GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Sudan

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **16/05/2014**

Deadline for submission: 22/05/2014

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2014
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED		2012

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

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015	2016
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015	2016
Routine New Vaccines Support	Rotavirus, 1 dose(s) per vial, ORAL	2015	2016

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

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

By signing this page, the Government of 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	Bahar Idris ABU GARDA	**Name**	Mohammed Yousif ALI
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

Merged in the NHSCC/HSS/subCCM	NA		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Minutes are attached

Comments from the Regional Working Group:

EMRO,Cairo, Egypt 27-28 APRIL 2014

Peer Reviewof the Draft GAVI Annual Progress Report 2013 – SUDAN

The Core RWG appreciates the efforts undertaken bythe country team for preparation of the draft GAVI APR 2013 and suggests toplease consider the following generalcomments as well as specific comments mentioned in the attached file, whilefinalizing the GAVI APR 2013.

- Involveall the active partners for Immunization and Health systems strengthening inthe country in preparation of this report. Inputs of WHO and UNICEF can be of particular importance in thisregards.
- Completethe information and secure the required signatures as appropriate.
- Mention the meeting which will be held for finalendorsement of the GAVI APR 2013 and attach the minutes

HSS component:

- HSSAPR is to report only on GAVI investments, other sources of HSS funding shouldnot be included in the activity and financial reporting.
- Financialapprovals and disbursements need to be consistent to GAVI records and expendituresverified with financial statements.
- Pleasereview the IRC report of last year's APR and make sure to document how theissues have been addressed.
- Thehigh inflation rate as recorded requires justification with official bankrecords.
- Consistencyto previous reported implementation need to be reflected, consistent and builtupon for 2012 reported implementation.
- Asthe funds are not yet completed there needs to be a plan for 2014 and possibly2015 if it is not envisaged the GAVI HSS project will be programmaticallyand/or financially completed by 2015.

The M&E frameworkmust be completed online to reflect the progress to the approved targets

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), NHSCC/HSS/subCCM , 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
Howeda Awad Ali	Ministry of Finance		
Tatec Mamed	UNDP		
Rania Hassa	UNFPA		
Alsadig Adam	Humanitarian Aid Commission		
Anshu BanjerJee	WHO-WR		
Hanan Mukhtar	WHO/EPI		
Ahmed Hardan	WHO/polio		
Hajir Mohammed	FMOH/Planning		
Dorothy Ochola	UNICEF		
Seemaa Karom	FMOH/Health information		
Mhammed Ali Alabassi	Director General of planning and international Health/FMOH		

Khalid Elmardi	Director of Health infprmation/FMOH		
Bandar Salah Noory	National Epidemiology laboratory		
Igbal Ahmad Elbasheer	Director of Human resource for Health/FMOH		
Magdi Sali Osman	National EPI mananger/FMOH		

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 2014

3. Table of Contents

This APR reports on Sudan's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	1,486,286	1,486,285	1,526,477	1,526,477		1,549,582		1,593,549
Total infants' deaths	158,969	158,967	163,205	163,205		166,943		175,230
Total surviving infants	1327317	1,327,318	1,363,272	1,363,272		1,382,639		1,418,319
Total pregnant women	1,486,286	1,486,285	1,526,477	1,526,477		1,549,582		1,593,549
Number of infants vaccinated (to be vaccinated) with BCG	1,397,109	1,384,593	1,450,153	1,434,988		1,472,102		1,513,870
BCG coverage	94 %	93 %	95 %	94 %		95 %		95 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,234,405	1,234,594	1,295,109	1,267,843		1,313,507		1,347,402
OPV3 coverage	93 %	93 %	95 %	93 %		95 %		95 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,314,044	1,327,997	1,363,272	1,363,272		1,382,639		1,418,319
Number of infants vaccinated (to be vaccinated) with DTP3	1,234,405	1,235,022	1,295,109	1,267,843		1,313,507		1,347,402
DTP3 coverage	93 %	93 %	95 %	93 %		95 %		95 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	0	3	0	3		3		3
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.00	1.03	1.00	1.03		1.03		1.03
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	1,303,459	1,327,997	1,363,272	1,363,272		1,382,639		1,418,319
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	1,303,459	1,235,022	1,363,272	1,267,843		1,313,507		1,347,402
DTP-HepB-Hib coverage	98 %	93 %	100 %	93 %		95 %		95 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	3	0	3		3		3
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.03	1	1.03		1.03		1.03
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	1,303,459	930,560	1,363,272	1,363,272		1,382,639		1,418,319
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	1,303,459	397,834	1,363,272	1,267,843		1,313,507		1,347,402

Pneumococcal (PCV13) coverage	98 %	30 %	100 %	93 %		95 %		95 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	9	5	5		5		5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.1	1.05	1.05		1.05		1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	1,303,459	1,141,563	1,363,272	1,295,109		1,354,986		1,389,952
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	1,303,459	1,066,416	1,363,272	1,226,945		1,313,507		1,347,402
Rotavirus coverage	98 %	80 %	100 %	90 %		95 %		95 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	2	5	2		2		2
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.02	1.05	1.02		1.02		1.02
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,194,585	1,127,678	1,281,476	1,226,945		1,285,854		1,347,402
Measles coverage	90 %	85 %	94 %	90 %		93 %		95 %
Pregnant women vaccinated with TT+	891,772	746,251	1,068,534	915,886		1,007,228		1,115,483
TT+ coverage	60 %	50 %	70 %	60 %		65 %		70 %
Vit A supplement to mothers within 6 weeks from delivery	1,338,362	0	1,374,399	0		0		0
Vit A supplement to infants after 6 months	6,143,969	6,357,748	6,143,969	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	7 %	5 %	7 %		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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 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**

  There is no change

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

  No change

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

  NA

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

  wastage rates for Pentavalent vaccine, and rota vaccine have been changed to lower values than planned wastage in the previous APR (5%) because we achieved 3% in penta and 2% in Rota in 2013

5.2. Immunisation achievements in 2013

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

Achievements of immunization program against targets addressing various GVAP components:
A / Protecting more people
Achievements of Immunization Coverage against targets in 2013 are as following:

	target	Achieved
BCG coverage	**94%**	**93%**
Penta3 coverage	**94%**	**93%**
Measles1 coverage	**89%**	**85%**
Rota 2 coverage	**90%**	**80%**
DOR	**5%**	**7%**

- 12 states out of 18 achieved Penta 3 of 90% or more coverage rate.

- 2 states achieved (80-89% coverage rate)

156 localities out of 168 localities achieved more than 80% Penta3 coverage rate

Key Major Activities Conducted in regard to strengthen routine immunization services are:
A.1.1/ Planning and management of resources;

Planning
- Update of the micro planning guidelines to include all updated immunization issues.

- Conducting the state workshops for preparation of168 locality micro plans which are saved as soft and hard copies for monitoring purposes.

Institutional Capacity & Training

- 1 round of TOT for PCV introduction at national level
- 17 rounds of TOT at states level for PVC introduction (100%)
- Training of 5,537 vaccinators on (186) sessions on PCV introduction and refresher on the same time (100%).

- 3 training workshops on MLM (100%)

-3 training worshops on GIS for 18 participants (100%).

- Continuous cold chain rehabilitation to maintain functionality of the cold chain at sub-national levels.
- Installation of (1) cold room and (123) refrigerators at the service delivery sites to expand the immunization network and increase the storage capacity and maintaining high quality of vaccines. procurement of 300 cold boxes and 1619 vaccine carriers

A.1.2/Expanding the vaccination activities through fixed sites and outreach strategies

- Increased accessibility through more immunization sites by:
- due to the flur up of security problems in South Kordofan state and certain areas in Blue Nile state, some functioning vaccinations posts closed, so in-spite of opening new vaccination sites in other states the number of fixed sites and out reach remained as in 2012 (1698 fixed sites and 4280 out reach)
- Improved the quality of the outreach services & mobile activities that were conducted with total sessions implementation rate of (96% for fixed sites, 94% for out reach and 73% for mobile teams.
- Because of the critical situation in Darfur zone, two acceleration campaign of 3 rounds per each for routine immunization, covering 53 localities were implemented.

A.1.3Supportive supervision

- 21 supervisory visits to the states were conducted with implementation rate of 84%. Out of theses visits; 7 were part of the integrated PHC supervision as one of the areas for starting integrated PHC service provision
- 89.5% (206) of planned visits to the localities were implemented
- 72 fixed immunization sites were visited by the National EPI personnel (72%)

- 1266 fixed immunization sites were visited by states and localities personnel (61.3% implementation rate) the main reason for this implementation rate is the aging vehicles with frequent failures. Two states implemented integrated PHC supervision as the first phase of implementation
- DQS tool was 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 &Meningitis and 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, Meningitis(A), measles catch up campaigns

-Conduction of 125,708 home visits (91%) for delivery of key health messages about immunization and defaulters retreival.

A.1.5/Monitoring for action

- Review and evaluation meetings at National and state level to assess the implementation of the plans were executed in 2013.
- Follow up and monitoring of monthly EPI meetings at sub national level, assessing progress indicators regularly at district level with emphasis 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 in all 17 Northern states. Overall 11 AEFI incidents were reported & investigated.

EPI Disease surveillance: All EPI diseases were reported from sentinel sites.
Case based surveillance for AFP & measles continued at high quality in 2013. Both polio and measles National labrotaries achieved the accreditation certificate with proficiency test of 100%
Lab based surveillance activities for Rota virus gastroenteritis and BMS continued in 2013 in 4 sentinel sites.
Other EPI disease surveillance maintained. (The data of the mentioned activities is included in the joint report)

B/ Introducing new vaccines & technologies…

- NITAG meetings were held to follow up on the new vaccine introduction decision (IPV)
- Country co- finance share for Penta-valent and Rota and PCV13 new vaccines was fulfilled but with some delay.

- Comprehensive EPI review was conducted and also PIE for PCV

- Effective Vaccine Management was conducted

C/ Linking with other health interventions…

- Vitamin A was distributed to children during the Polio NIDs. A total of 6,251,893 children in the age of 6 months to 5 years received Vitamin A in 2013 (98%).

- Integrated training targeting 571 joint staff for nutrition and EPI was conducted in 2013 in preparation for integrated PHC service delivery. also training for 530 Medical assistants

Constraints & Challenges:

- Aging of the transportation means at all levels
- Delayed co -financing
- insecurity in some areas of South kordofan , Blue Nile and Darfur zone
- The fund for regular social mobilization activities for routine immunization was limited.
- unavailable fund for implemeting MNT campaigns
- Formation of new localities & administrative structures every year.
- Competing and emergency activities such as flood crisis.

Each of the above mentioned constraints were dialed 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:

•□□□□□□□□ Insecurity in some areas of South Kordofan (3 localities were inaccessible) , Blue Nile state (partial inaccessible in 3 localities) and partial inaccessible in one locality in Central Darfur , one locality in South Darfur .

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

Insecurity in some areas of South kordofan (4 localities are completely inaccessible and 2 are partially inaccessible) , Blue Nile state (partial inaccessible in 3 localities) and partial inaccessible in one locality in Central Darfur , one locality in South Darfur..

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Administrative routine data	2013	47% (of total vaccinated with penta 3)	53% (of total vaccinated with penta 3)

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

There are no discrepancies

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

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

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)

*The only source of immunization coverage in 2013 was the administrative coverage data (EPI monthly reports).

The second phase imuunization coverage survey was conducted with MenA post campaign coverage survey in 7 states. results showed that difference in coverage between survey and administrative data is with in the level of percision ((±10%) report was shared with JRF 2013) but the final report compiling both phases to show Sudan coverage percent is still under process. but the final compiled results were not discussed yet.

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

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

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

Verification factor at different levels is monitored regularly as part of the DQS tool used in Supervision (Separate sheet) where the verification factor is calculated by comparing reported coverage with the recounted from registers

Also data verification was done as part of the comprehensive EPI review, where the finding regrading data accuracy was:

Data Accuracy at all levels is generally satisfactory. No deliberate over reporting was noticed.

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

- Revision and update of the information guidelines and tool (2013)
- Printing and availing the information documents and data records at all levels 2011-2013
- Refresher trainings for service providers on registration and reporting (2013 with PCV introduction training)
- continuous supervision for data system at all levels and monitoring of verification factor and quality index (2011-2013)
- Follow-up and monitoring of quality index and verification factor at all levels (2011-2013)
- Archive and back up of EPI data and information for the years 1996-2013

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.

- Mini-surveys and home visits during supervision for the catchment areas to assess the catchment area coverage
- National coverage survey every 3-5 yrs
- 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** 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$ = 5.4	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional Vaccines*	1,063,055	0	0	1,063,055	0	0	0	0
New and underused Vaccines**	32,856,141	2,170,155	30,685,986	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,050,931	105,669	925,575	19,687	0	0	0	0
Cold Chain equipment	1,177,528	0	282,154	895,374	0	0	0	0
Personnel	3,027,954	2,135,440	792,514	0	100,000	0	0	0
Other routine recurrent costs	3,031,207	200,000	2,163,528	201,942	465,737	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	33,825,526	1,000,000	11,006,882	10,651,841	11,166,803	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	76,032,342							
Total Government Health		5,611,264	45,856,639	12,831,899	11,732,540	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.

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

The government contribution to primary health care is very low compared to the actual needs. This is due to the low budget allocated to health in General due to different country competing priorities and conflicts.
The cost of traditional vaccines for 2014 & 2015 will be covered by UNICEF

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Provide official translation of ISS 2009 and 2010 audit reports	Yes
For ISS, the PHC Finance Unit shall provide reports comparing actual expenditure with the EPI budget to the EPI Manager at least quarterly. As outlined above, a pre-requisite for this is for EPI to prepare a detailed annual work plan and budget showing all activities by funding source	Yes
EPI and Planning Directorate to formulate guidelines and design a transparent process to attribute staff incentives paid from GAVI HSS and ISS funds. These guidelines shall be reviewed and approved by the NHSSC and the ICC respectively.	Yes

EPI shall prepare a detailed annual work plan and budget showing all activities by funding source. This work plan and budget shall be submitted to the ICC for review and approval	No

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

The 2013 annual work plan is prepared based on the multi-year EPI plan (cMYP) showing the planned activities by source of funding. Due to heavy schedule of EPI activities, Meningitis and measles campaigns and PCV introduction preparation, the plan was not submitted to the NHSCC/HSS subCCM.

An incentive top-up salary has been developed and shared with GAVI secretariat.

The actual expenditure report for the EPI planned activities is produced quarterly by the PHC finance unit, this is implemented for the year 2013 and will be continued.

.

The translation of the ISS 2009-2010 is done

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

All requirements related to ISS are implemented except for the detailed work plan and budget showing all activities by funding source, the has been developed but not submitted yet to HSCC (under process for 2014)

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **1**

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

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

- Co-financing for 2014cmust be fulfilled by the Ministry of Finance as soon as possible, and it was explained that the budget for 2014 co-finance already secured in the MoF budget and request procedure by MoH was started

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

If Yes, which ones?

List CSO member organisations:
Sudanese Red crecent society
Rotary interantional

5.8. Priority actions in 2014 to 2015

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

1. To achieve and sustain 95% coverage of the third dose of Penta-valent vaccine and 65% TT2+ nationally.
2. To increase and sustainPenta 3 coverage by improving both equitable access and utilization ofimmunization services as part of integrated PHC package in all districts
3. To maintain Sudan polio-free
4. To achieve and maintain Measles elimination.

5. To contribute to and maintain NNT elimination.
6. To reduce morbidity and mortality caused by N. Mengitidis and Yellow Fever.
7. To strengthen an integrated Surveillance system of VPDs/AEFI.
8. To strengthen Program managerial capacity.
9. To ensure sufficient fund for EPI activities.

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD & reconstitution syringes	Government
Measles	AD & reconstitution syringes	Government & UNICEF
TT	AD	Government & UNICEF
DTP-containing vaccine	AD	GAVI & Government
PCV	AD	GAVI & Government

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

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

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

No major obstacles were faced; the implementation is strengthened using GAVI Fund.

The AEFI surveillance system is established and strengthened.

The waste management par tin relation to having incinerators is not implemented as this is found costly for EPI and it is rathe**r a national health system issue accordingly it was addressed in the HSS cash support proposal for the period 2014-2018 submitted in Febreuary 2014**

Please explain in 2013 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 then bury or bury alone 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 (this is planned to be addressed through new HSS cash support)

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	1,098,781	5,627,062
Total funds available in 2013 *(C=A+B)*	1,098,781	5,627,062
Total Expenditures in 2013 *(D)*	1,061,829	5,436,565
Balance carried over to 2014 *(E=C-D)*	36,952	190,497

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 ISS funds through its auditing system of finance and according to the Ministry of Finance rules and regulations. The ISS financing system comes under the PHC financing system. It has an internal auditing system as well as the external auditing system.
- Budgets are approved according to plans (central and states).
- Support to the states is according to the revised planned targets which is based on the locality micro-plans 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. Thereafter, the needs and cost for these strategies is calculated according to specific guidelines.
- The states funds are transferred to the State MOH, and it is following the rules and regulation of the MOH.
- Financial reports are provided to the central level

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 EURO
- The funds are transferred into the EPI Program Government account in local currency.

- Funds channeled from national level to the Sub-national levels through the states MOH accounts
- States MOH distributes the support to the districts according to the budget in their micro plans to conduct outreach, mobile immunizationsessions and supervision activities.
- States are monitored and accounted according to:
- Number of immunization sessions and children to be vaccinated everymonth
- Significant performance, and efficient use of EPI supplies in regard to their different situation

- Feedback and monthly liquidation
- State local contributions is monitored and recorded againstGAVI ISS.

Role of ICC in this process

- Toreview & endorse the EPI annual plan including the funding plan whichusually 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 2013

- Out-reach and mobile immunization activities (Personnel andtransportation cost).
- Monitoring and supervision
- Cold chain maintenance 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 2013 calendar year

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

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

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

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	3,155,650	2,781,200	374,496	No
Pneumococcal (PCV13)	2,566,800	2,430,000	136,800	No
Rotavirus	2,643,000	2,385,000	258,000	No

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

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

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

Difference between A and B values for <u>DTP-HepB-Hib, Rota and PCV13</u> is due to :

- **Delayed government co-finance from the planned date of May 2013 to the Novemeber-December 2013. All of these deliveries have received on April 2014.**
- **NO problem in cold chain, NO doses discarded and NO stock outs at any level.**

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

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

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

7.2. Introduction of a New Vaccine in 2013

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Introduced already in 2008

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	01/08/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Time of introduction was delayed due to problems in vaccine registration in the country which delayed vaccine receipt and launching

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	introduced already in 2011

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

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

Rota:
Done in 2012 and findings were shared in APR 2012

PCV 13 :

PIE was done in 2013 as part of the comprehensive EPI review, its main findings are:

Strengths:

Well planned introductionof new vaccines

Very high politicalcommitment at all levels have beenreported . In case of Red Sea state , 2 sessions in parliament were held prior to to recent introduction of PCV at RedSea state.

The interviewedvaccinators and supervisors know the diseases prevented by PCV.
Launching ceremonies were held at state,locality and HF level

Weakness

Delay in introductionbecause of non availability of vaccine caused unnecessary embarrassment forvarious states where awareness activities began early as per original plan.

In some HFs there were no PCV posters andguidelines

Recommendations

Duringthe supervisory visits, especially emphasis should be given to matters relatedto new vaccines introduction.

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**

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

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

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

we started to produce some indicators from Rota and bacterial meningitis surveillance to assess the impact of the introdued vaccines (DTP-HepB-Hib and Rota vaccines theses indicators are:

For Rota

Indicator

Before vaccine introduction (2007- July 2011)

After vaccine introduction 18th July-Dec 2013)

Positivity rate

35.7%

28.7%

Age distribution of + ve cases

0-11 months 62.7%

0-5 months 52.7%

12-23 months 28.4%

12-23 months 37.4%

≥ 24 months 8.9%

≥ 24 months 9.9%

For Bacterial Meningitis

Decreasing trend of +ve culture results

Year

% positive culture for bacterial Meningitis

2007

14 %

2008

3 % (introduction of DTP-HepB-Hib)

2009

3 %

2010

3 %

2011

3 %

2012

3 % (Men A phase 1 campaign)

2013

2 %(Men A phase 2 campaign)

Decreased positive culture rate for H.influenzae in CSF samples decreased from 13% before (DTP-HepB-Hib introduction in 2007 to 9% in 2013.
Decreased positive culture rate for N. meningitidis in CSF samples from 30% before MenA campaign in 2012 to 0% in 2013.

But still alot of in depth analysis need to be done to measure the impact of new vaccines introduction and and regular meetings for evaluating findings have to be held by the NITAG

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	1,015,500	5,662,624

Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	1,015,500	5,662,624
Total Expenditures in 2013 (D)	983,358	5,482,624
Balance carried over to 2014 (E=C-D)	32,142	180,000

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

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

7.3.2. Programmatic Reporting

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

The introduction gran was used for the following activities:

- cold chain expansion
- update printing and distribution of recording and reporting formats and training guidelines
- training of trainers and service providers
- advocacy, social mobilization campaigns and IEC materials
- vaccine distribution
- launching at national and states level

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

No major problems except delayed launching due to vaccine registration issues leading to delayed vaccine receipt but all activities other implemented as planned

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

remaining balance is 32,142 USD. was used in Jan 2014 is to bridge gap in implementing out reach sessions

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	949,475	374,496
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	487,740	136,800
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	732,939	258,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	2,170,155	
Donor		

Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	65,310	389,900
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	40,359	145,600
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	Governmnet
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	June	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	No need for the time being	

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

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **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 2013**

Please attach:

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

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

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

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

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

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningococcal type A 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)**
9346500	14/09/2013	(3000000) doses received on 11/ 3/2013, (2112000) doses received in 22/4/2013, (2,110,000) doses receivedon 25/4/2013, (2124,500 doses received in 304/2013)

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

No difference

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?

All shipments were received before the date of the campaign (more than 2 months before launching)

7.6.2. Programmatic Results of Meningococcal type A 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
7 states	14-23/9/2013	7920552	7350138	93	90	5	342	88

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

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

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

the coverage did not reach 95% because in South Kordofan state 4 localities were completely inaccessible and 2 were partially in accessible. although a lot of co-ordination effort were done to implement the campaign there but it failed

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?

Campaign achieved the target in all states in phase 2 except for South Kordofan doue to the security compromised areas(6 localities)

What lessons have you learned from the campaign?

- **Government comment and collaboration with partners**
- **Proper and early Planning**
- **Cascade training at all level**

- **Proper Vaccine management and Immunization safety.**
- **AEFI training and monitoring**
- **Waste management planning**
- **Post campaign evaluation (Coverage survey,Independent monitors)**

7.6.3. Fund utilsation of operational cost of Meningococcal type A preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Personnel	4298880	826708
AEFI	910728	175140
Cold chain	508172	97725
Transportation	14792542	2844720
Training	1249384	240266
Social Mobilization	2900079	557708
Federal supervision	982900	189019
Monitoring and evaluation	1123700	216096
Total	**26766385**	**5147382**

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 2014

If 2014 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2015 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2016

The country hereby request for an extension of GAVI support for

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

vaccines: for the years 2015 to 2016.At the same time it commits itself to co-finance the procurement of

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

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.11 Calculation of requirements.

The multi-year extension of

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

vaccine support is in line with the new cMYP for the years 2015 to 2016 which is attached to this APR (Document N°**16**). The new costing tool is also attached.(Document N°**17**)

The country ICC has endorsed this request for extended support of

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

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

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

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

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

Yes

If you don’t confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

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

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

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	1,327,317	1,363,272	1,382,639	1,418,319	5,491,547
	Number of children to be vaccinated with the first dose	Table 4	#	1,303,459	1,363,272	1,382,639	1,418,319	5,467,689
	Number of children to be vaccinated with the third dose	Table 4	#	1,303,459	1,363,272	1,313,507	1,347,402	5,327,640
	Immunisation coverage with the third dose	Table 4	%	98.20 %	100.00 %	95.00 %	95.00 %	

	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.00	1.03	1.03	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,101,974				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,101,974				
	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	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.30	0.34	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

No difference

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

4.5

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

Co-financing group	Intermediate

	2013	**2014**	**2015**	**2016**
Minimum co-financing	0.23	0.26	0.30	0.34
Your co-financing	0.26	0.26	0.30	0.34

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

		2014	**2015**	**2016**
Number of vaccine doses	#	3,642,000	4,249,200	3,603,400
Number of AD syringes	#	4,006,100	4,559,300	3,849,300
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	44,075	50,175	42,350
Total value to be co-financed by GAVI	$	7,640,000	9,017,500	7,385,500

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

		2014	2015	2016
Number of vaccine doses	#	515,300	699,700	716,700
Number of AD syringes	#	566,800	750,700	765,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	6,250	8,275	8,425
Total value to be co-financed by the Country [1]	$	1,081,000	1,485,000	1,469,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	12.39 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,303,459	1,363,272	168,967	1,194,305
B1	Number of children to be vaccinated with the third dose	*Table 4*	1,303,459	1,363,272	168,967	1,194,305
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	3,910,377	4,089,816	506,899	3,582,917
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.00		
F	Number of doses needed including wastage	*D X E*		4,089,816	506,899	3,582,917
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		67,290	8,341	58,949
H	Stock to be deducted	*H1 - F of previous year x 0.375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	1,101,974		
H3	Shipment plan	*UNICEF shipment report*		3,753,700		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		4,157,150	515,245	3,641,905
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		4,572,817	566,763	4,006,054
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		50,301	6,235	44,066
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		8,002,514	991,846	7,010,668
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		205,777	25,505	180,272
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)*		252	32	220
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		512,161	63,479	448,682
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)*		8,720,704	1,080,859	7,639,845
U	Total country co-financing	*I x country co-financing per dose (cc)*		1,080,859		
V	Country co-financing % of GAVI supported proportion	*U / T*		12.39 %		

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

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	14.14 %			16.59 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,382,639	195,465	1,187,174	1,418,319	235,290	1,183,029
B1	Number of children to be vaccinated with the third dose	*Table 4*	1,313,507	185,692	1,127,815	1,347,402	223,525	1,123,877
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	4,050,441	572,614	3,477,827	4,154,965	689,280	3,465,685
E	Estimated vaccine wastage factor	*Table 4*	1.03			1.03		
F	Number of doses needed including wastage	*D X E*	4,171,955	589,793	3,582,162	4,279,614	709,958	3,569,656
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	30,802	4,355	26,447	40,373	6,698	33,675
H	Stock to be deducted	*H1 - F of previous year x 0.375*	- 745,965	- 105,457	- 640,508			
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	781,754	110,518	671,236			
H2	Reported stock on January 1st	*Table 7.11.1*						
H3	Shipment plan	*UNICEF shipment report*						
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	4,948,750	699,609	4,249,141	4,320,000	716,658	3,603,342
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	5,309,928	750,669	4,559,259	4,614,872	765,575	3,849,297
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	58,410	8,258	50,152	50,764	8,422	42,342
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	9,645,114	1,363,537	8,281,577	8,125,920	1,348,033	6,777,887
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	238,947	33,781	205,166	207,670	34,451	173,219
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	293	42	251	254	43	211
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	617,288	87,267	530,021	520,059	86,275	433,784
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	10,501,642	1,484,625	9,017,017	8,853,903	1,468,800	7,385,103
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,484,625			1,468,800		
V	Country co-financing % of GAVI supported proportion	*U / T*	14.14 %			16.59 %		

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

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

Although we tried tomanipulate variables used to calculate it (% coverage for pentavalent, wastagerate (table 4), 2013 closing stock and 2014 opening stock for pentavalentvaccine at national store (table 7.11.1) ; it remained negative, .and Because (H) and theCalculation formula for buffer stock is different from the previous in the APRs2012 and before, (and there is no clarification for it esp 0.375 that was usedin the formula. It was difficult for meto trace where the problem is exactly as program has no reason for this negative result we We requested help from APR @gavialliance.org and waiting for the solution.

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we We requested help from APR @gavialliance.org and waiting for the solution.

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

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	1,327,317	1,363,272	1,382,639	1,418,319	5,491,547
	Number of children to be vaccinated with the first dose	Table 4	#	1,303,459	1,363,272	1,382,639	1,418,319	5,467,689
	Number of children to be vaccinated with the third dose	Table 4	#	1,303,459	1,363,272	1,313,507	1,347,402	5,327,640
	Immunisation coverage with the third dose	Table 4	%	98.20 %	100.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	232,502				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	232,502				
	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	
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	$		0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	
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	%		0.00 %	0.00 %	0.00 %	

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

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

1- **No difference**

We

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

Co-financing group	Intermediate

	2013	2014	2015	2016
Minimum co-financing	0.20	0.23	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**)

		2014	2015	2016
Number of vaccine doses	#	3,849,900	4,058,200	4,122,800
Number of AD syringes	#	4,023,600	4,250,600	4,319,900
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	44,275	46,775	47,525
Total value to be co-financed by GAVI	$	14,019,500	14,688,000	14,882,500

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

		2014	2015	2016
Number of vaccine doses	#	259,600	314,100	373,700
Number of AD syringes	#	271,300	329,000	391,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	3,000	3,625	4,325
Total value to be co-financed by the Country [1]	$	945,500	1,137,000	1,349,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	6.32 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,303,459	1,363,272	86,105	1,277,167
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	3,910,377	4,089,816	258,313	3,831,503
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		4,294,307	271,229	4,023,078
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		47,103	2,976	44,127
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		4,109,400	259,550	3,849,850
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		4,294,859	271,264	4,023,595
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		47,244	2,984	44,260
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		13,934,976	880,133	13,054,843
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		193,269	12,207	181,062
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)*		237	15	222
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		836,099	52,808	783,291
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)*		14,964,581	945,163	14,019,418
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		945,162		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		6.32 %		

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	7.18 %			8.31 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,382,639	99,323	1,283,316	1,418,319	117,871	1,300,448
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B x C*	4,147,917	297,967	3,849,950	4,254,957	353,611	3,901,346
E	**Estimated vaccine wastage factor**	*Table 4*	1.05			1.05		
F	**Number of doses needed including wastage**	*D X E*	4,355,313	312,866	4,042,447	4,467,705	371,291	4,096,414
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	15,252	1,096	14,156	28,098	2,336	25,762
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	4,372,200	314,079	4,058,121	4,496,400	373,676	4,122,724
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	4,579,486	328,969	4,250,517	4,711,361	391,540	4,319,821
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	50,375	3,619	46,756	51,825	4,307	47,518
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	14,734,314	1,058,444	13,675,870	15,112,401	1,255,924	13,856,477
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	206,077	14,804	191,273	212,012	17,620	194,392
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	252	19	233	260	22	238
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	884,059	63,507	820,552	906,745	75,356	831,389
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	15,824,702	1,136,773	14,687,929	16,231,418	1,348,920	14,882,498
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,136,772			1,348,920		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	7.18 %			8.31 %		

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

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	1,327,317	1,363,272	1,382,639	1,418,319	5,491,547
	Number of children to be vaccinated with the first dose	Table 4	#	1,303,459	1,363,272	1,354,986	1,389,952	5,411,669
	Number of children to be vaccinated with the second dose	Table 4	#	1,303,459	1,363,272	1,313,507	1,347,402	5,327,640
	Immunisation coverage with the second dose	Table 4	%	98.20 %	100.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.02	1.02	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	2,071,103				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	2,071,103				
	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	
cc	**Country co-financing per dose**	Co-financing table	$		0.30	0.30	0.34	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	
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	%		0.00 %	0.00 %	0.00 %	

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

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

No difference

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

Co-financing group	Intermediate

	2013	2014	2015	2016
Minimum co-financing	0.23	0.26	0.30	0.34
Your co-financing	0.26	0.30	0.30	0.34

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

		2014	2015	2016
Number of vaccine doses	#	731,700	1,248,300	1,290,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by GAVI	$	1,967,500	3,346,500	3,505,500

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

		2014	2015	2016
Number of vaccine doses	#	91,900	157,300	184,500
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country [1]	$	247,500	422,000	501,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	11.16 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,303,459	1,363,272	152,092	1,211,180
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	2,606,918	2,726,544	304,183	2,422,361
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		2,862,872	319,393	2,543,479
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		31,402	3,504	27,898
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		823,500	91,873	731,627
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		2,108,984	235,286	1,873,698
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)*		105,450	11,765	93,685
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		2,214,434	247,050	1,967,384
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		247,050		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		11.16 %		

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	11.19 %			12.51 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,354,986	151,641	1,203,345	1,389,952	173,911	1,216,041
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2			2		
D	**Number of doses needed**	*B x C*	2,709,972	303,282	2,406,690	2,779,904	347,822	2,432,082
E	**Estimated vaccine wastage factor**	*Table 4*	1.02			1.02		
F	**Number of doses needed including wastage**	*D X E*	2,764,172	309,348	2,454,824	2,835,503	354,778	2,480,725
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 4,143	- 463	- 3,680	17,833	2,232	15,601
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	1,355,385	151,686	1,203,699	1,380,060	172,673	1,207,387
H2	**Reported stock on January 1st**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,405,500	157,294	1,248,206	1,474,500	184,490	1,290,010
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	3,588,242	401,572	3,186,670	3,816,006	477,459	3,338,547
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	179,413	20,079	159,334	190,801	23,873	166,928
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	3,767,655	421,650	3,346,005	4,006,807	501,331	3,505,476
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	421,650			501,331		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.19 %			12.51 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

   a. Progress achieved in 2013

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

   c. Plans for 2015

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

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

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

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2013

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

   c. Latest Health Sector Review Report

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

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

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

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

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

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

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

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

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

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

Implementation of HSS grantis not yet complete. An outline of activities that are still ongoing and expecteddates of completion is provided below:

- Public Health Institute Leadership Diploma Training - February, 2015
- Implementation of Community Based Health Information System – August,2014
- Health System Observatory – June, 2014
- Development of Planning Manual – 20 of May, 2014
- Civil works – end of May , 2012
- Procurement of cold chain equipment – 10 May, 2012
- Procurement of medicines (FEFOL caps) – July, 2014
- Procurement of laboratory supplies - 30 May, 2014
- Procurement of medical equipment – 30 May, 2014

Printing of Health Management Information System supplies – Mid-May, 2014

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

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

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

CSOs are represented in the NationalHealth Sector Coordination Committee / HSS /Sub-CCM but are not involved in theimplementation of the current HSS grant. This issue has been given specialconsideration in the new grant, 2014-18. To this end, preparatory measures arebeing taken to ensure their timely and meaningful involvement i.e. training on resource mobilization and proposal writing for CSOs as well as a meetingheld for formulation of a coordination mechanism for CSOs.

Annex 3: Formulation of a coordination mechanism for CSOs

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

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

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

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

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **0** US$

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

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

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

Table 9.1.3a (US)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	3063620	3144806	3228143	3313689	3401503	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)		1597472	3471572	5011500	2142767	
Total funds received from GAVI during the calendar year (*A*)	3063620		6151831		3878228	3106974
Remaining funds (carry over) from previous year (*B*)		1772092	91192	4654681	1785948	3959082
Total Funds available during the calendar year (*C=A+B*)	3063620	1772092	6243023	4654681	5664176	7066056
Total expenditure during the calendar year (*D*)	1291528	1680900	1588342	2868733	1705094	5321776
Balance carried forward to next calendar year (*E=C-D*)	1772092	91192	14654681	1785948	3959082	1744280
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	3144806	3228143	3313689	3401503		

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	1744280			
Total Funds available during the calendar year (*C=A+B*)	1744280			
Total expenditure during the calendar year (*D*)	1535069			
Balance carried forward to next calendar year (*E=C-D*)	711825			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
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*)	6739964		14149211		27000000	16829446
Remaining funds (carry over) from previous year (*B*)		4028404	230923	10726948	4031815	24401990
Total Funds available during the calendar year (*C=A+B*)	6739964	4028404	14380134	11216948	32952815	43332934
Total expenditure during the calendar year (*D*)	2711560	3797481	3653186	7185133	8557825	28423168
Balance carried forward to next calendar year (*E=C-D*)	4028404	230923	10726948	4031815	24401990	14909766
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	6739964	6918573	7101914	8284222	8843907	

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)	14909766			
Total Funds available during the calendar year (*C=A+B*)	14909766			
Total expenditure during the calendar year (*D*)	9056904			
Balance carried forward to next calendar year (*E=C-D*)	5852862			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	2.2	2.2	2.2	2.5	2.6	4.4
Closing on 31 December	2.2	2.2	2.4	2.6	4.4	5.6

Detailed expenditure of HSS funds during the 2013 calendar year

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

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

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

The overall management of GAVI HSS funds is theresponsibility of the GAVI/GFATM HSS Project Management Unit under the Directorate General of Planning andInternational Health at Sudan Federal Ministry of Health (FMOH). This iscarried out in accordance with government guidelines and procedures, laid downby the Ministry of Finance and National Economy.

1. The National Health SectorCoordination Committee/Health System Strengthening Sub-Country CoordinatingMechanism (NHSCC/HSS Sub-CCM) oversees implementation of all HSS activities inthe health sector and ensures that support is managed according to bestpractices for the management of global health partnerships at the country levelas well as reviews annual financial reports and endorses them before submissionto GAVI Secretariat.

GAVI HSS funds are received by the International HealthDirectorate through the GAVI Euro account at Blue Nile El Meshreg Bank(commercial bank). Joint signatories to these bank accounts are the GlobalHealth Initiatives Coordinator and the HSS Finance Manager Funds are thentransferred into the GAVI local account at the same bank and afterwardsdisbursed to implementers/contractors against approved activities in the AnnualWork Plan.

The annual work plan and budget is prepared byGAVI Project Management Team at the beginning of the Government of Sudanfinancial year and is presented for the NHSCC/HSS-Sub CCM for review andapproval. Financial reports are prepared by the financial officer and presentedto the GAVI/HSS Coordinator on monthly basis. A monthly bank reconciliation, togetherwith a copy of the cash book is provided for review and sign off to both Global Health Initiatives Coordinator and Internal Auditor.

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Detailed planning, annual review as part of operational research and preparation of annual report		100	Annex 7 : Report on States Annual Planning Meeting, October 2013
Component-1: Improve institutional capacity, organization and management for sustainable health system financing and development			
Objective 1: By end of 2012, strengthen/build core			

systems and capacities (organization and management; health planning and development, health financing; health management information system and monitoring and evaluation) in 15 Northern SMOHs and 20 Localities/districts			
1.1: Improving management and organization			
Activity 1.1.1:	Short and long term TA to assist in building the capacity of 15 northern states and 20 localities	60	Annex 8 : Technical reports on building the planning capacity of Federal, state and locality levels (August, 2013-March, 2014) Annex 9: West Kordofan Health Mapping Exercise
Activity 1.1.2:	Train health management teams in 11 states and 20 localities in decision-making, teamwork, and conducting effective meetings	100	Annex 10: Report on Integrated training on leadership and management
Activity 1.1.3:	TA for undertaking training needs assessment of public health managers both at state and locality level	100	
Activity 1.1.4:	Train senior and mid-level health managers in all 11 northern states and 20 localities on short courses/on-job capacity building programme on health planning, district health management, leadership (11 states*4 each = 44) (20 loclaities * 3 each =60)	30	
Activity 1.1.5:	Improve work qenvironment and provide key office equipment for SMOH in 11 states (PCs=2, faxes 1, printers=2, photocopiers (1).	100	
Activity 1.1.6:	improve work environment and provide key office equipment for 20 districts (PCs=2, faxes 1, printers=1)	100	
Activity 1.1.7:	support 11 SMOH to undertake supervision of services delivery though provision 4WD double cap vehicle (1) each (11 states * 1 vihecles = 22).	100	
Activity 1.1.8:	support Health Management Teams in 20 localities to undertake supervision of services delivery though provision vehicle (1) each = 20 districts* 1 each = 20	100	
Activity 1.1.9:	provide TA to 11 Northern states for defining/adapting job descriptions, service package for different levels of care/facilities, staffing and resource requirements	100	
Activity 1.1.10:	Train admin and financial staff in 11 northern states on	100	

	budgeting and financial and resources management.		
1.2: Strengthening of health planning capacities			
Activity 1.2.1:	Support planning process (purchase/design and install planning software for the three levels of governance and train staff on its use in the Directorates of Health Planning in all 15 northern states and 20 localities. Also, provide copies of the planning and instructional manual)	100	
Activity 1.2.2:	provide copies of the planning and instructional manual to 11 SMOH and 20 Localities Management Teams	0	
Activity 1.2.3:	develop a system for short course/on-job capacity building programme (2-3 weeks duration) on planning of health system recovery and development in a local university/ institute;	100	
Activity 1.2.4	train a group of 6 experts (at national level) to act as trainers for the short course/on-job capacity building programme on the planning for recovery and development of health system;	100	
Activity 1.2.5:	train at least two staff from each of 15 Directorates of Health Planning in Northern states and one staff from 20 localities on planning of health system recovery and development	100	
Activity 1.2.6:	provide PC (1), fax (1), printer (1), photocopier (1), to the Directorates of Health Planning in 11 states	100	
1.3: improve capacities and knowledgebase for equitable and sustainable health financing			
Activity 1.3.1:	conduct household expenditure and health services utilization research in 11 northern states	100	
Activity 1.3.2:	train 2 senior staff of Health Economic Unit in health economics/financing at Master/Diploma level	100	
Activity 1.3.3:	provide TA for developing/adapting pro-poor, comprehensive and sustainable health financing policy in 11 Northern states	100	
Activity: 1.3.4:	provide TA for developing PHC services and immunization sustainability plans for national level and 11 Northern states	100	
1.4: Strengthening of health Information system			

Activity 1.4.1:	TA to support designing of a community based health information system	100	
Activity 1.4.2:	support to implement community based health information system in 12 states (excluding the three Darfur states) 2 localities in each=24 localities	0	
Activity 1.4.3:	design and establish a comprehensive integrated information base at national and state level (in 11 states)	100	
Activity 1.4.4:	Develop a health system observatory that could provide output using GIS and set up mechanisms for the regular updating of health system profile.	100	Annex 11: Health System observatory progress report,2013
Activity 1.4.5:	provide TA for designing a comprehensive monitoring and evaluation system, both for national and state level, for the decentralized health system	100	
Activity 1.4.6:	Support to establish comprehensive monitoring and evaluation system in all 15 Northern states.	100	
Objective 2: Develop health human resources and strengthen the capacity of 11 SMOH to produces, deploy and retain PHC workers focusing on nurses, midwifes, lab technician and multipurpose health workers in			
2.1: Develop health human resources systems and policies			
Activity 2.1.1:	provide TA for developing a comprehensive human resource plan for 11 Northern states, essentially addressing the issues like skill imbalances and geographical inequalities	100	
Activity 2.1.2:	institute innovative approaches like financial and non-financial incentives as operational research for improving the retention of health staff	100	
2.2: Rationalize and invest in training institutions for PHC workers focusing on Nurses, Midwifes, Lab technicians and multi purpose health worker			
Activity 2.2.1:	rehabilitate 2 Academy of Health Sciences in 2 SMOH	100	
Activity 2.2.2	provide audio-visual equipment, furniture, computers for skill lab and books for library to four Academies of Health Sciences in 11 SMOH	100	

Activity 2.2.3:	provide PCs (1), faxes (1), printers (1), to Directorates of Health Human Resource in 11 SMOH	100	
Activity 2.2.4:	provide TA for adapting curricula for paramedics and development of training material for the training of medical assistance as multi-purpose health workers;	100	
Activity 2.2.5:	Provide tuition fees in every academic year (2009-12), to 40 students of different categories in AHSs in the 7 SMOH (300 annually).	100	Annex12: List of Academy of Health Sciences Students Enrolled,2013
Activity 2.2.6:	Support to institutionalize Continuing Professional Development programmes as a pilot in four AHSs (Khartoum, Gezira, White Nile, and Gadarif)	100	
Activity: 2.2.7:	provide integrated on the job training for PHC workers to enable with the skill necessary for the provision of essential services such as immunization, child and maternal care in the 4 targets states (4 localities/districts each) (4 states* 4 localities/districts * 20 PHC workers= 320 annuly * 5 years	100	Annex13: Report on integrated training for multipurpose cadre
Component -2: improving service delivery and equitable access to quality PHC services.			
Objective 3: By end of 2012, contribute to the achievement of 90% EPI coverage in all 15 Northern states through increasing fixed site by 25% from the current level of 1,260 facilities and support to outreach services			
Activity: 3.1:	provide cold chain to support health facilities to work as fixed sites for immunization (60 annually) (4 states * 15 health afcilties * 5 years = 300 health afcilties)	100	Annex 14: EPI progress report
Activity 3.2:	support to outreach services targeting underserved and districts with low immunization coverage (2 districts * 4 sates * 5 years = 60) * 30,000 US$ each district	100	Annex 14: EPI progress report
Objective 4: By end of 2012, contribute to the achievement of 75% equitable coverage and access to quality PHC services necessary for improved maternal health and child survival in the 4 targeted states.			

4.1: Invest in PHC infrastructure network and equipments			
Activity 4.1.1:	provide TA for developing comprehensive investment plan for health system development in 8 states (White Nile, North Kordafan, Sinnar Gadarif, Khartoum, Gezira, Northern, and River Nile)	100	
Activity 4.1.2	Rehabilitate 1 rural hospital annually, in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) according to standards (1*4*5=20)n (focus on maternal, neonatal and EmOC)	100	Annex15: Annual procurement progress report
Activity 4.1.3	Rehabilitate/upgrade 3 dispensaries/Primary Healthcare Units annually in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) according to standards (3 HF * 4 states * 2 years = 24 + 6* facilites *4 state*2= 48 in 3 and 4)	100	Annex15: Annual procurement progress report
Activity 4.1.4:	rehabilitate 2 rural health centers in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) according to standards (2 * 4 states * 5 years = 40)	100	Annex15: Annual procurement progress report
Activity: 4.1:5	Provide essential equipment and future (according to standards) for 2 hospitals annually in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) (2 hospital * 4 states *5 years = 40) (focus on maternal, neonatal and EmOC)	70	Annex15: Annual procurement progress report
Activity 4.1.7:	Provide essential equipment and furniture (according to standards) for 4 urban health centers in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) (4 health centers * 4 states * 5 years = 80 HCs)	70	Annex15: Annual procurement progress report
4.2: Provision of medicines and medical supplies essential for child and maternal health			
Activity 4.2.1:	Provide medicines for the treatment of key child health problems (ARI and diarrhoeal diseases); Vitamin A; Anti-helminthes; Iron and folic acid supplements for pregnant women to 25 Health centers and dispensaries annually in each of the targeted four states (20 PHC facilities * 4 states * 5 years = 500) *6000 US$ each facility per year	100	Annex15: Annual procurement progress report
Activity 4.2.2: year	Provide medicines for the treatment of key child health problems (ARI and diarrhoeal diseases); Vitamin A; Anti-	100	Annex15: Annual procurement progress report

	helminthes; Iron and folic acid supplements for pregnant women to 4 rural hospital in each of the targeted four states (4 Rural Hospitals * 4 states * 5 years = 80) * 12000 US$ for each facility per year		
Activity 4.2.3:	Provide essential laboratory supplies for testing (urine, Hb, BFFM, etc) necessary for improving maternal and child care to 4 rural hospital in each of the targeted four states (4 Rural Hospitals * 4 states * 5 years = 80) * 250 US$ each facility	100	Annex15: Annual procurement progress report
Activity 4.2.4:	Provide essential laboratory supplies for testing (urine, Hb, BFFM, etc) necessary for improving maternal and child care to 25 Health centers and dispensaries annually in each of the targeted four states (25 PHC facilities * 4 states * 5 years = 500) * 2000 US$ each facility per year.	100	Annex15: Annual procurement progress report
Activity: 4.1:6	Provide essential equipment and furniture (according to standards) for 3 dispensaries/PHCUs in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) (3 facilities * 4 states * 5 years = 60)	70	Annex15: Annual procurement progress report
Activity 4.2.5:	Provide long lasting insecticidal mosquito bed nets for distribution in the rural and hard to reach areas of the 4 states (5,000 bed nets * 4 states * 5 years * 5 US$ per nets)	100	Annex15i: Mosquito bed nets distribution
Activity 4.2.6 :	Provide HMIS printed supplies for providing to 100 PHC facilities in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) (100 facilities * 4 states * 5 years) * 50 US$ annually for each facility	0	
4.3: Address the demand side barriers to access health services (Immunization, care seeking behavior for children, RH, harmful tradition to mother and child)			
Activity 4.3.1:	design documentaries and advocacy material	100	
Activity 4.3.2:	Print and disseminate documentaries and advocacy material for improving household knowledge and making informed decisions about health in the 4 targeted states (4 * 5000 US$ each)	50	
Activity 4.3.3:	Conduct operational research in selected to test interventions for alleviating financial barriers to access primary health care and the	100	

	impact of these subsides on the demand for services).		
Activity 4.3.4:	conduct KAP studies in all 4 northern states for determining the social and cultural barriers and defining measures for addressing these.	100	
5: Management of GAVI/HSS support			
Activity 5.1:	Support the DGHP&D in the FMOH to coordinate, monitor and report on the implementation of the GAVI/HSS support	20	
Activity 5.2:	Providing equipment to DGHP&D to enhances its capacity to coordinate, monitor and report on the implementation of the GAVI/HSS support	100	
Activity 5.3:	Support the DGHP&D in the 4 SMOH to coordinate, monitor and report on the implementation of the GAVI/HSS support	15	
Activity 5.4:	Providing equipment to DGHP&D in each of the 4 states to enhances its capacity to coordinate, monitor and report on the implementation of the GAVI/HSS support	100	
Activity 6.1:	Undertake evaluation research (in 2012)	0	Annex1: GAVI Final Evaluation TORs

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**
Detailed planning, annual review as part of operat	The Planning Department at Federal Ministry of Health conducted the annual planning meeting with States to discuss states and Federal Biennium Plans October. Annex 7: Report on States Annual Planning Meeting, October 2013 NB: 2013 & 2014 budget utilized in 2013 to implement this activity.
Component-1: Improve institutional capacity, organ	
Objective 1: By end of 2012, strengthen/build core	
1.1: Improving management and organization	
Activity 1.1.1: short and long term TA to assist i	A Local consultant has been contracted for one year (September, 2013- August, 2014) to provide technical support in Planning to Federal, state and locality levels in Sudan. Support provided so far is as below: - The directorates at Federal Ministry of Health (FMOH) and the 18 states have received support on development of their Biennium Plans (2014-2015) through meetings, workshops and daily follow up with the Director Generals (DGs) and Planning Focal Points at FMOH. In addition other meetings were held with the aim of alignment and harmonization of these plans, - Support to the alignment of state and national plans at a workshop held in October, 2013, - Development of FMOH Annual Plan, 2014, - Formulation and activation of National Health Sector Planning and Policy Forum, - Review and finalization of a proposal for reform of the Directorate

	of Planning and Policies, FMOH, - Development of a concept note for JAR for the health system as a first trial in Sudan, - Facilitated the development of the joint plan with WHO for the biennium 2014-2014, - Technical support meetings are regularly being held with focal points of Planning, Policy, Health Economics and M&E departments at FMOH to assist them implement their plans - State visits for supportive supervision, finalization of plans and completion of an ongoing assessment of the planning and policy departments are in progress. The above activities had encountered some delays due to staff turnover at the Planning Department. Annex 8: Technical reports on building the planning capacity of Federal, state and locality levels (August, 2013-March, 2014) West Kordofan State (which was previously part of North Kordofan) was supported to conduct a health mapping exercise during February- March, 2014 (previously planned to be conducted in 2013) Annex 9: West Kordofan Health Mapping Exercise
Activity 1.1.2: train health management teams in 1	As a continuation of integrated trainings on leadership and management and Amin and Finance conducted in previous years, 178 health managers from states and localities were trained from Sinnar, White Nile, Gadarif and West Kordofan states during the period October, 2013 - April 2014. This activity is being implemented in alignment with the same activity conducted under GFATM HSS. Annex 10: Report on Integrated training on leadership and management
Activity 1.1.3: TA for undertaking training needs	Implemented during 2009-10 as part of WHO contract
Activity 1.1.4: train senior and mid-level health	Fifty public health managers from across the 18 states of Sudan are planned to be enrolled in Leadership Diploma Program (Batch 3 and 4) at The Public Health Institute (PHI), FMOH from 1st June, 2014 to February 2015. The nomination process has already begun and the selection will be completed by the end of April, 2014. The curriculum that was previously used for training of batch 1 & 2 was for a Masters degree. This is currently being modified to a diploma level. This has delayed rolling out of the program for the 3rd and 4th batches.
Activity 1.1.5: improve work environment and provi	Implemented in 2008 to cover for activities planned for both 2008-09
Activity 1.1.6: improve work environment and provi	Implemented during 2008-09 together with above activity
Activity 1.1.7: support 11 SMOH to undertake super	Implemented during 2008-09
Activity 1.1.8: support Health Management Teams in	Refund from Ministry of Finance for previously procured vehicles that have become part of the national system, is being utilized for the procurement of one vehicle for the project management Unit.
Activity 1.1.9: provide TA to 11 Northern states f	Implemented in 2012
Activity 1.1.10: train admin and financial staff i	Implemented in 2012
1.2: Strengthening of health planning capacities	
Activity 1.2.1: Support planning process (purchase	Implemented in 2012
Activity 1.2.2: provide copies of the planning and	The printing of the planning and instructional manual has been delayed due to updating of the planning manual that has commenced in mid- April, 2014 and is expected to be complete by 20th of May, 2014.
Activity 1.2.3: develop a system for short course/	Implemented in 2012

Activity 1.2.4: train a group of 6 experts (at nat	Implemented in 2009
Activity 1.2.5: train at least two staff from each	Implemented in 2012
Activity 1.2.6: provide PC (1), fax (1), printer (	Implemented in 2008
1.3: improve capacities and knowledgebase for equi	
Activity1.3.1: conduct household expenditure and h	Implemented during 2008-2010
Activity1.3.2: train 2 senior staff of Health Econ	Implemented in 2010
Activity1.3.3: provide TA for developing/adapting	Implemented in 2012
Activity: 1.3.4 provide TA for developing PHC serv	Implemented in 2012
1.4: Strengthening of health Information system	
Activity 1.4.1: TA to support designing of a commu	Implemented in 2012
Activity 1.4.2: support to implement community bas	No progress in 2013
Activity 1.4.3: design and establish a comprehensi	Implemented 2012
Activity 1.4.4: develop a health system observator	Implemented 2012 Sudan Health Observatory Website Design & Development: The Sudan Health Observatory (SHO) Website and its databases are currently on final testing and User Acceptance phases. Technical Training on SHO website (introduction of the technologies used) was conducted for IT Team in the end of December 2013 (1 week) which is a prerequisite step towards the final delivery of website to FMOH server. Also, user training for Observatory Unit staff form Data Management team (3 days) was conducted during last December 2013. SHO Website Contents: Indicator Database: Indicators data compilation nearly finished - 1990 to 2012 (150 indicators data compiled from paper-based documents and entered into preliminary excel sheets). Entry of the indicators database into the SHO website backend is in progress. Research database: has been fully uploaded into backend of Website (2,000+ article abstracts are now uploaded in the website). Health Intelligence: Trend Analysis was done in priority diseases, human resources and health facilities over the past 10 to 20 years and document now in finalization stage. Knowledge Hub: Short listing and collection of documents for knowledge hub (electronic library) is finalized and upload into SHO website is in progress. Health System Profile: preparation for automated version is in progress. Next Steps: Accelerating work to achieve Launching online by June 2014. Procure the needed equipment in-order to improve the work environment in the SHO new offices (furniture and equipment). Finalize and develop the Sudan Health System Profile (automated). Capacity Building of SHO Teams to ensure sustainability of both the contents development the website administration. Challenges & Bottlenecks: Delay from the designing company in completion of the SHO website design and delivery due to travel of the team leader in addition to capacity challenges in their staff. This has further led to multiple testing of the software and the website to it is according to the specifications and it is bug-free. Delay in the office renovation and availing the needed furniture and Equipment (especially IT equipment); Large amount of data that had to be extracted from paper-based documents; Capacity building issues with other partners (Production of Health Intelligence Documents including trend analysis and forecast). Annex 11: Health System observatory progress report,2013
Activity 1.4.5: provide TA for designing a compreh	Implemented in 2011

Activity 1.4.6: Support to establish comprehensive	Implemented in 2011
Objective 2: Develop health human resources and st	
2.1: Develop health human resources systems and po	
Activity 2.1.1: provide TA for developing a compre	Implemented 2012
Activity 2.1.2: institute innovative approaches li	Implemented 2012
2.2: Rationalize and invest in training institutio	
Activity 2.2.1: rehabilitate 2 Academy of Health S	Implemented during 2008-2009
Activity 2.2.2: provide audio-visual equipment, fu	Implemented in 2008
Activity 2.2.3: provide PCs (1), faxes (1), printe	Implemented in 2008
Activity 2.2.4: provide TA for adapting curricula	Implemented in 2011
Activity 2.2.5: Provide tuition fees in every acad	In 2013, the Academy of Health Sciences (AHS) began to support training of students from different categories in the AHS branches in each of the four targeted SMOH (Sinnar, Gadarif, North Kordufan &White Nile states). Support has been provided to train and enroll 1209 students under the PHC Expansion Initiative as follows: o Midwifery Students : a total of 1035 candidates for the Midwifery training program in four states (Gedarif, W.Nile, N.Kordofan & Sinnar) o CHW Students: a total of 174 students for the CHW training program in two states (Gedarif & W.Nile) Annex12: List of Academy of Health Sciences Students Enrolled, 2013
Activity 2.2.6: support to institutionalize Contin	
Activity: 2.2.7: provide integrated on the job tra	This activity is being implemented by Primary Health Directorate to train multipurpose health cadre (nutritionists and vaccinators) The Federal Ministry of Health, in 2012 conducted health mapping for all Sudan health Facilities and population coverage with essential package (Nutrition, ANC, EPI treatment of simple diseases and drugs),since that Federal Ministry of Health directed all the plan and activities to fill the gap of this package integrated approach was considered in PHC planning and training to gain the maximum use of available resources referring to that as the vaccinators and are available in most of health facilities the plans developed to train them in integrated module(Nutrition, EPI and health promotion) to expand nutrition and vaccination services therefore 400 cadres were trained on integrated basic course to gain skills and knowledge. Annex13: Report on integrated training for multipurpose cadre Under this activity, supportive supervision was also conducted in four states (Northern State, Gadarif, White Nile, North Kordofan States) during the period 4 to 24 July, 2013 with the aim of contributing to the improving the quality of health services at PHC level facilities. These supervisory visits have shown to improve the performance of both providers and managers. Annex 13i: Report on supervisory visits to Northern State, Gadarif, White Nile, North Kordofan States These activities cover for 4th and 5th year of the grant
Component -2: improving service delivery and equit	
Objective 3: By end of 2012, contribute to the ach	
Activity: 3.1: Provide cold chain to support healt	With the aim of increasing access to fixed immunization sites, support provided through HSS, cold chain equipment and spare parts were procured for 15 health facilities to increase access to fixed immunization sites. Annex 14: EPI progress report

Activity 3.2: Support to outreach services target	Support provided through HSS was utilized to implement outreach sessions in all 18 states of Sudan which contributed to reaching a national total figure of 104,280 for outreach sessions by October, 2013 for that year. Annex 14: EPI progress report
Objective 4: By end of 2012, contribute to the ach	
4.1: Invest in PHC infrastructure network and equi	
Activity 4.1.1: provide TA for developing comprehe	Implemented in 2010
Activity 4.1.2: rehabilitate 1 rural hospital annu	As in previous years, support for civil works is being directed towards serving the PHC expansion project in Sudan, as one of the means of achieving universal health coverage with PHC services, Accordingly, one rural hospital was rehabilitated in addition to the construction one health center and three primary health units in each of the three of the GAVI states (Sinnar, White Nile, North Kordofan) . The fourth state (Gadarif) is receiving support in the same area from the government. This process is planned to be completed by end of May, 2014. To ensure the quality of rehabilitation of the selected sites, the process supervised by state focal persons. Annex15: Annual procurement progress report
Activity 4.1.3: rehabilitate/upgrade 3 dispensarie	See Activity 4.1.2 for progress
Activity 4.1.4: rehabilitate 2 rural health cente	See Activity 4.1.2 for progress
Activity: 4.1:5: provide essential equipment and f	In line with the Sudan's PHC expansion project, and following an assessment conducted at state level, 8 rural hospitals, 16 health centers and 24 primary health care units (in Sinnar, White Nile and North Kordofan) are being provided with medical equipment according to the gaps identified. This is being provided in two batches. The 1st was provided in March, 2014 and the 2nd is planned for May, 2014. Annex16: Annual procurement progress report NB. Procurement was carried out simultaneously for both 2013 and 2014 as tranches were disbursed by GAVI only a few months apart in 2013.
Activity: 4.1:6: provide essential equipment and f	See activity 4.1.5 for progress
Activity 4.1.7: provide essential equipment and fu	See activity 4.1.5 for progress
Activity 4.2.1: provide medicines for the treatmen	Anemia in pregnancy still remains to be a major health problem and one of the leading causes of maternal deaths, and as continuation of the efforts exerted in previous years, FEFOL tabs (17,000,000 tablets) are being provided according to the need across the country. through batches of 3,000,000 tablets per month (d The process commenced in January 2014. To date 3 batches, against 6 planned, have been procured and distributed to 8 states. This activity is planned to be completed by July, 2014 to cover for 2013 and 2014 activities. Annex16: Annual procurement progress report NB. Procurement was carried out simultaneously for both 2013 and 2014 as tranches were disbursed by GAVI only a few months apart late in 2013.
Activity 4.2.2: year provide medicines for the tre	See activity 4.2.2 for progress
Activity 4.2.3: provide essential laboratory suppl	Through the National Laboratory supplies were provided to 8 rural hospitals (2 in each GAVI target states)
Activity 4.2.4: provide essential laboratory suppl	See activity 4.2.3 for progress
Activity 4.2.5: provide long lasting insecticidal	Based on the huge gap in availability of mosquito bed nets identified by the Malaria program in Gadarif State, in 2013 10800

	bed nets were distributed (May 2013) to its localities and another 60,000 in 2014 (during 20-31 January). Annex15i: Mosquito bed nets distribution, 2014 NB. The above cover for activities planned for 2013 as well as 2014 (4th and 5th year of the grant).
Activity 4.2.6 : Provide HMIS printed supplies for	Printed supplies are planned to be provided to serve maternal and child health. This is delayed due to redesign of formats for the purpose of integration of services. NB. This activity was carried out simultaneously for both 2013 and 2014 as tranches were disbursed by GAVI only a few months apart late in 2013.
4.3: Address the demand side barriers to access he	
Activity 4.3.1: design documentaries and advocacy	Implemented 2011
Activity 4.3.2: print and disseminate documentarie	Through the Health Promotion Directorate, documents and advocacy material were printed. The first batch of printings was completed in February 2014 and the second has been delayed due technical reasons. This activity is planned to be completed mid-May, 2014.
Activity 4.3.3: conduct operational research in se	Attempts to conduct operational research were disrupted by the delay in fund disbursement and delay in activity implementation in previous years..
Activity 4.3.4: conduct KAP studies in all 4 north	Implemented during 2008-09
5: Management of GAVI/HSS support	
Activity 5.1: Support the DGHP&D in the FMOH to co	This support was mainly utilized for Implementation Team Meetings, NHSCC Meetings, Incentives for Coordination Team and other supporting staff in addition to other operational activities (e.g. communications, reporting).
Activity 5.2: Providing equipment to DGHP&D to enh	Implemented in 2008
Activity 5.3: Support the DGHP&D in the 4 SMOH to	Support has been provided for state focal persons in the form of incentives to coordinate, monitor and report on activities implemented at both state and locality level, in addition to conducting supervisory visits.
Activity 5.4: Providing equipment to DGHP&D in eac	Implemented in 2008
6: Monitoring and evaluation for GAVI/HSS support	
Activity 6.1: Undertake baseline (in 2008) and eva	Final evaluation of GAVI HSS is planned to be conducted May, 2014. TORs for the evaluation have been drafted and these have been shared and discussed with GAVI secretariat on several occasions via e-mail and teleconference. This evaluation will include both HSS and ISS for the purpose of evaluating the HSS impact on the immunization progamme. Annex1: GAVI Final Evaluation TORs

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

In an effort to combat verticality of primaryhealth care programmes, for efficiency of the system, the Federal Ministry ofHealth (FMOH), has made a move towards integration of services. To this end,several areas were identified, were integration could be achieved. This iscurrently been assessed by technical assistance provided by GF aiming atdeveloping a framework and a roadmap to serve integration as envisaged by FMOH.FMOH has already made several attempts at integrating trainings namely,Leadership and management & admin and finance training, supportivesupervision as well as the health information system These reforms have certainly had an impact on implementationof related activities funded through GAVI Grant and other development partnersi.e. Implementation of community based health information system and printingof Health management information system suppliesas well as development of the planning manualthat had to be updated accordingly.

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?

As a result of the continuous brain drain in the country high turnover of staff at FMOH resulting from low salaries, FMOH developed and endorsed an incentivescheme in 2013 aiming at retaining its staff. This scheme was also approved by GF CCM and is now also being applied toTeam members managing GAVI / GF grants at FMOH.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
Institutional capacity building and organization											
Objective 1: By end of 2012, strengthen/build core systems and capacities in 15 Northern SMOHs and 20 Localities/districts											
1. % SMOH with functioning organizational structure as per standards	0 (measured versus the standard structure)	100% (Admin. reports)	25%	Health facility Mapping, 2011-2012					25%		75% of target was achieved in 2011. This is the latest available information.
2. % SMOH with functional Planning Directorates	0 (measured versus the standard	100% (Admin. reports)	0						0%		Target was achieved in 2010, as planned,
3. % states planning directorates using standard planning format	0	100% (Admin. reports)	20%						0%		80% of target has been achieved. This has not been pursued further for new planning formats are being developed to serve integration
4. % SMOH with functioning directorates of human resource	0	100% (Admin. reports)	0						0%		100% was achieved in 2010, according to planned target.
Service delivery, access and utilization											
Objective 4: By end of 2012, contribute to the achievement of 75% equitable coverage and access to quality PHC services necessary for improved											

maternal health and child survival in the 4 targeted states.											
5. % health facilities (RH, RHC, UHC, Dispensary/BHU) providing essential PHC package	35%	50% (Health facility survey (Based on estimations)	0						0%		50% was to be achieved by the end of 2011. by 2012, 24% was achieved. There was a problem with the baseline since it was based on estimations (reported in APR 2010).
7. Health services utilization rate	< 1 per person per year	> per person per year (Annual statistical report – but covers only public sector)									To be achieved by 2011 2.6% was attained in 2009. No other survey was conducted since then to obtain data on this indicator.
8. % PHC facilities reported timely for health information	33%	60% (Annual statistical report)									To be achieved by 2011 13% was attained by the end of 2010. This is the latest data available.
6. % PHC workers who received integrated in-service training during last 1-year	0	50% (Health facility survey)	50%						50%		50% was to be achieved by the end of 2012. To date 42% has been achieved.

9.4. Programme implementation in 2013

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

GAVIHSS funds have contributed significantly to the development and implementationof the PHC Universal Coverage plan which aims to provide the basic integratedPHC services to target population particularly underserved and disadvantagedgroups (people in conflict affected areas, IDPs, Pastoralists, people living inremote areas). Health mapping revealed that 14% of the population does not haveaccess to PHC services. The key accomplishments in 2013 are:

1. Endorsement of the NationalHealth Sector Strategic Plan NHSSP 2012-2016 by all stakeholders
2. Finalization of the PHC UniversalCoverage Plan 2013-2016
3. Development of the biennium OneHealth Plan 2014-2015 at national and states levels
4. Update health service Mapping atstates and localities levels
5. Strengthening the capacities ofthe states and localities health management teams to improve their planning,management and supervision skills by training (178) health cadre in leadershipand management
6. Train (100) Community healthworkers to improve access to PHC services and to replace EPI

outreach servicesin targeted areas by fixed sites

7. Train PHC workers (400) (MedicalAssistants, Vaccinators, Nutritionists) in the integrated PHC services as amulti-tasked health workers to increase the number of PHC facilities providingthe basic package (currently only 24% of the facilities are providing the basicPHC package)

8. Rehabilitate/establish (8) RuralHospitals, (14) health centers and (24) PHC facilities to improve the access toPHC services in the targeted states

9. Contribute to the implementationof the MCH acceleration plan (MDGs 4&5) by training of the MedicalAssistants and CHW in the integrated PHC services including RH and immunizationand provision of medicines to treat anemia in pregnant women and under fivechildren

10. Contributeto the achievement of the 93% DTP coverage by providing direct support to EPIto implement immunization outreach activities and to provide cold chainequipments

11. Providesupport to target states to conduct supervisory visits to localities and healthfacilities. Also states were supported to organize quarterly meetings with thelocalities health management teams

12. Supportcoordination meetings of the CSOs to improve their involvement in health sector

13. Supportto improve the coordination and harmonization among stakeholders at nationaland states levels

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

The delay in disbursement of the final tranchefrom GAVI (received at a closer time to the disbursement of fourth tranche) haddelayed of implementation of planned activities. Joint planning for both fourthand fifth year of the grant had allowed for acceleration in implementation,

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

TheGAVI/GF Project Management Unit (PMU) meets regularly every week to for followup. Implementation team meetings with GAVI/GF focal points are held every twoweeks together with GF/HSS activities to ensure alignment and harmonization.. M&Eofficers coordinate with focal persons for update and submission of reports.Reports are submitted to GAVI/HSS based on the timelines specified on thecontracts signed with the departments.

States focal persons submit monthly reports foractivities conducted at state and locality level, including reports onsupervisory visits.

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.

GAVI HSS activities are part of departmentalplans and are reported at weekly, monthly annual as well as Undersecretarymeetings weekly meetings that are specially held.

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

Implementer

Function

Continuous Professional Development center (CPD)

In-service training for health care providers (leadership and management, Integrated training of PHC workers).

Academy of Health Sciences (AHS)

Training of community health workers

Public Health Institute (PHI)

leadership and management Diploma,

Expanded Program on Immunization (EPI)

Provision of cold chain and outreach services targeting underserved and districts with low immunization coverage

Development and States Support Department

Construction, rehabilitation and procurement of equipment, medicines and supplies.

National Health Information center

Implement activities aiming at strengthening HIS, including community based information system

Directorate General of Primary Health Care

Implementation of activities that support immunization services (provision of cold chain to work as fixed sites and support to outreach services). Integrated training of PHC workers.

Department of Planning

Building the capacity of different stakeholders at different levels in planning. Designing and launching of Health System Observatory.

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.

CSOs are not involved in implementation of thecurrent proposal. They are only represented in the NHSCC/HSS Sub-CCM, namelyPlan Sudan and Sudanese Red Crescent. On the other hand, CSOs will be involvedin implementation of the new GAVI HSS grant 2014-2018. Several initiatives areunderway to build their capacities in fund raising and proposal writing, inaddition a mechanism is been sought for their coordination and harmonization ofactivities they carry out across the country.
Annex17: Formulation of acoordination mechanism for CSOs

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

Oneproject Unit for GAVI and GF HSS, carrying out joint implementation arrangementsfor HSS, has allowed for efficient use of funds, avoidance of duplication asactivities are aligned and harmonized.

inancial

9.5. Planned HSS activities for 2014

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

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
	Detailed planning, annual review as part of operational research and preparation of annual report	10000	8536		Part of the budget was utilized in 2013, together with 2013 budget to conduct States Annual Planning Meeting in October 2013. Reported in table 9.3 above. Attached. Remaining funds (1,463 USD) have been released to implement the below activities: .FMOH Health sector planning& policy forum two meetings will be conducted, members of these meetings are planning directors at FMOH General Directorates ,they will review their plans quarter one performance reports and National M& E strategy. Health sector planning & policy forum ,members of this forum will be planning directors at other ministries that have concern with health. Orientation Meeting with national CSOs working on health about GAVI new grant and IHP plus	
Activity 1.1.1:	short and long term TA to assist in building the capacity of 15 northern states and 20 localities	45000	60000		The Planning Department at Federal Ministry of Health contracted a national consultant during 16 April- 24 May to update planning system manual. This process is ongoing. Other activities planned include: Workshops and printing the planning system manual Field visits to states to provide hands-on during development of their strategic plans	
Activity 1.1.2:	Train health management teams in 11 states and 20 localities in decision-making, teamwork, and conducting effective meetings	45000	45000		Activities for 2013 and 2014 were jointly implemented during 2013-April 2014.	

Activity 1.1.4:	Train senior and mid-level health managers in all 11 northern states and 20 localities on short courses/on-job capacity building programme on health planning, district health management, leadership (11 states*4 each = 44) (20 loclaities * 3 each =60)	50000	50000		Funds have been transferred to the Public Health Institute for enrollment of 50 public health managers mainly as tuition and accommodation fees	
Activity 1.1.8:	support Health Management Teams in 20 localities to undertake supervision of services delivery though provision vehicle (1) each = 20 districts* 1 each = 20	0	0		30,752 USD is Refund from MOF	
Activity 1.2.2:	provide copies of the planning and instructional manual to 11 SMOH and 20 Localities Management Teams	0	0		10,000 USD is carry over from 2nd year of grant implementation due to updating of the planning manual.	
Activity 1.4.2:	support to implement community based health information system in 12 states (excluding the three Darfur states) 2 localities in each=24 localities	273415	0			
Activity 2.2.5:	Provide tuition fees in every academic year (2009-12), to 40 students of different categories in AHSs in the 7 SMOH (300 annually).	210000	210000			
Activity: 2.2.7:	provide integrated on the job training for PHC workers to enable with the skill necessary for the provision of essential services such as immunization, child and maternal care in the 4 targets states (4 localities/districts each) (4 states* 4 localities/districts * 20 PHC workers= 320 annuly * 5 years	90000	180000		90,000 USD is carry over budget from previous year. This activity has been implemented together with 2013 activity where 400 nutritionists and vaccinators were trained on integrated basic course.	
Activity: 3.1:	provide cold chain to support health facilities to work as fixed sites for immunization (60 annually) (4 states * 15 health afcilties * 5 years = 300 health afcilties)	200000	200000		This activity is due to be finalized by 10th May, 2014	
Activity 3.2:	support to outreach services targeting underserved and districts with low immunization coverage (2 districts * 4 sates * 5 years = 60) * 30,000 US$ each district	200000	200000		Activity in progress	

Activity 4.1.2	Rehabilitate 1 rural hospital annually, in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) according to standards (1*4*5=20)n (focus on maternal, neonatal and EmOC)	200000	295955		civil works ongoing, planned to be completed by 30 April 2014 (5th year) ; -North Kordofan State (Elmzrob RH = 50% , 1 HC and 3 BHU = 35% completed) -Northern State (Umkerada RH 50% ,1HC & 3 BHU = 30% completed) - Sinnar State (Umshoka RH = 50% ,1HC &3BHU =40% completed)	
Activity 4.1.3:	Rehabilitate/upgrade 3 dispensaries/Primary Healthcare Units annually in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) according to standards (3 HF * 4 states * 2 years = 24 + 6* facilites *4 state*2= 48 in 3 and 4)	240000	332417		See progress in Above activity 4.1.2.	
Activity 1.4.4:	develop a health system observatory that could provide output using GIS and set up mechanisms for the regular updating of health system profile.	60000	133315		73,315 was carry over budget from previous year	
Activity 4.1.4:	rehabilitate 2 rural health centers in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) according to standards (2 * 4 states * 5 years = 40)	480000	569199		37,572 USD was carry over from previous year. See progress in Above activity 4.1.2.	
Activity: 4.1:5	Provide essential equipment and future (according to standards) for 2 hospitals annually in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) (2 hospital * 4 states *5 years = 40) (focus on maternal, neonatal and EmOC)	360000	612000		360,000 USD were 2013 funds Implemented together with the same activity for 2013. The 1st batch of the equipment was received in March, 2014 and the second is due in May, 2014. Thirty percent of activity remains to be implemented.	
Activity: 4.1:6	Provide essential equipment and furniture (according to standards) for 3 dispensaries/PHCUs in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) (3 facilities * 4 states * 5 years = 60)	72000	122400		72,000 USD were 2013 funds	
Activity: 4.1:7	Provide essential	240000	408000		240,000 USD were	

	equipment and furniture (according to standards) for 4 urban health centers in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) (4 health centers * 4 states * 5 years = 80 HCs)				2013 funds	
Activity 4.2.1:	Provide medicines for the treatment of key child health problems (ARI and diarrhoeal diseases); Vitamin A; Anti-helminthes; Iron and folic acid supplements for pregnant women to 25 Health centers and dispensaries annually in each of the targeted four states (20 PHC facilities * 4 states * 5 years = 500) *6000 US$ each facility per year	120000	204486		120,000 USD were 2013 funds	
Activity 4.2.2:	Provide medicines for the treatment of key child health problems (ARI and diarrhoeal diseases); Vitamin A; Anti-helminthes; Iron and folic acid supplements for pregnant women to 4 rural hospital in each of the targeted four states (4 Rural Hospitals * 4 states * 5 years = 80) * 12000 US$ for each facility per year	192000	381426		192,314 USD were 2013 funds	
Activity 4.2.3:	Provide essential laboratory supplies for testing (urine, Hb, BFFM, etc) necessary for improving maternal and child care to 4 rural hospital in each of the targeted four states (4 Rural Hospitals * 4 states * 5 years = 80) * 250 US$ each facility	48000	48000			
Activity 4.2.4:	Provide essential laboratory supplies for testing (urine, Hb, BFFM, etc) necessary for improving maternal and child care to 25 Health centers and dispensaries annually in each of the targeted four states (25 PHC facilities * 4 states * 5 years = 500) * 2000 US$ each facility per year.	50000	50000			
Activity 4.2.5:	Provide long lasting insecticidal mosquito bed nets for distribution in the rural and hard to	100000	114000		Activity implemented in January 2014. Reported in table 9.2.1 above.	

	reach areas of the 4 states (5,000 bed nets * 4 states * 5 years * 5 US$ per nets)					
Activity 4.2.6	Provide HMIS printed supplies for providing to 100 PHC facilities in each of the four states (White Nile, North Kordafan, Sinnar and Gadarif) (100 facilities * 4 states * 5 years) * 50 US$ annually for each facility	20000	0		Not yet implemented	
Activity 4.3.2:	Print and disseminate documentaries and advocacy material for improving household knowledge and making informed decisions about health in the 4 targeted states (4 * 5000 US$ each)	20000	40000		20,000 USD were 2013 funds	
Activity 5.1:	Support the DGHP&D in the FMOH to coordinate, monitor and report on the implementation of the GAVI/HSS support	50000			An extra budget of 110,000 USD was disbursed by GAVI for the management cost (activity 5.1 & 5.2).	
Activity 5.3:	Support the DGHP&D in the 4 SMOH to coordinate, monitor and report on the implementation of the GAVI/HSS support	60000				
Activity 6.1:	Undertake evaluation research (in 2012)	45000	0		It has been noticed, that allocated funds will not be sufficient to conduct the evaluation, especially that the scope will be expanded to include ISS as well as HSS.	
		3480415	4264734			0

9.6. Planned HSS activities for 2015

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

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
		0			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
European Union		2014-2016	HSS Strengthening Activities
GAVI HSS		2014-2018	HSS Strengthening Activities to Complement
GFATM /HSS		January 2013- February 2015	HSS and EPI Strengthening Activities GAVI/HSS
Gov		2012 - 2018	PHC Universal Coverage Plan
UN Agencies		2014 - 2018	HSS Strengthening Activities (HIS and HRH development)

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Annual progress reports from implementing departments at Federal Ministry of Health • EPI • Planning • Health Information • Health Promotion • Human Resources for Health • Academy of Health Sciences Public Health Institute • Health Development • Primary Health Care	All, reports submitted by GAVI focal persons to the GAVI/GF Project Management Unit are stamped and signed by a senior official from each directorate, confirming validity of report content	There are no financial problems since expenditure is strictly linked to a detailed work plan that is submitted before release of the budget for implementation. We only encounter problems in receiving reports as there is very slow response from departments.
National supervisory visits to health facilities		
State Supervisory visits reports		Timeliness of reporting

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.

We find it time consuming to fill out thislengthy report because of the several tables that require going backwards andforth. We look forward for the promised new simplified version of the report.

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

Please attach:

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

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

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

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

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

- UNDP questioning , How the gap between the ending grant and the new one can be covered.
- HAC requested a clear role for NGOs in GAVI Fund

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

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

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

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

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of Ministr of Health on Sudan APR 2013.jpg **File desc:** **Date/time :** 08/05/2014 11:59:20 **Size:** 1 MB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	To be submitted later.docx **File desc:** **Date/time :** 16/05/2014 04:45:13 **Size:** 12 KB
3	Signatures of members of ICC	2.2	✓	Signature of NHSCC members on APR 2013 (also program extension for NVS).jpg **File desc:** **Date/time :** 13/05/2014 12:51:20 **Size:** 1 MB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	NHSCC mintues for APR 2013 and new vaccine support xetension.pdf **File desc:** **Date/time :** 13/05/2014 12:57:17 **Size:** 167 KB
5	Signatures of members of HSCC	2.3	✓	Signature of NHSCC members on APR 2013 (also program extension for NVS).jpg **File desc:** **Date/time :** 13/05/2014 12:48:01 **Size:** 1 MB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	NHSCC mintues for APR 2013 and new vaccine support xetension.pdf **File desc:** **Date/time :** 13/05/2014 12:55:51 **Size:** 167 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	ISS finacial statement 2013.jpg **File desc:** , **Date/time :** 08/05/2014 09:08:49 **Size:** 538 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Annex 6 GAVI HSS Audit Report, 2012.PDF **File desc:** **Date/time :** 15/05/2014 06:29:04 **Size:** 12 MB

9	Post Introduction Evaluation Report	7.2.2	✓	SUD_EPI_review_report_final_1_Feb_2014_(3).doc **File desc:** ,, **Date/time :** 29/04/2014 04:36:38 **Size:** 249 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	NV introduction grant financial statement 2013.pdf **File desc:** **Date/time :** 08/05/2014 09:10:24 **Size:** 250 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	Annex 6 GAVI HSS Audit Report, 2012.PDF **File desc:** **Date/time :** 15/05/2014 06:42:42 **Size:** 12 MB
12	Latest EVSM/VMA/EVM report	7.5	✓	Sudan_EVM_report_Dec_2014Final_(2).doc **File desc:** ,, **Date/time :** 29/04/2014 04:33:19 **Size:** 3 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM plan.docx **File desc:** ,, **Date/time :** 29/04/2014 04:31:33 **Size:** 224 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	EVM PLAN progress.docx **File desc:** ,, **Date/time :** 29/04/2014 04:32:05 **Size:** 28 KB
16	Valid cMYP if requesting extension of support	7.8	✗	The Sudan cMYP 2012-2016.pdf **File desc:** ,, **Date/time :** 29/04/2014 04:34:31 **Size:** 1 MB
17	Valid cMYP costing tool if requesting	7.8	✗	The Sudan Costing and financing 2012-2016.xls **File desc:**

	extension of support			**Date/time :** 29/04/2014 04:35:58 **Size:** 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	NHSCC mintues for APR 2013 and new vaccine support xetension.pdf **File desc:** **Date/time :** 13/05/2014 12:53:57 **Size:** 167 KB
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Financial statement 2013.PDF **File desc:** ,,,,, **Date/time :** 01/05/2014 05:41:30 **Size:** 2 MB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Financial statement 2014.PDF **File desc:** , **Date/time :** 01/05/2014 05:42:40 **Size:** 1 MB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	Annex 6 GAVI HSS Audit Report, 2012.PDF **File desc:** ,,,,, **Date/time :** 15/05/2014 06:19:43 **Size:** 12 MB
22	HSS Health Sector review report	9.9.3	✓	(16)Health Systems Performance Assessment (1).pdf **File desc:** **Date/time :** 15/05/2014 06:22:40 **Size:** 2 MB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded

25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Blue Nile Mashreg Bank .PDF **File desc:** **Date/time :** 15/05/2014 06:36:19 **Size:** 492 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	Annex 10 Report on Integrated training on leadership and management.zip **File desc:** **Date/time :** 04/05/2014 03:42:24 **Size:** 59 KB
				Annex 11 Health System observatory progress report,2013.docx **File desc:** **Date/time :** 01/05/2014 06:38:38 **Size:** 21 KB
				Annex 2 EPI coverage indicators for GAVI HSS target states.xls **File desc:** **Date/time :** 01/05/2014 06:20:46 **Size:** 27 KB
				Annex 3 Formulation of a coordination mechanism for CSOs.doc **File desc:** **Date/time :** 01/05/2014 06:21:42 **Size:** 49 KB

Annex 7 Report on States Annual Planning Meeting, October 2013.PDF
File desc:
Date/time : 01/05/2014 06:23:15
Size: 978 KB

Annex 8_ Technical reports on building the planning capacity of Federal, state and locality levels (August, 2013-March, 2014).zip
File desc:
Date/time : 01/05/2014 06:37:40
Size: 6 MB

Annex1 GAVI Final Evaluation TORs.docx
File desc:
Date/time : 01/05/2014 06:39:34
Size: 32 KB

Annex12 List of Academy of Health Sciences Students Enrolled, 2013.zip
File desc:
Date/time : 01/05/2014 06:40:50
Size: 4 MB

Annex13 Report on integrated training for multipurpose cadre.PDF
File desc:
Date/time : 01/05/2014 06:42:02
Size: 903 KB

Annex15 Annual procurement progress report.xlsx
File desc:
Date/time : 15/05/2014 08:43:32
Size: 11 KB

Blue Nile Mashreg Bank Document .PDF
File desc:
Date/time : 14/05/2014 01:50:55
Size: 5 MB

Central Bank of Sudan Documents.PDF
File desc:
Date/time : 14/05/2014 01:53:43
Size: 8 MB

Comments from the Regional Working Group.doc
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Date/time : 14/05/2014 03:19:12
Size: 45 KB

Fefol Distribution Report.PDF
File desc:
Date/time : 01/05/2014 06:35:50

				Size: 4 MB
				Justification for different figures in table 9.1.3.a.docx **File desc:** **Date/time :** 15/05/2014 09:20:56 **Size:** 16 KB
				Meeting Minutes NHSCC SUB CCM 27 August.doc **File desc:** **Date/time :** 01/05/2014 06:43:59 **Size:** 47 KB
				NHSCC CCM HSS Sub-Committee GAVIGFATM New Applications.doc **File desc:** **Date/time :** 01/05/2014 06:48:45 **Size:** 28 KB
				Table 9.1.3.c.docx **File desc:** **Date/time :** 15/05/2014 05:01:14 **Size:** 12 KB
				Update On Ongoing Activities.docx **File desc:** **Date/time :** 15/05/2014 05:36:51 **Size:** 12 KB
				Blue Nile Mashreg Bank .PDF **File desc:** , **Date/time :** 14/05/2014 01:48:26 **Size:** 492 KB
				West Kordofan Mapping Report.jpg **File desc:** , **Date/time :** 04/05/2014 03:41:15 **Size:** 310 KB
				Anne15i Mosquito bed nets distribution.PDF **File desc:** ,,,,,,,,,,, **Date/time :** 01/05/2014 06:19:53 **Size:** 2 MB