Annual Progress Report 2007

Submitted by

The Government of

SUDAN

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(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, rajkumar@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of **SUDAN**

Ministry of Health:

Title: Federal Minister of Health

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

Date: ……

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

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Yahiya Mohamed Ali PHC National Director	**PHC /FMOH**		
Dr. Eltayeb Ahmed Elsayed EPI National Director	**EPI / FMOH**		
Mrs. Mohamed Abdelrahman MOF rep.	**Ministry of Finance**		
Dr. Babiker Mubasher MOI rep.	**Ministry of Interior**		
Dr. Elamin Osman MOD rep.	**Ministry of Defence**		
Mrs. Sawsan Omer MO Int. co rep.	**Ministry of International**		
Dr. Mohammed Abdur Rab / Representitive	**WHO**		
Mr. Ted Chaiban / Representitive	**UNICEF**		
Dr. Mohamed Hussain Dafalla/ Representative	**Humanitarian Aid Commission (HAC)**		
Dr. Abdelrahman Hamid / Representative	**SRCS**		
Mr. Sohab Elbadawi Representative	**Rotary International**		

Signatures Page for HSS

For the Government of **SUDAN**

Ministry of Health:

Title:

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

Date: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) 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.

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

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

Name/Title	Agency/Organisation	Signature	Date

Progress Report Form: Table of Contents

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): **Yes**
If yes, please explain in detail how it is reflected as MoH budget in the box below.
If not, explain why not and whether there is an intention to get them on-budget in the near future?

The received ISS funds are pooled directly into the federal ministry of health accounts and released according to the regulations of the ministry of finance and ministry of health system which approve the release of funds according to the planned activities.

1.1.1 Management of ISS Funds

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

Sudan received GAVI ISS funds as follows:

- Sudan had received 4 instalments during the period 2002-2004
- **(673,700 US$)** , **(745,581US$), (584,136US$)**, and **(704,183 US$).**
- 2rewards in 2005-2006, **(1,279,362 US$)** and **(679,000 US$).**
- **The reward received in 2006 was the last received support from GAVI.**
- The disbursements were made through the same bank account which was agreed upon by ICC &GAVI secretariat for all first five disbursements, except for the last disbursement which was received through UNICEF due to delay in the transfer process into the same bank account.
- Federal Ministry of Health regulates the utilization of I.S.S funds through its auditing system of finance and according to the Federal Ministry of Finance rules.

Utilization and distribution of the support is based on:

- Annual revision, update, approval and endorsement of locality micro plans
- According to the updated micro plans, the localities calculate the number of un-immunized children expected to be reached every year and identify the strategy by which those children could be reached and accordingly the needs and cost for this strategy is determined, in order to achieve the ***targeted coverage .***
- States MOH distribute the support to the districts according to the budget in their micro plans to conduct outreach and mobile immunization sessions.
- States are monitored and accounted for the number of immunization

sessions and children to be vaccinated every month
- Significant performance, and efficient use of EPI supplies in regard to their different situations
- Feedback and monthly liquidation
- State local contributions
- No problems were encountered through the implementation of this process.

Role of the I.C.C:

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

Problems encountered for use of funds:

- *Delayed approval of reward for the year 2006 achievements due to miscalculation of the extra vaccinated children, which was corrected lately and a reward was approved.*
- *Problems encountered regarding transfer of the approved support that the funds could not be transferred up to April,2008*
- *This delay affected the implementation of the planned sessions to vaccinate the targeted children according to the plan; this was corrected lately by enforcing, accelerating and conducting local immunization days with the support of WHO and UNICEF in low coverage districts.*

1.1.2 Use of Immunization Services Support

*In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2007 : ZERO
Remaining funds (carry over) from 2006: 525,000
Balance to be carried over to 2008: **Zero**

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0				
Injection supplies	0				
Personnel	210,000	16,800	10,000	183,200	0
Transportation	257,250	30,870	17,000	209,380	0
Maintenance and overheads	0	0	0	0	0
Training	13,500		3,500	10,000	
IEC / social mobilization	5,000	5,000	0	0	0
Outreach	0	0	0	0	0
Supervision	15,000	10,000	5,000	0	0
Monitoring and evaluation	10,000	4,000	4,000	2,000	
Epidemiological surveillance	0	0	0	0	0
Vehicles	0	0	0	0	0
Cold chain equipment	7,500			7,500	
Other ((vaccines transportation)	6,750	2,000	4,750		
Total:	**525,000**	**68,670**	**44,250**	**412,080**	
Remaining funds for next year:	**ZERO**				

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

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

1- Infrastructure building:

- Maintaining the functionality of the cold chain above 80% (84%).
- Increase accessibility through more immunization sites which increased by (New fixed sites= 116, New SOS = 367) as a total the F.S are 1299, SOS are 4235, and Mobile 247

2- Capacity building:

2.1. Administrative Performance

- EPI Web site regularly updated
- Weekly administrative EPI meetings at the federal level were conducted
- Monthly monitoring meetings at state level (localities with states) were conducted

2.2. Basic data Information board

- EPI profile and database was updated for the year 2007
- Updating and Renewal of the EPI information guideline to contain the new vaccine data pending for printing

2.3. Training

The Training activities regarding immunization conducted in 2007 were:

- Refresher training for 170 service providers in 7 states (85% of the planned target)
- Basic training for 40 service provider in one state in an area which was under rebel control before peace agreement (100%)
- Locality officers training for 10 locality EPI officers, which is conducted by federal staff at central EPI (100% of the planned).
- TOT for the introduction of the new Pentavalent vaccine for 18 state operation officers, 6 zonal coordinators, 15 federal EPI staff, 12 EPI field medical officers (100% of the targeted staff).
- Training on the introduction of the new Pentavalent vaccine at the state levels for 406 operation officers at locality, administrative and health team levels (100% of the targeted staff)
- Training on the introduction of the new Pentavalent vaccine for 4757 service provider at state level (100% of the targeted staff).

2.4. Supervision and Monitoring:

- Planned supervisory visits the states were conducted (15 northern states (100%) , 45 localities (71%) and 150 fixed immunization sites (40%) were visited by the central EPI personnel).
- Use of the DQS tool as a supervision tool enabled immediate analysis of the findings and feedback at state, district and health facility levels.
- Conduction of 2 National interstate review and evaluation meetings on RED and

implementation of the plans with all states.
- Follow up and monitoring of monthly EPI meetings at sub national level, assessing progress indicators regularly at district level with emphases on use of monitoring chart
- Follow up of the implementation of the supervisory plan to be conducted at state and locality level and recipient and revision of their reports

2.5. Quality of recording and reporting system:
- Printing and distribution of all the recording, reporting and self monitoring forms
- Follow up on the recoding and reporting system in all states at all levels
- Follow up and monitoring of system index and verification factor at all levels visited during 2007

3. Routine Immunization Activities

- 97 locality Micro plans were updated for 2007 (one locality in N.Darfour was not accessible completely)
- Sustained Outreach services & mobile activities were conducted as planned with (96%, 91%) implementation rate for all sessions.
- 77% of localities achieved 80% or more DPT3 coverage
- Because of the critical situation in Darfour zone, acceleration 3 rounds campaigns for routine immunization in 23 localities were implemented,

4. Social mobilization

- Celebration of Annual Immunization Day at national and state levels
- Implementation of Child Health Forum
- Preparation and conduction of social mobilization activities for the introduction of the new Pentavalent vaccine

5. Polio Eradication
- Conduction of one SNIDs and 5 NIDs rounds each targeting over 6,000,000 under five children, coverage was **102%** in the last round. *In 2007 Sudan had an imported wild polio virus from Chad which was reported in South Darfour state*
- Vitamin A distribution twice for under five children along with the NIDs

6. Measles Elimination

- Conduction of measles follow up campaigns in 6 states targeting more than 1,500,000 child, 9 month – five years, which is implemented as a part of Accelerated Child Survival Initiative (ACSI) along with other interventions (Deworming, distribution of Long Lasting Bed Nets and awareness messages). Coverage was **96%**
- National Measles lab achieved 100% in the Proficiency test
- Continued case-based measles surveillance activities

8. Cold chain

- External Cold chain assessment conducted in 2007
- Installation of a new cold room (+2 – +8 c) with a capacity of 24800 litres
- Pre final assessment for cold chain accreditation (Global WHO/UNICEF certificate)

was conducted by an external team from WHO &UNICEF, the score was excellent (94%)

9.Others

Sudan experience in implementing RED approach was evaluated in coordination with WHO and CDC and the report was presented in the EPI Managers Meeting in Tunisia, June ,2007

Problems encountered are:

1. Insecurity in Darfour zone
2. Population displacement and movement.
3. Competing program activities (polio campaigns).
4. Community participation and irregular social mobilization activities for routine immunization

(Note: Most of these activities were supported by WHO & UNICEF)

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for 2009

**If no DQA has been passed, when will the DQA be conducted?*
**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*
**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

Provision of recording and reporting forms.
- Continue Capacity building activities
- Establishing AEFI system at states level

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

YES ✓ *NO* ☐

If yes, please report on the degree of its implementation and attach the plan.

- All the needed reporting, recording and monitoring forms were printed and distributed.
- Redefinition of health structures for level below (avoid sub districts) was

implemented except for few large states where administrative units are subdivided from localities but reports are received as locality reports.

- Capacity building of immunization personnel at all levels, training needs were assessed through supportive supervision and training plans prepared and implemented accordingly.

  - AEFI system was introduced into 13 states (85%)

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

DQA 3 years plan (2005-2007) was discussed in the technical ICC group meeting, in 2004, approved and implemented, follow up on implementation of the recommendation was sent to GAVI secretariat with the APR reports of 2004/2005 with a copy of the plan.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

Four studies to address immunization services issues were conducted as follows:

- ***Determinants of utilization of immunization services in two selected localities with low and high drop-out rate in North Kordofan state***.

The aim is to identify the factors affecting the utilization of the immunization services. results showed that 79% and 46% is the utilization rate in the low and high DOR localities respectively, regularity and availability of the immunization services has a direct effect on the utilization, beside that socio-demographic characteristic also affected the utilization, The study recommended to conduct an effective health education programme, community mobilization to participate in improving the utilization of the immunization services.

- Knowledge Attitude and Practice of child care givers towards immunization services in Northern zone in 2007.

A cluster Sample was take from three states, Results showed that Knowledge about immunization services was good, the main source of this knowledge was found to be the health workers, 99% of the sample has positive attitude towards immunization, 40% do not agreed to vaccinate their children during sickness, 83% of the children completed their vaccination while only 60% has immunization cards, 5% of care givers do not vaccinate their children because they were busy.
Significant relation between knowledge, attitude, education of care givers and immunization of the children was detected.
Main recommendation is to focus the health education messages delivered by health workers on the importance of immunization cards, knowledge about the immunization schedule, side effects after immunization.

- **Study of missed opportunities for immunization among eligible children (under one year of age) attending health facilities providing immunization services in Khartoum**

state, 2007.
The study showed that prevalence of missed opportunities was high mostly among the curative services (84%), Absence of a policy of screening the child at every contact with the health services was found. The main recommendation is to create a system for screening the vaccination status of the eligible children at each contact with the health facility (at the entrance)

- Access to immunization services , in North Sudan,2007

20 clusters in three states selected randomly, main results was 99% of care takers had the access to immunization services, 96% of the houses were within a distance of 5 Kilometres from the immunization sites.70% had an access on foot, 0.7% by a donkey or camel, 18% use either private or a public car, and 11% receive immunization services at their homes through mobile strategy. The study indicated that there were no any access barriers regarding the distance, time spent to reach the immunization site, religion and finance.
Focus group discussion assured the availability of the services in regular bases while some of the groups mentioned the interruption of the services during the rainy seasons.
Main recommendation to the immunization programme is to sustain the good access and good coverage revealed by this study, and to expand the fixed sites services to ensure regularity and to conduct similar studies in other areas to reflect the exact situation.

1.1.4. ICC meetings

How many times did the ICC meet in 2007? ***Please attach all minutes.***
Are any Civil Society Organizations members of the ICC and if yes, which ones?

The ICC had two meetings during 2007. (Minutes attached).

The Sudan Red Crescent (SRCS) is a Civil Society Organization and it is an ICC member.

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

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2007.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hepatitis B	**10 dose**	**1,881,400**	**2005-2006**	**July,2007**

Please report on any problems encountered.

No problems were encountered regarding the vaccines recipient

1.2.2. Major activities

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

2007 is the third year for the new hepatitis B vaccine introduction which was introduced in phased manner covering all the 15 states in 2006.
Most of the activities conducted are routine monitoring and evaluation activities

- Rehabilitation of the cold chain & installation of new equipments were implemented in the 15 states
- Distribution of social mobilization materials and implementation of community mobilization activities
- Distribution of updated immunization cards, tally sheets, reporting forms and registers
- Distribution of the updated vaccinator guide that included the information about the introduction of the new vaccine to all the vaccinators in the targeted states
- Special supervision plan implemented with specific check list.

No major problems were encountered

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

These funds were received on: **2005**

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

For Hepatitis B vaccine introduction in 2005-2006 the 100,000 US$ were utilized completely for the preparatory activities for the introduction of the new vaccine into the 15 northern states (6 states in 2005, and 9 states during 2006)

For facilitation of introduction of Pentavalent vaccine, US$ 100,000 from GAVI could not be provided timely because of certain issues with the transfer of money to Sudan. However WHO EMRO supported the preparatory phase by appx. US$ 150,000 from extra budgetary resources. This was utilized mainly for printing the new recording and reporting documents, the cold chain expansion and the training of all EPI personnel

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2007

Please summarize the major recommendations from the EVSM/VMA

Major recommendation of the EVSM Assessment conducted was to:
- Increase the central cold store capacity if possible that the available capacity is exactly what is needed, and there is a need to have extra capacity for any unexpected situations.

-Include freeze tags in every vaccine shipment of freeze sensitive vaccines to the state level

- Written pre vaccine arrival notice to be sent to the intermediate vaccine stores before sending any vaccine shipment (the practice was the telephone calls)

Was an action plan prepared following the EVSM/VMA: Yes

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

Based on the above recommendations a comprehensive plan was prepared and implemented to address the recommendations as a result of that:

-The central cold store capacity is increased from (**25,791** litres) 2-8c to (**50,591** litres) by installing a new cold room (2-8 c) of a capacity of **(24800 litres).**
- Freeze tags were procured and added to the freeze sensitive vaccine shipments
- Written pre notification for vaccine shipment was practiced.
- As a result of that the central cold store achieved the accreditation certificate from WHO &UNICEF

The next EVSM/VMA* will be conducted in: **2010 (as guided below)**

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

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind **(Not Applicable)**

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

(Not Applicable)

Note:

- **GAVI support for injection safety was for 3 years started in 2002 and ended by 2004.**

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

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

- In 2007, the Government **(Ministry of Finance)** secured and provided the needed funds according to the EPI/FMOH request to procure the routine injection safety equipments for routine immunization services in 2007.
- The supplies were procured through UNICEF procurement system.
- UNICEF supported Sudan by first quarter need of injection safety equipments, by the time the Government release its funds.

Please report how sharps waste is being disposed of.

- Routinely as an immunization safety policy, safety boxes distributed with all vaccine deliveries to the vaccination sites for immunization sharp waste disposal.
- Incineration (burning) of the safety boxes is recommended in the national EPI policy
- Dig, Burn and Bury is the practiced procedure, in few sites burning in a pit then burial is also practiced.

Please report problems encountered during the implementation of the transitional plan for safe

injection and sharps waste.

- AEFI surveillance system is introduced into 13 states out of 15 and (86%) regular reports are received.
- Building of incinerators as planned was not implemented due to lack of funds
- 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 services; they lack sufficient supplies to implement safe injection and sharps waste management.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

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

(Not Applicable)

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	**Planned**	**Planned**	**Planned**
Expenditures by Category				
Vaccines (routine vaccines)	3,115,876	3,115,876	**22,008,460**	**18,628,602**
Injection supplies	938,600	938,600	730,600	771,300
Cold Chain equipment	275,690	197,810	209,780	976,879
Operational costs	8,039,357	7,631,400	8,273,500	9,025,900
Other (Transportation & maintenance)	11,800,100	17,889,684	10,707,897	15,581,323
Capital costs	2,500,000	2,526,500	2,535,900	2,658, 000
Financing by Source				
Government (incl. WB loans)	7,837,819	**7,337,819**	**7,712,968**	**8,094,390**
GAVI Fund	1,630,218	1,950,218	14,800,000	
UNICEF	10,177,287	**6,803,555**	7,781,523	**976,174**
WHO	7,024,299	**7,839,378**	**311,833**	**361,551**
Other (please specify)	-			
Total Expenditure	**$** 26,669,623	**$32,299,870**	**$44,466,137**	**$38,616,104**
Total Financing	**$** 26,669,623	**$23,930,970**	**$30,606,324**	**$9,432,115**
Total Funding Gaps	**$** 5,630,247	**$8,368,900**	**$13,859,813**	**$29,183,989**

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination…

The financial expendature for the immunization programme in 2007 had exceded the planned budget in routine activities as well in the supplementry immunization activities. The major cost driver was For the SIAs activities mainly due to implemintation of five rounds of NIDs due to the importation of wild polio virus from Chad into Darfoure state.

The major cost driver for the routine activities was the preparatory phase for the introduction of the new Pentavalent vaccine in January,2008 , expendature was high to support the cold chain instllation and rehabilitation, the training for all EPI perssonnel at all levels, for the preparation of the reporting and recording formats and preparation of social mobilization materials and activities. Beside that conduction of accelrated vaccination activities in the three darfoure states and in some other districts due to heavy rainy season and floods in some states, with a higher cost /child than usual due to this emergency situations.
The funding gap was wider than what was expected in the MYP, that the expected GAVI support which was proposed to be received during 2007 that is(the reward and the support for the introduction of the new vaccine) was not received upto-date.
UNICEF & WHO support was higher than what was planned from extra budgetary resources to conduct the above mentioned activities.
The Government new support to the immunization safety equipments was fulfilled as planned for the second year (600,000 $)

The financial sustainability prospects for the immunization program over the coming three years are **alarming,** that the ISS GAVI support to the immunization activities is decreasing based on the current reward system of extra immunized children only after reaching high coverage rate (90%), in the coming years the number of the extra immunized children reduce markedly, that the reward will not cover the old & new reached children before, and this gab might reflect negatively on the performance from which the coverage could decline back again. Beside that introductionof the new vaccines in the pipeline will increase the pogramme cost.

The sources of the gaps is a combination of growing expenditures in certain budget lines e,g (transportation costs and the new vaccine transportation to the districts due to large quantities of the one dose vial of the new vaccine), beside that the loss of sources of funding for example less ISS support from GAVI due to high coverage achieved and ultimately less extra children to be reached.

Strategies are being pursued to address the gaps are to increase the government contribution to the immunization activities at the federal states and districts level, and to increase the fixed immunization sites strategy to deliver the immunization services that 50% of the cost goes for outreach and mobile stratigies.
Commitment from traditional donors to continue their support and advocacy for new donto the programme

Table 2.2: Country Co-Financing (in US$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (Pentavalent vaccine)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	0	0	0.10	0,10
Other sources (please specify)	NA	NA	NA	NA
Total Co-Financing (US$)	0	0	449,500	372,000

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

There was no past trend for new vaccines co-financing before in Sudan.
The year 2008 will be the first year for the co-financing by the country for the new Pentavalent vaccine as agreed and approved by GAVI

For 2nd GAVI awarded vaccine**. (Not Applicable)** Please specify which vaccine (ex: DTP-HepB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

NOT APPLICABLE

Table 2.3: Country Co-Financing (in US$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	√	BCG,DTP,Hepatitis B, TT, Measles, polio	UNICEF, GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)	April,2008	NA
2nd Awarded Vaccine (specify)	NA	NA
3rd Awarded Vaccine (specify)	NA	NA

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	Yes
National health budget	Yes
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Not Applicable

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

*Section 3 is related to the request for new and under-used vaccines and injection safety for **2009**.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.

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

For 2007:
The new vaccine approved by GAVI /VF, (2005-2007) is hepatitis B vaccine which was continued during 2007. No changes in the base line, targets, wastage rate, etc.
No changes of the figures from WHO/UNICEF Joint Reporting Form for 2007

For 2008 -2009:
The newly approved vaccine will be introduced in 2008, (DTP, Hepatitis B, Hib liquid Pentavalent vaccine), wastage rate will be (5%) as the vial dose is 1 dose /vial.
The base line, targets is recalculated to the first dose proposed coverage in 2008-2010

The targets and required doses are calculated in the attached excel sheet for vaccine request.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
DENOMINATORS										
Births	1,167,795	**1199389**	1,253,861	**1,265,396**	**1,299,868**	**1,335,360**	**1,371,903**			
Infants' deaths	**123,380**	**126677**	132,583	**133,563**	**137,159**	**140,859**	**144,669**			
Surviving infants	**1,044,415**	**1072712**	1,121,278	**1,131,832**	**1,162,709**	**1,194,501**	**1,227,234**			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	**992958**	**1076432**	**NA**	**NA**	**NA**	**NA**	**NA**			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	**884187**	**973901**	168,191	**NA**	**NA**	**NA**	**NA**			
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of (HepB1)* *(new vaccine)*	**980,878**	**1079524**	**NA**	**NA**	**NA**	**NA**	**NA**			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of (HepB3)* *(new vaccine)*	**711938**	**975668**	168,191	**NA**	**NA**	**NA**	**NA**			
Wastage rate till 2007 and plan for 2008 beyond*** *Hept B (new vaccine)*	20%	**18%**	**NA**	**NA**	**NA**	**NA**	**NA**			
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of **(Pentavalent *new vaccine)***	NA	NA	1,121,278	**1,131,832**	**1,162,709**	**1,194,501**	**1,227,234**			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of (Pentavalent *new vaccine)*	NA	NA	1,020,363	**1,041,285**	**1,081,319**	**1,122,830**	**1,165,872**			

Wastage rate till 2007 and plan for 2008 beyond*** (Pentavalent *new vaccine))*	NA	NA	5%	5%	5%	5%	5%			
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	**497742**	**557544**	**626,930**	**695967**	**779,920**	**841,276**	**891,737**			
Infants vaccinated / to be vaccinated with BCG	**907,204**	**1022835**	**1,090,859**	**1,126,202**	**1,169,881**	**1,215,177**	**1,262,150**			
Infants vaccinated / to be vaccinated with Measles (1st dose)	**788643**	**854757**	**919,447**	**950,738**	**999,929**	**1,051,160**	**1,104,510**			

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

UNICEF Supply Division has assured the availability of the new quantity of Pentavalent vaccine for the year 2009.

The new Pentavalent Combined vaccine (DTP, Hepatitis B, Hib) has been introduced recently by GAVI VF for 2008, the shipments dates were agreed upon..
No changes in the new vaccine presentation requested (liquid as revised and approved), and the required doses for 2009 are not increased from the approved quantities.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2009:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with Pentavalent Liquid vaccine (DTP, HeptB, Hib) *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)*

		Formula	2009	2010
A	Target if children for Pentavalent Vaccination	#	1,131,823	1,162,709
B	Number of doses per child	#	3	3
C	Number of Pentavalent vaccine doses	A x B	3,395,469	3,488,127
D	AD syringes (+10% wastage)	C x 1.11	3,768,971	3,871,821
E	AD syringes buffer stock *(2)*	D x 0.25	942,243	967,955
F	Total AD syringes	D + E	4,711,213	4,839,776
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	1	1
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	52,294	53,722

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

The quantities for the current request do not differ from the original request regarding the targets.
Note (1): the calculation excel sheet attached is different from this above table (8) schedule; both are electronically formulated and calculated by different formulas.

Note(2): SUDAN Government has planned to conduct a population Census in April, 2008, according to the results of the census these targets could be revised and updated for 2009/2010.

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: 2008

Current Health Systems Support will end in: 2012

Funds received in 2007: No
If yes, date received: (dd/mm/yyyy) NA
If Yes, total amount: US$ NA

Funds disbursed to date: **US$** Zero

Balance of installment left: **US$**: **16,151,760**

Requested amount to be disbursed for 2009 **US$**: **3,144,806**

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

Funds will be reflected in the Ministry of Health and Ministry of Finance budget
The received funds will be pooled directly into the federal ministry of health accounts and released according to the regulations of the ministry of finance and ministry of health system which approve the release of funds according to the planned activities.
Federal Ministry of Health will regulate the utilization of H.S.S funds through its auditing system of finance and according to the Federal Ministry of Finance rules.
Funds will be reflected on the annual planned budget to cover certain activities, which in order to be implemented should appear within the annual plan of the planning directorate and the related programmes

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Not applicable

The funds are not transferred to the country yet.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

Not applicable

Civil organization were part of the NHSCC who participated in the preparation of HSS proposal, and will be part of the implementation process and follow up too, when the support is transferred.

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Not applicable

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Not applicable

Table 9. HSS Expenditure in 2007 (Please fill in expenditure on HSS activities and request for 2008. In case there is a change in the 2008 request, please justify in the narrative above)				
Area for support	**2007 (Expenditure)**	**2007 (Balance)**	**2008 US$**	**2009 US$**
Activity costs				
Detailed planning, annual review as part of operational research and preparation of annual report			***10,000***	***10,000***
Objective 1: 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				
Activity 1.1: **Improving management and organization**			771,000	296,000
Activity 1.2: **Strengthening of health planning capacities**			0	299,000
Activity 1.3: **improve capacities and knowledgebase for equitable and sustainable health financing**			174,620	170,000
Activity 1.4: **Strengthening of health Information system**			115,000	180,000
Objective 2: By end of 2012 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				
Activity 2.1: **Develop health human resources systems and policies**			45,000	90,000
Activity 2.2: **Rationalize and invest in training institutions for PHC workers focusing on Nurses, Midwifes, Lab technicians and multi purpose health worker**			532,000	340,000

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)**			200,000	200,000
Activity 3.2: **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**			200,000	200,000
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**			284,000	**784,000**
4.2: **Provision of medicines and medical supplies essential for child and maternal health**			530,000	**530,000**
4.3: **Address the demand side barriers to access health services (Immunization, care seeking behaviour for children, RH, harmful tradition to mother and child)**			30,000	**210,000**
Support costs				
Management costs			127,000	110,000
M&E support costs			45,000	0
Technical support			0	0
TOTAL COSTS			**3,063,620**	**3,419,000**

Table 10. HSS Activities in 2007 (not applicable)

Technical group meetings were conducted to prepare the operational plans for the implementation process when funds are received

Meeting with the states coordinators to discuss the proposed implementation plans

Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators *(Add other indicators according to the HSS proposal)*

Indicator	Data Source	Baseline Value[1]	Source[2]	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)	WHO/UNICF Joint Report	84.6%	WHO/UNICF Joint Report	2006	95%	2012
2. Number / % of districts achieving ≥80% DTP3 coverage	WHO/UNICF Joint Report	72%	WHO/UNICF Joint Report	2006	100%	2012
3. Under five mortality rate (per 1000)	SHHS	102/1000 LB	SHHS	2006	Contribute to reducing IMR by 50% of baseline	2012
4. Maternal mortality rate per 100,000 LB	Sudan Household Survey (SHHS)	638/ 100,000 LB	SHHS	2006	Contribute to reducing MMR by 50% of baseline	2012
5. % deliveries attended by skilled personnel	SHHS	49.2	SHHS	2006	70%	2012
6. % SMOH with functioning organizational structure as per standards	Administrative reports on a standardized checklist	n. a.	Admin. reports	2008	100%	2011
7. % SMOH with functional planning directorates	Administrative report on a standardized checklist	n. a.	Admin. reports	2008	100%	2010
8. % States planning directorates using standard planning format	Administrative report on a standardized checklist	n. a.	Admin. reports	2008	100%	2010
9. % SMOH with functioning directorates of human resource	Administrative report on a standardized	n. a.	Admin. reports	2008	100%	2010

[1] If baseline data is not available indicate whether baseline data collection is planned and when
[2] Important for easy accessing and cross referencing

	checklist					
Services delivery, access and utilization						
10. % health facilities (RH, RHC, UHC, Dispensary/BHU) providing essential PHC package	Health facility survey	35%	Health facility survey	2004 (updating planned in 2008)	50	2011
11. % PHC workers who received integrated in-service training during last 1-year	Health facility survey (human resources)	n. a.	Health facility survey	2008	50%	2011
12. Health services utilization rate	Household health services utilization survey Routine annual statistical report	< 1 per person per year	Annual statistical report – but covers only public sector	2008 - Household health services utilization survey, along with health expenditure survey	> 1 per person per year	2011
13. % PHC facilities reported timely for health information	Annual statistical report	33%	Annual statistical report	2006	60%	2011

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

Not applicable

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	✓	15th May,2008
Reporting Period (consistent with previous calendar year)	✓	2007
Government signatures	✓	
ICC endorsed	✓	
ISS reported on	✓	
DQA reported on	✓	
Reported on use of Vaccine introduction grant	✓	
Injection Safety Reported on	✓	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	✓	
New Vaccine Request including co-financing completed and Excel sheet attached	✓	
Revised request for injection safety completed (where applicable)	✓	
HSS reported on	✓	
ICC minutes attached to the report	✓	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		Not applicable

6. Comments

ICC/HSCC comments:

ICC Comments:

- Achievements on the routine immunization services and reaching more children during 2007 and the report were satisfactory to all members.
- Recommendation rose to advocate strongly with government and new donors to fulfil the government commitment towards new vaccine co-financing.
- To strengthen south/north coordination mechanism.

~ End ~