducting the 4 integrated outreach rounds	100	integrated outreach rounds data
4.1 Pre and post intervention surveys, following implementation of the model	Post-intervention study of program outputs	100	Evaluation report

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
1.5 Implement outreach program	The 4 rounds were implemented. Medicines were secured, irrational prescribing of medicines is a challenge, which makes medicines go out of stock before finishing the outreach round. The first round in 2014 was done in May 2014 in all districts including GAVI supported districts, funds were secured from Government and UNICEF.
4.1 Pre and post intervention surveys, following i	Evaluation done in 2014, a copy of the final report sent to GAVI a couple of weeks ago. HSCC discussed the conclusions and

	recommendations to be integrated into the new HSS phase as lessons learnt for improving HSS. Because of the limited availability of highly qualified researchers in country the qualifications of consultant were adjusted to allow for a researcher with master degree in public health with extended experience in evaluating programs to be able to apply for the evaluation task. Security instability in some areas had influenced sampling to some extent

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

None

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

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

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
1. National policies in place which support the integrated outreach system	-	-	Full set of required policies approved and in place.	-	-	-	--		-	end of project evaluation report	((please note that the detailed achievement evaluation is described in the evaluation report)). Policies in place, but desirable to supplement with donor alignment policies
2. # of vertical programs that have achieved integration of their workplans, logistics, and supervision systems	-	-	6	--		-	-	-	-	end of project evaluation report	Work-plans: 3 (outreach) Logistics: 3 (outreach) Supervision: 3 (outreach) One time supervision: 7
3. Percentage of districts reaching the objectives of their micro-plans and initiating at least one innovative district fund activity (district fund is reward for achieving targets)	–	–	80%	–	–	–	–	–	–	end of project evaluation report	Meeting micro-plan objectives: Only EPI set and monitored objectives consistently. Innovative district fund: Not initiated. 2 other incentive systems set up.
4.Per capita cost per individual of the six integrated	–	–	40% decrease in cost per service overall	–	–	–	–	–	-	end of project evaluation report	WB study shows theoretical decline from$26

interventions (at sub-district level) (cost per service)											to $23 per contact. Other efficiency gains high.
5. Percentage of female health workers participating in integrated outreach programs	–	–	At least a 45% increase (to reach 36% participation)	–	–	–	–	-	–	end of project evaluation report	Field sample EOP shows: Implementation: > 33% Micro-planning: Preparation 31% Evaluation 26% Monitoring 29% M&E 2013: 31% RH role: 15/16 DEOs.
6.Percentage of districts in which Integrated management system is functioning well, as measured by a standard set of criteria	–	–	80%	–	–	–	–	–	–	end of project evaluation report	Criteria not set nor measured. Field survey shows micro planning and outreach systems working well.

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

More districts areplanned to implement integrated outreach through GAVI, WB, and UNICEF supportto become about 246 districts. The rest of districts in the country will apply innovativeapproaches and EPI outreach; sources of funding are mainly Yemen government,GAVI, and WHO in some rounds. Outreach rounds are in average 4 per year, donealmost at the same time across the country reaching the target population inthe remote areas; currently the first round is on-going. Practical efforts havestarted to integrate nutrition in integrated outreach activities. Last year, 4integrated and EPI outreach rounds were conducted, as a result to this, and thefixed EPI services, we achieved 88% Penta3 coverage.

CHVs training modulenumber 3 is developed in cooperation with JICA, the TOT manual for this moduleis expected to be developed before the end of this year. By finalizing thismodule all modules of CHVs training will be completed.

Conducting the final evaluation of HSS programme, is offering theopportunity to improve our experience based on evidence, which will beintegrated into the interventions of the new phase of HSS, and the similarinterventions supported by others.Multilevel supervision on outreach activitiesand health facilities are done (central, governorate, and district levels),here the central team of supervisors is supporting governorates and districtsto conduct outreach activities and facility based services at a reasonablelevel of performance. The governorate health offices are supporting andsupervising the performance through governorate health office team ofsupervisors to districts, the district health offices are sending supervisorsto health facilities within their districts.

- Health facilities are reporting to districthealth offices, from there to governorate health offices, and from there to thecentral level at the ministry of health.

- Supervision and reports' findings by centrallevel are fed-back to the governorate level

- Results of outreach activities are integratedinto the regular reporting process and disseminated, also presented anddiscussed in the annual joint planning session with GHOs.

- Data from other sources in the health systemare utilized in validating and following up implementation results of HSS

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

No significant ones

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded

HSS activities.

Multilevel supervision on outreach activitiesand health facilities are done (central, governorate, and district levels),here the central team of supervisors is supporting governorates and districtsto conduct outreach activities and facility based services at a reasonablelevel of performance. The governorate health offices are supporting andsupervising the performance through governorate health office team ofsupervisors to districts, the district health offices are sending supervisorsto health facilities within their districts.

- Health facilities are reporting to districthealth offices, from there to governorate health offices, and from there to thecentral level at the ministry of health.

- Supervision and reports' findings by centrallevel are fed-back to the governorate level

- Results of outreach activities are integratedinto the regular reporting process and disseminated, also presented anddiscussed in the annual joint planning session with GHOs.

- Data from other sources in the health systemare utilized in validating and following up implementation results of HSS

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

Planning for all HSS activities are part of theannual sector plan.

- Outputs of HSSinterventions are integrated into sector annual achievements and disseminatedto relevant authorities.

- All implemented initiatives are established as integral part of the healthsystem

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

Main stakeholders atministry of health are the PHC and Population sub-sectors who are involveddirectly in conducting training. PHC sub-sector is leading and guiding theprocess of planning for activities at central level, governorate health officesand district health offices are doing the detailed planning, conducting,supervising and reporting on activities, the ministry is also sendingsupervision teams.

- WHO is supportingtechnically, it has expanded its support to routine outreach services toovercome governmental budget shortage, it is also supporting training of CHVsin some districts.

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

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

- JICA is supporting implementation of Community Health Volunteerscomponent of the HSS in some governorates since 2009, its support is suspendedsince April 2010, the third and last module of training CHVs is finalized in ameeting outside Yemen attended by Yemeni and Japanese experts because of JICAsecurity regulations, TOT manual to be developed soon, we await fullcooperation to resume

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

No significant participation of CSOs yet

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

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

- Any changes to management processes in the coming year

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

- TheHSS funds are transferred to a special governmental account in the name of theICC. The Ministry of Finance, represented by the General Director of Finance,approves all the disbursements and the DG of Finance is a major signatory onall the financial documents. MoF is also represented in the HSSCC (previouslyICC).
- HSSCCapproves all the budgeted activities proposed by the MoPHP.
- MoPHPauthorizes the spending according to the approved plan of action following thenational applied financial procedures.
- Tendersare announced, analyzed and finalized according to the national governmentalfinancial system.
- Financialauditing is done by the MOF and an international firm.
- Documentationof financial procedures is done FM procedures.
- Disbursementmodality of funds to GHOs is to Bank accounts.
- Cash of 2000$ or more is disbursed by acheque.
- No changes to funds management is foreseen for the next phase of HSSsupport.

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Plan of activities and budget are included in the budget plan form (attached)	it is the same plan included in the proposal and approved by GAVI	4200000	0	None	tranche has been recently transferred to our account, implementation is starting, till now no changes are seen	0
		4200000	0			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)

till now, it is the same as included in the proposal plan	as included in the proposal and approved by GAVI	3360000	None till date	implementation is just starting, updates of implementation will guide us on revising and updating activities	0
		3360000			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Japanese International Cooperation JICA	1000000	2009-2014	According to the HSS integrated community services, JICA is applying an integrated package through trained Community Health Volunteers CHVs, support is semi-suspended.
UNICEF			Funding the implementation of integrated outreach in 105 districts in the country starting 2014. Training of health workers using the same GAVI supported HSS model. Moreover, UNICEF bi-annual plan is focusing on integration, supporting studying and evaluating integration os health facilities functions for improving performance of health service delivery, supporting national and sub-national immunization campaigns, vaccines supply.
WHO			supports technically and financially the planning and implementation of EPI activities, it is also supporting technically funding outreach services, logistics system, EPI preventable disease surveillance, national and sub-national immunization campaigns.
World Bank	35000000	2011-2017	The integrated package of services through outreach started Implementation of the first round of integrated outreach in 69 districts in 4 governorates.

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
M&E at MOPH&P	DQS is an integral part of the supervisory process - direct supervision on implementation of activities from all levels	
The Annual Report of PHC for the year 2011	- 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 to be discussed with the HSSCC members including WHO & UNICEF	

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

No significant difficulties

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?3

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

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

Yemen is not reporting on GAVI TYPE A CSO support for 2013

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

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

Yemen is not reporting on GAVI TYPE B CSO support for 2013

11. 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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO ‘Type B’ grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO ‘Type B’ grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government’s own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government’s originally approved CSO ‘Type B’ proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government’s own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the “variance”).

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country’s external audit for the 2013 financial year. Audits for CSO ‘Type B’ are due to the GAVI Secretariat 6 months following the close of each country’s financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✔	Government signature.jpg **File desc:** **Date/time :** 16/05/2014 08:34:31 **Size:** 582 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✔	Government signature.jpg **File desc:** **Date/time :** 16/05/2014 08:37:38 **Size:** 582 KB
3	Signatures of members of ICC	2.2	✔	HScc APR approval.jpg **File desc:** **Date/time :** 16/05/2014 08:41:56 **Size:** 1 MB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✔	14 May E.doc **File desc:** **Date/time :** 16/05/2014 08:49:39 **Size:** 88 KB
5	Signatures of members of HSCC	2.3	✔	Signatures of attnedantsHSCC 14 May 2014.docx **File desc:** **Date/time :** 16/05/2014 08:57:40 **Size:** 3 MB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✔	14 May E.doc **File desc:** **Date/time :** 16/05/2014 09:01:36 **Size:** 88 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✔	financial statement ISS 2013.docx **File desc:** **Date/time :** 16/05/2014 09:06:36 **Size:** 140 KB financial statement ISS 2013.docx **File desc:** financial statement ISS 2013 **Date/time :** 16/05/2014 08:45:53 **Size:** 140 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✔	Audit Report For HSS & ISS 2013 -.docx **File desc:** **Date/time :** 16/05/2014 11:09:51 **Size:** 11 KB

9	Post Introduction Evaluation Report	7.2.2	✔	YEM_EPI review & PIE for rota 6-21 Jul 13_Report.doc **File desc:** **Date/time :** 21/05/2014 09:47:05 **Size:** 908 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✔	financial statement New Vaccine 2013.docx **File desc:** **Date/time :** 16/05/2014 09:10:59 **Size:** 134 KB
				financial statement New Vaccine 2013.docx **File desc:** financial statement New Vaccine 2013 **Date/time :** 16/05/2014 09:05:44 **Size:** 134 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✔	Audit Report For New Vaccine 2013.docx **File desc:** **Date/time :** 16/05/2014 09:23:14 **Size:** 10 KB
12	Latest EVSM/VMA/EVM report	7.5	✔	EVM report 5-26 July 2013.doc **File desc:** **Date/time :** 16/05/2014 07:53:43 **Size:** 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✔	EVM action plan final_Yemen Sep 2013.xlsx **File desc:** **Date/time :** 16/05/2014 08:00:57 **Size:** 19 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✔	EVM improvement plan recommendations implementation.docx **File desc:** **Date/time :** 21/05/2014 08:52:42 **Size:** 17 KB
16	Valid cMYP if requesting extension of support	7.8	✘	Updated cMYP Yemen 2011-2015 Aug 2012.zip **File desc:** **Date/time :** 16/05/2014 10:24:03 **Size:** 1 MB

17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	financial statement HSS 2013.docx **File desc:** **Date/time :** 16/05/2014 09:15:36 **Size:** 133 KB financial statement HSS 2013.docx **File desc:** financial statement HSS 2013 **Date/time :** 16/05/2014 09:00:04 **Size:** 133 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	financial statement April 2014.docx **File desc:** financial statement April 2014 HSS **Date/time :** 16/05/2014 08:54:44 **Size:** 235 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	Update draft FS GAVI Project 2014.pdf **File desc:** **Date/time :** 21/05/2014 01:46:21 **Size:** 425 KB
22	HSS Health Sector review report	9.9.3	✓	national health strategy Eng.pdf **File desc:** **Date/time :** 16/05/2014 11:35:57 **Size:** 5 MB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded

25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Bank StatementOpening &Closing Balance 2013 .docx **File desc:** Bank Statement Opening &Closing Balance 2013 FOR HSS % ISS % NV **Date/time :** 16/05/2014 08:49:58 **Size:** 1 MB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	Copy of GAVI HSS 25 oct. budget Gap Analysis and Workplan Template2_August 2013 (version 1) (version 1).xlsx **File desc:** **Date/time :** 21/05/2014 05:21:16 **Size:** 3 MB
				External Audit Report draft .pdf **File desc:** **Date/time :** 21/05/2014 11:22:25 **Size:** 459 KB
				MOM 27 March 2014 English.doc **File desc:** **Date/time :** 16/05/2014 01:17:23 **Size:** 52 KB
				Yemen HSS Oct.Monitoring and Evaluation Framework.xlsx **File desc:** **Date/time :** 21/05/2014 05:23:53 **Size:** 206 KB
				Yemen HSS Proposal 25 Oct.docx **File desc:** ,, **Date/time :** 21/05/2014 05:16:52 **Size:** 722 KB
				HSS final evaluation - annex D.doc **File desc:** HSS final evaluation - annexe D, submitted **Date/time :** 16/05/2014 09:45:32

				Size: 330 KB
				HSS final evaluation - annexes, submitted.doc **File desc:** HSS final evaluation - annexs **Date/time :** 16/05/2014 09:41:41 **Size:** 410 KB
				HSS final evaluation report - submitted-1.doc **File desc:** HSS final evaluation report - submitted-1 **Date/time :** 16/05/2014 09:38:43 **Size:** 1 MB
				MOM 29 Sep 2013 English.doc **File desc:** MOM 29 Sep 2013 English **Date/time :** 16/05/2014 10:09:29 **Size:** 49 KB
				MOM 4 Sep 2013 English.doc **File desc:** MOM 4 Sep 2013 English **Date/time :** 16/05/2014 09:48:52 **Size:** 91 KB
				MOM 8May 2013 English.doc **File desc:** MOM 8May 2013 English **Date/time :** 16/05/2014 09:52:16 **Size:** 88 KB
				signature - scan.docx **File desc:** signature -4 Sep 2013 **Date/time :** 16/05/2014 10:13:03 **Size:** 777 KB
				signatures.docx **File desc:** signatures HSCC 8May **Date/time :** 16/05/2014 09:58:08 **Size:** 2 MB
				approving the report.docx **File desc:** signatures of HSCC approving theevaluation report **Date/time :** 16/05/2014 10:02:16 **Size:** 925 KB