



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Sudan

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **6/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR **2011** 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: **2011**

Requesting for support year: **2013**

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	2014
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2014
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2014
Preventive Campaign Support	Meningococcal, 10 dose(s) per vial, LIQUID		2012

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 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** 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 **Sudan** 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 **Sudan**

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 Isameldin Mohammed ABDAALLA	Name	Yousif Abdalla ELHUSSAIN
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat 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
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Dr.Eltayeb Ahmed ELSAYED/Director Genral	Public Health & Emergency/FMOH		
Dr. Talal Alfadil ALMAHDI/Director Genral	Public Health Care/FMOH		
Dr. Mohamed Ali Y.ALABASSI/Director Genral	Planning &Research/FMOH		
Dr. Amani Abdelmuniem MUSTAFA/National Manager	EPI/FMOH		
Mr. Hassan IBRAHIM/State development dept manager	MOF		
Dr . Babiker MUBASHER/ MOI Rep	Ministry of Interior		
Dr. Alamin OSMAN /MOD/Rep	Ministry of Defence		
Mrs. Sawsan Omer ABOLELKALIK/MOI/Rep	Ministry of Int.Cooperation		
Dr. Anshu BANERJEE /WHO/Rep	WHO		
Dr. Maha MEHANNI	Acting/UNICEF		
Mr.Mohamed Hussain DAFALLA/Representative	Humanitarian Aid Commission (HAC)		
Mr. Sohab ELBADAWI /Representative	Rotary International		

Mrs. Asmaa Yousif KHOJLEE / Representative	SRCS		
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ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from Partners are included within the ICC comments written in the last pages of this report

Comments from the Regional Working Group:

The Core RWG appreciates the efforts undertaken by the country team for preparation of the draft GAVI APR 2011 and suggests the following comments for consideration while finalizing the GAVI APR 2011.<?

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I. General

- ☐ Complete the information and secure the required signatures as appropriate: Government Signatures page for all GAVI support, List the members of the ICC, ICC Signatures page, HSCC signatures page & Signatures page for GAVI Alliance CSO support if relevant.
- ☐ Mention also the meeting which will be held for final endorsement of the APR 2011
- ☐ Please make sure that the data reported in the APR 2011 are in line with other data sources like the cMYP, or the JRF 2011
- ☐ Please do not forget the financial statement as described in the Portal
- ☐ Attach all the required supporting documents with proper numbering.
- ☐ Update the checklist with the attached documents.
- ☐ For all countries please ensure in the APR 2011 all activities which took place and highlight clearly any new request for new vaccine or need for reprogramming

Specific: Some areas and numbers on the report body to be edited and revised.

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
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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)

Sudan is not reporting on CSO (Type A & B) fund utilisation in 2012

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)					
	2011		2012		2013		2014	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	1,383,807	1,383,807	1,421,125	1,438,651	1,459,538	1,459,538	1,499,079	1,499,079
Total infants' deaths	148,093	148,093	152,029	153,929	156,079	156,079	160,246	160,246
Total surviving infants	1235714	1,235,714	1,269,096	1,284,722	1,303,459	1,303,459	1,338,833	1,338,833
Total pregnant women	1,383,807	1,383,807	1,421,125	1,438,651	1,459,538	1,459,538	1,499,079	1,499,079
Number of infants vaccinated (to be vaccinated) with BCG	1,273,102	1,267,704	1,321,646	1,337,945	1,371,966	1,371,966	1,424,125	1,424,125
BCG coverage	92 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,173,928	1,154,549	1,205,641	1,220,486	1,238,286	1,238,286	1,271,891	1,271,891
OPV3 coverage	95 %	93 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,235,714	1,246,771	1,269,096	1,284,722	1,303,459	1,303,459	1,338,833	1,338,833
Number of infants vaccinated (to be vaccinated) with DTP3	1,173,928	1,154,936	1,205,641	1,220,486	1,238,286	1,238,286	1,271,891	1,271,891
DTP3 coverage	92 %	93 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	1,358,960	1,246,771	1,269,096	1,284,722	1,303,459	1,303,459	1,338,833	1,338,833
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	1,140,949	1,154,936	1,205,641	1,220,486	1,238,286	1,238,286	1,271,891	1,271,891
DTP-HepB-Hib coverage	92 %	93 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	5	1	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	1,164,758	0		1,303,459		1,338,833
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	1,106,520	0		1,238,286		1,271,891
Pneumococcal (PCV13) coverage		0 %		0 %		95 %		95 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	0		5		5

Number	Achievements as per JRF		Targets (preferred presentation)					
	2011		2012		2013		2014	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1		1.05		1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	1,134,321	472,507	1,269,096	1,220,486	1,303,459	1,303,459	1,338,833	1,338,833
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	1,066,261	328,725	1,205,641	1,156,250	1,238,286	1,238,286	1,271,891	1,271,891
Rotavirus coverage	86 %	27 %	95 %	90 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,087,428	1,078,491	1,142,186	1,143,403	1,199,182	1,199,182	1,258,503	1,258,503
Measles coverage	88 %	87 %	90 %	89 %	92 %	92 %	94 %	94 %
Pregnant women vaccinated with TT+	719,579	652,754	838,463	748,098	963,295	963,295	1,094,327	1,094,327
TT+ coverage	52 %	47 %	59 %	52 %	66 %	66 %	73 %	73 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	7 %	5 %	5 %	5 %	5 %	5 %	5 %

*

** 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): $[(A - B) / A] \times 100$. 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2014 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**

The changes in table 4 regarding the number of births for the year 2012 from the 2010 APR are due to the followings:

- In 2010 APR Operational targets are used, projections from 2010 targets are estimated to be the targets for the next years.
- By the end of 2011 some states achieved Penta first dose coverage more than 100%.
- The achieved Penta1 coverage in 2011 is used as baseline in states where the achieved first dose coverage is higher than 100% and higher than the projected census estimates. (No above one year children are counted here)
- By using these estimates the births for 2012 are increased
- Projections for 2013 - 2014, use the same 2010 base line and apply the available growth rates.
- This decision was shared and agreed upon by the Under secretary, the planning directorate and the National information center in FMOH,
- In conclusion the number of children vaccinated with Penta1 in 2011 are higher than the number of the estimated surviving infants in 2011, This is considered in the updated targets for 2012

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

- Based on the above justifications for change in births. The change in Surviving infants estimates for 2012 are due to the same above mentioned justifications

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

Changes in Target by vaccines are following the above mentioned changes in the births, surviving infants, and the actual achieved coverage by vaccines in 2011

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

No changes in wastage by vaccine

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

Achievements of immunization programme against targets addressing various GIVS components:

A / Protecting more people

Achievements of Immunization Coverage against targets in 2011 are as following:

target	Achieved	
BCG coverage	92%	92%
Penta3 coverage	95%	93%
Measles coverage	89%	87%
Rota2 coverage	86%	64% (counted from the time the vaccine introduced that is a target of 5 months)
DOR	5%	7%
13 states out of 15 achieved third dose coverage of 90% or more		

89% of localities achieved more than 80% third dose coverage

Key Major Activities Conducted in regard to strengthen routine immunization services using RED approach are:

A.1.1/ Planning and management of resources;

Planning

- Update of the microplanning guidelines to include all updated immunization issues.
- Conduction of state workshops for preparation of 157 locality micro plans which is saved as soft and hard copies for monitoring

Institutional Capacity & Training

- Mid-Level Management training for 36 EPI locality officers from 15 states
- Vaccine management training for 24 state and locality immunization officers
- Basic & Refresher EPI training for service providers at state level
- TOT for 540 participants from central, state and locality level for Rota vaccine introduction
- Training for 5298 service provider on the new Rota vaccine at state level
- Training of 20 participants on AEFI Causality assessment
- Continuous cold chain rehabilitation to maintain functionality of the cold chain at sub-national levels at 83%
- Instillation of 10 new cold rooms at state level, one at central store and 110 refrigerators at the service delivery sites to expand the immunization network and increase the storage capacity.

A.1.2/ Re-establishment of outreach vaccination

Immunization sites

- Increased accessibility through more immunization sites, which increased by:
 - New fixed sites from 1551 F.S to 1657, Outreach from 4119 sites to 4236 sites and Mobile from 296 to 310),
 - Sustained Outreach services & mobile activities were conducted with total sessions implementation rate of (85% for fixed sites, 95% for outreach and 105% for mobile.
 - Because of the critical situation in Darfour zone, acceleration 2 campaigns of 3 rounds each for routine immunization, in 45 localities were implemented

A.1.3 Supportive supervision

- Planned supervisory visits to the states were conducted (all 15 northern states (100%) were visited once or more with implementation rate of 80% out of the planned visits.
- 50% of localities were visited.
- 130 fixed immunization sites were visited by the National EPI personnel
- DQS tool used as a supervision tool enabled immediate analysis of the findings and feedback at state, district and health facility levels.
- The overall implementation of the planned supervision activities were affected by the competing priorities (NIDs & Measles campaigns)

A.1.4/ Link with community

- Celebration of Annual Immunization week at national and sub-national levels
- Implementation of social mobilization activities in high risk special population, with NIDs & measles campaign

A.1.5/ Monitoring for action

- Conduction of National interstate review and evaluation meetings on implementation of the plans with all 15 states.
- Follow up and monitoring of monthly EPI meeting at sub national level, assessing progress indicators regularly at district level with emphases on use of monitoring chart
- Follow up of the implementation of the supervisory plan to be conducted at state, locality level and recipient and revision of their reports.
- Weekly administrative EPI meetings at the federal level were conducted
- Monthly monitoring review meetings at state level (states with localities & localities with service providers) were conducted.

Immunization Safety ;

AEFI surveillance system was strengthened and functioning in all 15 Northern states. Overall 25 AEFI were reported & investigated

EPI Disease surveillance: All EPI diseases were reported from sentinel sites

Case based surveillance for POLIO & MEASLES, Both polio and measles National laboratories achieved the accreditation certificate with proficiency test of 100%

Lab based surveillance activities for Rota virus gastroenteritis and BMS is continued

Other EPI disease surveillance maintained. (The data of the mentioned activities is included in the joint report)

B/ Introducing new vaccines & technologies...

- NITAG planned meetings were held to follow up on the new vaccine introduction activities
- Country co-finance share for Pentavalent Rota new vaccines was fulfilled with some delay
- Introduction of Rotavirus new vaccine

C/ Linking with other health interventions...

Accelerated Child Survival Initiative

Sudan has started the implementation of Accelerated Child Survival Initiative (ACSI) activities to improve the child health and reduce child morbidity and mortality in order to achieve the MDG4.

Target: To integrate child survival package of interventions into EPI services.

High impact multi-health interventions were delivered for under five children in two campaigns during the year 2010 in coordination with MCH and Malaria programmes:

- Vitamin A administration
- polio vaccination
- Measles vaccination
- Distribution of ILL bed nets
- Health education and awareness

Constraints & Challenges:

- Aging of the transportation means at all levels
- Sustainability of achievements & co -finance...
- Hard to reach population / war affected...
- Low routine social mobilization activities.
- Formation of new localities & administrative structures every year.
- Competing priorities

Each of the above mentioned constraints were dealt with separately by special plan and special team to act on and follow it .

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

The achieved target of third dose coverage (93%) is less than the planned target (95%), which is mainly due to the new conflict in Blue Nile and South Kordfan states which resulted in population movement and in accessibility. Following this, the Drop out Rate (DOR) which was planned to be 5% and achieved 7% The achieved Rota vaccination coverage is much less than the planned target , this is mainly due to the fact that the planed coverage was for one year implementation. While the actual implementation was for 5 months for the first dose and 4 months for the second dose. Age limitation for giving first dose up to 15 wks only could be a factor also.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
EPI States monthly reports	August - December (2011)	Male 48% , Female 52%

How have you been using the above data to address gender-related barrier to immunisation access?

- The data related to the gender coverage has been collected after the introduction of the new Rota vaccine starting August - December 2011
- The data shows no variation or discrimination regarding the equal access for males and females to the immunization services in all states
- The demographic data showed that the male :female ratio is about 51:49

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Not selected**

What action have you taken to achieve this goal?

The gender issue is considered in the year 2011 with the introduction of new Rota vaccine into the immunization services for the first time to be reported on .

New updated documentation and registration forms including gender were prepared printed for the new vaccine introduction, Service providers were trained

Data collected monthly from all states, compiled and analyzed

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)

- Reported Coverage: Is the official immunization coverage which is based on registration of doses administered by health care providers compiled into Monthly report, then compiled into monthly locality reports, which is compiled in State monthly reports and the National report.
- The WHO/UNICEF Estimate of National Immunization Coverage for 2011 is not available yet.
- No Survey data was conducted for 2011 data

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

- Data Quality Assessment (DQA) using GAVI tool was conducted for selected states in 2011 by the National EPI staff.
-
- Monitoring for the verification factor at different levels is usually monitored. Regularly is done as part of the routine supervision activities (separate sheet) calculating the reported coverage against the registered coverage for one previous year at the time of the visit

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

- Refresher training for information focal persons from states level
- Revision and update of the information guidelines and tools
- Printing and availing the information documents and data records at all levels
- Refresher trainings for service providers on registration and reporting
- Continuous supervision for data system at all levels and monitoring of verification factor and quality index.
- Followup and monitoring of system index and verification factor at all levels visit during 2009- 2011.
- Archive and back up of EPI data and information for the years 1996-2011

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.

- Conduction of Data Quality Audit assessment using DQA tool for state by state sampling
- Mini-surveys and home visits during supervision for the catchment areas to assess the catchment area coverage
- Coverage surveys for selected states
- Training of the new focal persons and refresher trainings for service providers
- Conduct continuous supervision for the data system and monitor quality performance
- Monitoring system index for quality and verification factor for data quality at all levels by conducting Data Self Assessments
- Printing and distribution of the information guidelines
- Revision, update and print the documentation records to include the new vaccines as required

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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\$ = 2.36	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional Vaccines*	1,728,208	0	0	1,728,208	0	0	0	0

New and underused Vaccines**	27,012,504	876,715	26,135,789	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	416,081	250,000	0	166,081	0	0	0	0
Cold Chain equipment	800,000	150,000	0	550,000	100,000	0	0	0
Personnel	2,574,217	2,052,264	421,953	0	100,000	0	0	0
Other routine recurrent costs	4,692,926	96,364	1,321,687	1,518,177	1,756,698	0	0	0
Other Capital Costs	70,000	0	0	0	70,000	0	0	0
Campaigns costs	22,265,492	150,000	0	11,297,494	10,817,998	0	0	0
NO others		0	0	0	0	0	0	0
Total Expenditures for Immunisation	59,559,428							
Total Government Health		3,575,343	27,879,429	15,259,960	12,844,696	0	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.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

The annual EPI action plan for 2011 is based on the cMYP and has been cost

The new vaccine preparation cost has exceeded the introduction grant and covered by WHO and UNICEF

There were no major difference between available funding and expenditures for the reporting year except for the cold chain expansion and repair for the new vaccine which is covered by extra support from WHO and UNICEF.

Sub-NIDs were implemented in Darfour states due to the polio cases in Chad which were supported by WHO and UNICEF

Note:(Exchange rate used in table 5.5a above is the rate when the money was received in 2010)

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

There was no less funding, that beside GAVI funds WHO & UNICEF have supported many planned activities. But the reward for 2009 & 2010 achievements is not received up to date

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The Government contribution to primary health care is very low compared to the actual needs. This due to low budget allocated to health in general due to different country competing priorities and conflicts
The cost of the traditional vaccines for 2012, & 2013 will be covered by UNICEF

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	1,982,163	2,273,053
New and underused Vaccines**	48,572,240	65,293,596
Injection supplies (both AD syringes and syringes other than ADs)	1,172,053	1,360,847
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	4,015,912	4,664,987
Personnel	3,048,729	3,302,521
Other routine recurrent costs	3,648,455	3,088,900
Supplemental Immunisation Activities	36,247,562	40,364,372
Total Expenditures for Immunisation	98,687,114	120,348,276

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Funds for routine services including vaccines and syringes are expected to be received as planned if GAVI rewards for 2009 & 2010 are released.

Extra funding than planned could be expected to conduct special accelerated activities in new conflict areas (South Kordfan & Blue Nile states)

Short fall is expected for the supplementary immunization activities (NIDs & measles mop up campaign) , this is due to shortfall in funding from donors

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

The new PCV vaccine is planned to be introduced in 2013, gap of funding for preparatory activities is expected (Preparations usually cost more than GAVI introduction grant calculation assumptions)

Mobilizing resources from other partners and government will be pursued

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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?
Not Applicable	Not selected

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

Not Applicable

Note: (FMA has been conducted in the first quarter of the year 2012)

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

Not Applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **2**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting 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](#)

The ICC revised the APR for 2011, The key concerns are;

- Coverage & accessibility in the new conflict areas.
- The new Rota vaccine 2nd dose coverage
- The timely country co-finance
- Sustainability of achievements & availability of resource mobilization

Main Recommendations are:

- To monitor situation and have special plans and NGOs in the field to address the conflict areas with accelerated immunization activities when ever the situation is favourable
- To monitor the Rota vaccine coverage and implement more social mobilization activities.
- To implement strong advocacy resource mobilization campaign including private sector donors to sustain achievements and ensure timely co-financing

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

If Yes, which ones?

List CSO member organisations:
Rotary International and ICRC

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for **2012** to **2013**?

EPI Priorities and Objectives for 2012-2013:

1. To achieve and sustain not less than 95% coverage of the third dose of Penta-valent vaccine by increasing and improving both access and utilization of immunization services.
2. To sustain polio free status and achieve certification of polio eradication by maintaining high immunity profile
3. To achieve and maintain Measles elimination targets by conduction of measles mop up & follow up campaigns and achieve high measles coverage by first and second dose.
4. Conduction of MNT campaigns to contribute to and maintain MNT elimination.
5. To strengthen Surveillance system of all VPDs and AEFI surveillance.
6. To enhance surveillance of diseases prevented by new vaccines in the selected sentinel sites
7. To ensure sufficient fund for EPI activities and ensure new vaccines co-finance.
8. To strengthen Programme institutional & managerial capacity.
9. To reduce morbidity and mortality among <5yrs children caused by Rota virus I diseases by achieving high Rota vaccination coverage.
10. To implement Meningococcal A Conjugate vaccination campaign for population 1-30 yrs of age.

Are they linked with cMYP? **Yes**

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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD & reconstitution syringes	GOVERNMENT/ UNICEF
Measles	AD & reconstitution syringes	GOVERNMENT
TT	AD	GOVERNMENT
DTP-containing vaccine	AD	GOVERNMENT & GAVI

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

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

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

No major obstacles were faced, the implementation is strengthened using GAVI ISS support .

The AEFI surveillance system is established and strengthened.

The waste management part in relation to having incinerators is not implemented as this is found very costly for EPI and it is rather a system issue than EPI only

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

- Routinely as an immunization safety policy, safety boxes distributed with all vaccine deliveries to the vaccination sites for immunization sharp waste disposal as a bundle supply.
- Incineration (burning) of the safety boxes is recommended in the national EPI policy
- Dig, Burn and Bury is the practiced procedure, in few sites burning in a pit then burial is also practiced.
- Building of incinerators as planned was not implemented due to high cost
- The main problems encountered during implementation of the plan of injection safety are that, this policy has not been implemented in the other health sector services rather than immunization; due to lack of sufficient supplies to implement safe injection and sharps waste management.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	2,226,503	5,254,547
Total funds available in 2011 (C=A+B)	2,226,503	5,254,547
Total Expenditures in 2011 (D)	1,409,640	3,326,750
Balance carried over to 2012 (E=C-D)	816,863	1,927,797

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.

ISS Funds have been included in the National health sector plans and budget

Financial Management Arrangements & Process are as follows:

Federal Ministry of Health regulates the utilization of I.S.S funds through its auditing system of finance and according to the Ministry of Finance rules and regulations.

- Budgets are approved to support the states, according to the revised planed targets which is based on the locality microplans that are annually updated , revised, approved and endorsed
- According to the updated micro plans, the localities calculate the number of un-immunized children expected to be reached every year and identify the strategies by which those children could be reached in order to achieve the targeted coverage. Accordingly the needs and cost for these strategies is calculated according to specific guidelines.
-

Problems encountered involving the use of ISS funds:

- No major problems were encountered involving the use of ISS funds

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

- The funds are received into the HSS or ISS commercial bank accounts in US Dollars or EUROS.
- The funds are transferred into the EPI Programme Government account in local currency.
- Funds channelled from national level to the Sub-national levels through the states MOH accounts
- States MOH distribute the support to the districts according to the budget in their micro plans to conduct outreach and mobile immunization sessions and supervision activities.
- States are monitored and accounted according to:
 - o the number of immunization sessions and children to be vaccinated every month
 - o Significant performance, and efficient use of EPI supplies in regard to their different situations
 - o Feedback and monthly liquidation
- State local contributions is monitored and recorded against GAVI ISS.
- No problems were encountered through the implementation of this process internally.

Over all role of the IACC in this process is

- To review & endorse the EPI annual plan including the funding plan which usually conducted in the first quarter of the year.
- To follow-up on the implementation of endorsed plan
- To review progress reports on performance and budget release
- To review & endorse the final settlement of accounts and annual reports

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

The major activities conducted to strengthen immunization using ISS funds in 2011 are:

- Out-reach and mobile immunization activities(Perssonel and transportation cost).
- Monitoring and supervision
- Cold chain mentainance and rehabilitation
- Training activities
- Social mobilization activities
- Programme management
- Vaccines transportation & distribution

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 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (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? **No**

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).

6.3. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at

http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the \$ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) specify			1123382	1154936
2	Number of additional infants that are reported to be vaccinated with DTP3				31554
3	Calculating	\$20	per additional child vaccinated with DTP3		631080
4	Rounded-up estimate of expected reward				631500

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		2,888,600	1,513,600
Rotavirus		1,803,000	953,500
Pneumococcal (PCV13)		0	0

**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? ...)

For Pentavalent vaccine

No major problems were encountered with Pentavalent vaccine

Observations on the shipments received are:

- Pentavalent vaccine received in smaller carton packages
- Very large shipments of 10 tons were shipped at once (up to 5 tons shipment is suitable)
- No problems with cold chain, no doses discarded

For Rota vaccine

- Approval was for whole year while the introduction delayed (August 2011). So the approved quantities to be adjusted accordingly
- Despite the approved quantities was more than actual requirement, at the quantities received in 2011 are 1,803,000 doses only from 2,704,700 approved
- In addition 51,800 doses from Gov co finance for 2011 not delivered yet
- No Rota vaccine delivered in 2012 up to 19th April 2012 (remaining of 2011 or 2012 quantities)
- Country is almost going into stock out if no quick shipment is delivered
- No problems with cold chain, no doses discarded

- 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)

- The national shipment plan remained as planned & requested (6 shipments)
- At Sub-national levels few adjustments in the number of shipments were made to deliver the vaccines to state level
- Use of VSSM tool at subnational level as a pilot to be expanded to other states after evaluation.
- Vaccine wastage rate is monitored at all levels
- Vaccine stock out is monitored at all levels
- Vaccine management indicators are included as part of the routine supervision checklist for all levels
- Vaccine management training for subnational staff

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

NOT APPLICABLE

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

NO STOCK OUT

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	Rotavirus vaccine	
Phased introduction	No	
Nationwide introduction	Yes	20/07/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The vaccines were received late by end of June 2011, launching was on July, Implementation August 2012

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2012**

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° 20)

PIE for Pentavalent vaccine was conducted in 2009, report and progress on recommendations was shared with 2010 APR

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? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	334,011	935,232
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	334,011	935,232
Total Expenditures in 2011 (D)	334,011	935,232
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . 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

Major activities implemented are:

- TOT& training activities for all levels and all perssonel involved in EPI
- Advocacy and social mobilization materials and activities
- Launching of the new vaccine
- Cold chain
- Registration and documentation information system
- Supervision and monitoring

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

Delayed transfer of the introduction grant funds affected the implementation of the plan time frame. This is overcome by the support received from WHO and UNICEF to start the preparations for the introduction

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

No remaining funds

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	440,500	141,700
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	413,500	51,800
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	YES	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	141,700	

	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	November	GOVERNMENT
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	November	GOVERNMENT
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	No need	

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/>

The country is not in default

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_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? **December 2010**

Please attach:

(a) EVM assessment (**Document No 15**)

(b) Improvement plan after EVM (**Document No 16**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
Shortage of spare parts for urgent maintenance	Provide spare parts for urgent maintenance and	Implemented
VSSM used at National level to be expanded to subn	Introduce the computerized stock management system	Implemented in 2 states
Deficiency of standard records at lower levels	Develop / print and distribute a standard forms	Implemented
Capacity building in vaccine management	Conduct vaccine management training for all worker	Implemented partially
Strengthen supervision for vaccine management	Conduct regular comprehensive supportive supervisi	Implemented with routine supervision

Improve contingency plan	Develop and updated the contingency and replace	Implemented
Refreg/freezers with one unit	Replace all cold/freezer rooms with 2 units	on progress
Vaccine wastage analysis and monitoring at all lev	Regular analysis and monitoring for vaccine wastag	on going

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

NO Change in the improvement plan, it will be continued

When is the next Effective Vaccine Management (EVM) assessment planned? **March 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

7.6.1. Vaccine Delivery

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

[A]	[B]	[C]
Total doses approved in DL	Campaign start date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)
0	22/05/2012	0

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

NOT APPLICABLE

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

NOT APPLICABLE

7.6.2. Programmatic Results of Meningococcal preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
NOT APPLICABLE	NOT APPLICABLE							

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

Has the campaign been conducted according to the plans in the approved proposal?" **Not selected**

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

NOT APPLICABLE

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

NOT APPLICABLE

What lessons have you learned from the campaign?

7.6.3. Fund utilisation of operational cost of Meningococcal preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
NOT APPLICABLE	0	0
Total	0	0

7.7. Change of vaccine presentation

Sudan 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 2012

Renewal of multi-year vaccines support for Sudan is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

Rota vaccine quantities for 2011 was approved for complete year, while actual implementation was for 5 months only. quantities approved for 2012 did not consider this, New approval for 2013 should consider and to be revised and adjusted accordingly

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	1,235,714	1,284,722	1,303,459	1,338,833	5,162,728
	Number of children to be vaccinated with the first dose	Table 4	#	1,246,771	1,284,722	1,303,459	1,338,833	5,173,785
	Number of children to be vaccinated with the third dose	Table 4	#	1,154,936	1,220,486	1,238,286	1,271,891	4,885,599
	Immunisation coverage with the third dose	Table 4	%	93.46 %	95.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	1,976,747				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate
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	2011	2012	2013	2014
Minimum co-financing	0.10	0.20	0.23	0.26
Recommended co-financing as per APR 2010			0.23	0.26
Your co-financing	0.10	0.20	0.26	0.30

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

		2012	2013	2014
Number of vaccine doses	#	1,960,600	3,632,000	3,655,400
Number of AD syringes	#	3,992,700	3,840,200	3,865,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	44,325	42,650	42,925
Total value to be co-financed by GAVI	\$	4,739,500	7,962,000	7,893,500

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

		2012	2013	2014
Number of vaccine doses	#	176,900	488,800	589,800
Number of AD syringes	#	360,200	516,800	623,700
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	4,000	5,750	6,925
Total value to be co-financed by the Country	\$	427,500	1,071,500	1,274,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	8.27 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,246,771	1,284,722	106,298	1,178,424
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	3,740,313	3,854,166	318,892	3,535,274
E	Estimated vaccine wastage factor	Table 4	1.01	1.05		
F	Number of doses needed including wastage	D X E	3,777,717	4,046,875	334,836	3,712,039
G	Vaccines buffer stock	(F – F of previous year) * 0.25		67,290	5,568	61,722
H	Stock on 1 January 2012	Table 7.11.1	1,976,747			
I	Total vaccine doses needed	F + G – H		2,137,418	176,849	1,960,569
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		4,352,817	360,150	3,992,667
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		48,317	3,998	44,319
N	Cost of vaccines needed	I x vaccine price per dose (g)		4,663,847	385,884	4,277,963
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		202,406	16,747	185,659
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)		281	24	257
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		279,831	23,154	256,677
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		20,269	1,678	18,591
T	Total fund needed	(N+O+P+Q+R+S)		5,166,634	427,484	4,739,150
U	Total country co-financing	I x country co-financing per dose (cc)		427,484		
V	Country co-financing % of GAVI supported proportion	U / T		8.27 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	11.86 %			13.89 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,303,459	154,595	1,148,864	1,338,833	186,008	1,152,825
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	3,910,377	463,785	3,446,592	4,016,499	558,022	3,458,477
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	4,105,896	486,974	3,618,922	4,217,324	585,923	3,631,401
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	14,756	1,751	13,005	27,857	3,871	23,986
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	4,120,652	488,724	3,631,928	4,245,181	589,793	3,655,388
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	4,356,898	516,744	3,840,154	4,489,236	623,700	3,865,536
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	48,362	5,736	42,626	49,831	6,924	42,907
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	8,311,356	985,757	7,325,599	8,430,930	1,171,329	7,259,601
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,311,356	24,029	178,567	8,430,930	29,003	179,747
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	281	34	247	290	41	249
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	498,682	59,146	439,536	505,856	70,280	435,576
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	20,288	2,407	17,881	20,904	2,905	17,999
T	Total fund needed	$(N+O+P+Q+R+S)$	9,033,203	1,071,370	7,961,833	9,166,730	1,273,556	7,893,174
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,071,370			1,273,555		
V	Country co-financing % of GAVI supported proportion	U / T	11.86 %			13.89 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2012	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	1,235,714	1,284,722	1,303,459	1,338,833	5,162,728
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	1,303,459	1,338,833	2,642,292
	Number of children to be vaccinated with the third dose	Table 4	#	0	0	1,238,286	1,271,891	2,510,177
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate
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	2011	2012	2013	2014
Minimum co-financing		0.20	0.23	0.26
Recommended co-financing as per Proposal 2011				
Your co-financing			0.26	0.30

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

		2012	2013	2014
Number of vaccine doses	#	0	4,778,000	3,906,900
Number of AD syringes	#	0	5,101,500	4,131,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	56,650	45,875
Total value to be co-financed by GAVI	\$	0	17,987,500	14,706,500

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

		2012	2013	2014
Number of vaccine doses	#	0	354,500	338,400
Number of AD syringes	#	0	378,500	357,800
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	0	4,225	3,975
Total value to be co-financed by the Country	\$	0	1,334,500	1,274,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	0	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.00	1.00		
F	Number of doses needed including wastage	D X E	0	0	0	0
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	F + G – H		0	0	0
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		0	0	0
N	Cost of vaccines needed	I x vaccine price per dose (g)		0	0	0
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		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)		0	0	0
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		0	0	0
U	Total country co-financing	I x country co-financing per dose (cc)		0		
V	Country co-financing % of GAVI supported proportion	U / T		0.00 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	6.91 %			7.97 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,303,459	90,021	1,213,438	1,338,833	106,704	1,232,129
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	3,910,377	270,062	3,640,315	4,016,499	320,111	3,696,388
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	4,105,896	283,565	3,822,331	4,217,324	336,117	3,881,207
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,026,474	70,892	955,582	27,857	2,221	25,636
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	5,132,370	354,457	4,777,913	4,245,181	338,337	3,906,844
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	5,479,905	378,458	5,101,447	4,489,236	357,788	4,131,448
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	60,827	4,201	56,626	49,831	3,972	45,859
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	17,963,295	1,240,597	16,722,698	14,858,134	1,184,178	13,673,956
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	17,963,295	17,599	237,217	14,858,134	16,638	192,112
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	353	25	328	290	24	266
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	1,077,798	74,436	1,003,362	891,489	71,051	820,438
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	25,517	1,763	23,754	20,904	1,667	19,237
T	Total fund needed	$(N+O+P+Q+R+S)$	19,321,779	1,334,417	17,987,362	15,979,567	1,273,555	14,706,012
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,334,417			1,273,555		
V	Country co-financing % of GAVI supported proportion	U / T	6.91 %			7.97 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2012	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	1,235,714	1,284,722	1,303,459	1,338,833	5,162,728
	Number of children to be vaccinated with the first dose	Table 4	#	472,507	1,220,486	1,303,459	1,338,833	4,335,285
	Number of children to be vaccinated with the second dose	Table 4	#	328,725	1,156,250	1,238,286	1,271,891	3,995,152
	Immunisation coverage with the second dose	Table 4	%	26.60 %	90.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	779,877				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		0.23	0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate
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	2011	2012	2013	2014
Minimum co-financing	0.15	0.20	0.23	0.26
Recommended co-financing as per APR 2010			0.26	0.30
Your co-financing	0.20	0.23	0.26	0.30

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

		2012	2013	2014
Number of vaccine doses	#	1,989,000	2,510,800	2,513,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	22,100	27,875	27,900
Total value to be co-financed by GAVI	\$	5,325,500	6,723,000	6,729,000

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

		2012	2013	2014
Number of vaccine doses	#	187,000	270,100	317,200
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	2,075	3,000	3,525
Total value to be co-financed by the Country	\$	500,500	723,500	849,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	8.59 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	472,507	1,220,486	104,842	1,115,644
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	B X C	945,014	2,440,972	209,683	2,231,289
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	992,265	2,563,021	220,167	2,342,854
G	Vaccines buffer stock	(F – F of previous year) * 0.25		392,689	33,733	358,956
H	Stock on 1 January 2012	Table 7.11.1	779,877			
I	Total vaccine doses needed	F + G – H		2,175,833	186,907	1,988,926
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		24,152	2,075	22,077
N	Cost of vaccines needed	I x vaccine price per dose (g)		5,548,375	476,612	5,071,763
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)		277,419	23,831	253,588
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)		5,825,794	500,442	5,325,352
U	Total country co-financing	I x country co-financing per dose (cc)		500,442		
V	Country co-financing % of GAVI supported proportion	U / T		8.59 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	9.71 %			11.20 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,303,459	126,574	1,176,885	1,338,833	150,010	1,188,823
C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	2,606,918	253,147	2,353,771	2,677,666	300,019	2,377,647
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	2,737,264	265,804	2,471,460	2,811,550	315,020	2,496,530
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	43,561	4,231	39,330	18,572	2,081	16,491
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	2,780,825	270,034	2,510,791	2,830,122	317,101	2,513,021
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	30,868	2,998	27,870	31,415	3,520	27,895
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	7,091,104	688,586	6,402,518	7,216,812	808,607	6,408,205
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	7,091,104	0	0	7,216,812	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	354,556	34,430	320,126	360,841	40,431	320,410
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	7,445,660	723,015	6,722,645	7,577,653	849,037	6,728,616
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	723,015			849,037		
V	Country co-financing % of GAVI supported proportion	U / T	9.71 %			11.20 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2012	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

8. Injection Safety Support (INS)

Sudan is not reporting on Injection Safety Support (INS) in 2012

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 and received HSS funds before or during January to December 2011**. All countries are expected to report on:

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, 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 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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 activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 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 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in 2011

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: **3401503** US\$

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)\$

	2007	2008	2009	2010	2011	2012
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]	0	3063620	3144806	3228143	3313689	3401503

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
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]	0	6739964	6918573	7101914	8284222	8843907

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	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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: 9)**

If any expenditures for the January April 2012 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: 22)**

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.

Has an external audit been conducted? **Not selected**

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: 26)

9.2. Progress on HSS activities in the 2011 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 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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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
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9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

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?

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 2010 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	2011 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

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

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

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.

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

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.

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

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2012 actual expenditure (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
		0	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve 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 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (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 2013 (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
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9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

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

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
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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.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document Number: 8**)
2. The latest Health Sector Review report (**Document Number: 23**)

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

Sudan is not reporting on GAVI TYPE A CSO support for 2012

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

Sudan is not reporting on GAVI TYPE B CSO support for 2012

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

Comments from ICC Chair on New Vaccine Co- financing: It was highlighted that the Co -finance grouping for Sudan should be revised with GAVI Secretariate to be adjusted according to the new country situation after separation from South and reduction of oil revenues to the country , beside the conflict situation in the country to be considered.

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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 2011	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		Signatures.jpg File desc: File description... Date/time: 5/22/2012 9:14:53 AM Size: 332317
2	Signature of Minister of Finance (or delegated authority)	2.1		Signatures.jpg File desc: File description... Date/time: 5/22/2012 9:14:17 AM Size: 332317
3	Signatures of members of ICC	2.2		ICC SIGNATUER 2011.docx File desc: File description... Date/time: 5/22/2012 10:48:24 AM Size: 424122
4	Signatures of members of HSCC	2.3		Annex 34 Signature for endorsement APR 2011.PDF File desc: File description... Date/time: 5/22/2012 4:44:21 AM Size: 598639
5	Minutes of ICC meetings in 2011	2.2		ICC Minutes May 2011.doc File desc: File description... Date/time: 5/21/2012 12:04:41 PM Size: 90624
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		ICC May 2012 Minutes GAVI APR 2011.docx File desc: File description... Date/time: 5/22/2012 12:56:48 PM Size: 23523
7	Minutes of HSCC meetings in 2011	2.3		GAVI MISSION Sep 2011.docx File desc: File description... Date/time: 5/22/2012 3:32:21 PM Size: 37082
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3		Annex 34 NHSCC, May 13 to endorse APR, 2011.doc File desc: File description... Date/time: 5/21/2012 9:12:24 AM Size: 31232
9	Financial Statement for HSS grant APR 2011	9.1.3		Annex 1 a Financial statement.PDF File desc: File description... Date/time: 5/20/2012 8:59:53 AM Size: 1977083
10	new cMYP APR 2011	7.7		North Sudan cMYP 2011-2015 updated.docx File desc: File description...

				Date/time: 5/21/2012 12:27:34 PM Size: 1385785
11	new cMYP costing tool APR 2011	7.8	✓	North Sudan cMYP2011-2015 _Costing_Tool.xls File desc: File description... Date/time: 5/21/2012 12:32:29 PM Size: 3532288
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	GAVI ISS STATEMENT 2011.doc File desc: File description... Date/time: 5/22/2012 10:51:05 AM Size: 251904
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	GAVI NV STATEMENT 2011.doc File desc: File description... Date/time: 5/22/2012 10:57:04 AM Size: 210944
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Sudan VMA Report 2011.doc File desc: File description... Date/time: 5/21/2012 12:06:54 PM Size: 2327552
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	E VM improvement plan .xls File desc: File description... Date/time: 5/21/2012 12:15:08 PM Size: 23552
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	E VM improvement plan Implementation status.xlsx File desc: File description... Date/time: 5/21/2012 12:20:39 PM Size: 12223
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	FMA Report_Sudan_draft_13 05 2012 (1).docx File desc: File description... Date/time: 5/22/2012 4:57:05 AM Size: 116448
23	HSS Health Sector review report	9.9.3	✗	Annex 9 Draft Log frame of National Health Sector strategic plan, 2012-2016.docx File desc: File description... Date/time: 5/23/2012 4:24:06 AM Size: 97838