Internal Appraisal 2014

Sudan

1. Brief Description of Process

This Appraisal was developed by Technical Expert, Assad Hafeez in collaboration with Anne Cronin, CRO for Sudan. It is based on the 2013 APR submitted by the country, and related documentation. The internal appraisal was shared with the programme and country partners prior to finalisation.

2. Achievements and Constraints

Sudan has maintained its routine immunization objectives in majority of antigens except measles (85% vs 90%) and TT (50% vs 60%). DTP-Hep B-Hib target was only missed by a slight margin (93% vs 98%) whereas Rota virus were missed with significant margins (89% vs 98%). While PCV was only introduced in August the target achieved was 30% vs 98%. Wastage and dropout rates were within acceptable limits except PCV13 where wastage rate exceeded to 9% against a target of 5%. The only source of immunization coverage in 2013 is administrative data, the final report of coverage survey S3M carried out in 2013 will be available only later in 2014. UNICEF also plan to implement a MICS in 2014. There is strong political commitment at all levels towards immunization services. The country has been putting in efforts in implementing strategies to reduce dropouts and wastage as per its planning.

Gender disaggregated data is available with 47% boys and 53% girls vaccinated with penta 3. The report does not give much information on equity issues. This is of concern given the significant equity gaps in relation to access to health services that are likely to arise in the country, based on its geography and conflict situation.

The prevailing security situation and political unrest have been cited as major factors hindering the achievement of the targets in 2013. Other challenges are aging means of transportation, delayed co financing, lack of funding for social mobilisation and competing priorities as floods and emergencies. Scattered populations, geographical diversity and human resource are also some of the factors which have been identified as restraints.

3. Governance

GAVI related projects are being governed by various tiers. The level and seniority of participation is as per prescribed criteria including ministers and reps from international organisations. The documents provided are in Arabic and some in English so the minutes are not clear. The APR reports that ICC met once in 2013 and discussed issues regarding co financing and its delay by the government. The HSSC met a number of times in 2013 whereas NITAG meetings were also reported in APR. The critical issues about HSS, its progress and planning have been brought under discussion.

The participation of CSOs is not prominent and only two organisations have been taking part in the process at planning level over the last years. CSOs are represented in the National Health Sector Coordination Committee/HSS/sub CCM but The involvement of CSOs at implementation and community level for HSS1 is not visible. Preparatory measures are being taken to ensure their timely and meaningful involvement of CSOs in the HSS2 grant (2014-2018), including training and formulation of a coordination mechanism for harmonisation of CSO activities across the country. This is an area where further progress will help improve the quality and transparency of the systems.

4. Programme Management

The cMYP is a well written document covering the period from 2012-2016 and has costing estimates embedded in it. It gives an excellent overview of the EPI and its place within the health system, as well as of plans for vaccine delivery and coverage. The document is in line with

national priorities as identified in the National Health document which puts emphasis on primary health care and reaching the marginalised communities. The baseline and future targets are realistic as reported in APR and evidence of evaluation/reviews is available in the attached documents. The current management arrangement has been successfully implementing earlier grants including HSS and NVS within expected timelines. The cMYP gives a clear M & E plan for the immunization services.

The programme management comprises of various tiers in the country. The ministry has the EPI housed with PHC wing which allows effective integration at the highest level of HSS component as well. Other development partners like WHO, UNICEF, WB and USAID are also integrated with the program. The burden of work has progressively increased and additional technical/human resource will help improve the quality of outputs. The districts and health facilities management capacity varies extensively all over the country.

5. Programme Delivery

The program delivery in Sudan has fixed, outreach and mobile services. New vaccines have been introduced through this multiple tiered program and Sudan has shown fairly good compliance. The last EVM assessment was carried out in Dec 2013. Most scores at central, district and facility level were below the target of 80% with variable capacity at different tiers. In general 4 out of 9 criteria were below 80% including building & equipment, maintenance, stock management and distribution. Vaccine arrival was particularly poorly performing in the facility and sub district level. Storage and temperature monitoring had good scores. Vaccine management improvement plan was put forward in 2014. The progress report on the plan from January to April 2014 is attached which shows clear targets, responsibilities and timelines for each tier. The progress reported is satisfactory. The next EVM assessment is planned in 2016.

The country has an injection safety plan however incinerators are not used as these are costly moreover the APR suggests that it is a general health system issue rather than a specific EPI area. Dig, burn and bury strategy is generally adopted for sharp waste management. There is an AEFI system as reported in the APR. The reports are discussed in the NITAG meetings and there is also a surveillance system for rotavirus diarrhoea and paediatric meningitis, but no specific surveys have been conducted. It is important to have the surveillance system up and running following the new vaccine introductions.

The variability among districts is marked in service delivery with some districts below critical level coverage though there is now planning with clear targets to achieve district performance improvement. The role of GAVI HSS support has been important in reaching out to far off areas. The major challenges in service provision are conflict areas and scattered populations.

6. Data Quality

The only source of immunization coverage in 2013 was administrative coverage data (EPI monthly reports). The results of MenA post campaign coverage survey indicates that 17 states were covered in 2012 and 2013 and reached a total population of 23, 670, 245~~will be available in July 2014~~. The data is assessed regularly as part of DQS where verification factor is calculated by comparing reported coverage with the recounted from registers. Data verification was also done as part of the comprehensive EPI review which showed data accuracy at various levels as generally satisfactory. No deliberate over reporting was noticed. The data quality was improved by refresher trainings, continuous supervision for data systems at all levels, revision of guidelines & tools, follow up and monitoring of quality index and archiving of EPI data for 1996-2013. Data quality and information management system is one of the components of the HSS proposal.

Planned activities to improve the data management system include:

- National coverage surveys every 3-5 years
- Training of the new focal persons and refresher trainings for service providers
- Continuous of the data systems

- Mini surveys and home visits during supervision

7. Global Polio Eradication Initiative, if relevant

The country intends to maintain a polio free status however APR is not volunteering any information on the subject.

8. Health System Strengthening

Sudan's first HSS grant (2008-2012, with no cost extension granted for 2013/2014) for $16,153,500 has been fully disbursed, last tranche was disbursed Q3 2013. Sudan was approved for their second HSS grant following the review of the IRC in February 2014, for $33,231,766 for 2014-2018, no funds have been disbursed yet for the second grant. The APR reports on HSS1.

The performance of Sudan HSS component has been satisfactory in last few years. The current grant will be completed in 2014. Sudan report that GAVI HSS1 has contributed significantly to the development and implementation of the PHC Universal Coverage Plan to provide integrated PHC services to target populations. The major outcome has been capacity building at multiple tiers, development of health system observatory, strengthening of PHC infra-structure and integration of services at primary care level. The progress on target achieved has been good as per APR data and evaluation report of HSS component is also encouraging. Although the country reports a well performing health systems program, it is difficult to link the performance to improvements in immunization if any. There were 8 output indicators selected, 4 each for objectives 1 and 4. Of these, 6 of them have been already achieved prior to 2013. For 2013, only two indicators had targets –1 and 6 both of which were completed as planned. It is important to note that despite IRC report from 2013, country has not provided any additional indicator related to immunization.

The delay in disbursement of final tranche from GAVI caused delay in implementation of activities. The total funds carried forward from 2013 to 2014 were about USD 1.7 million whereas the expenditures in current year will be about USD 1.5 million. No major changes in planned activities are noted. Some of the activities are combined with 2013 plans due to late arrival of funds in 2013. Changes from the original budget are mainly due to availability of funds from previous years—expenses reported in 2014 in almost 23% higher than that planned for 2014. Many of activities in 2014 correspond to the list of incomplete activities in 2013 (see section 3.2). Few of activities specifically planned for 2014 remain unchanged and are planned to be completed in 2014. The major activities in 2014 are planning meetings, support to institutions in training of health workforce, civil works of health facilities, purchase of laboratory equipment, rehabilitation of basic facilities and undertaking of evaluation research. There is 200,000 USD remaining in HSS1 project at the beginning of 2014. There is a joint GAVI / Global Funds program management unit for implementation of the grant, to harmonise and align activities.

The HSS evaluation has brought out the above weaknesses and has suggested remedial measures as well. The involvement of CSOs and other stakeholders in health sector needs to be enhanced.

The Chair of the ICC/HSCC asks how the gap between the ending HSS1 and new HSS can be covered.

9. Use of non-HSS Cash Grants from GAVI

Sudan did not receive ISS award in 2013 however USD 1,098,781 were carried over from 2012. Out of this USD 1,061,829 were spent on reinforcing EPI programme activities, including supervision, social mobilization, trainings, programme management, vaccine distribution and outreach activities. The country is not eligible to receive an ISS award for this year.

10. Financial Management

The GAVI FMA was conducted in 2011 and its recommendations were implemented according to the reported data in APR except submission of annual work plan for EPI program. An incentive/ top up salary plan has been developed and implemented, ~~the translation of ISS 2009-10 completed~~ and quarterly expenditure reports for ~~the EPI activities is~~HSS are being prepared and submitted to GAVI.

Clarifications needed, if any, will be included in the Cover Note.

11. NVS Targets

Coverage target with the third dose of DTP-HepB-Hib was missed narrowly in 2013, reaching 93% compared to the 98% target. The 2015 target for penta1 is 1,382,639 which is an increase of 4% over 2013.

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For 2015, targets for Rota seem a bit high compared to 2013 achievements 1,141,563 reached with 1st dose in 2013, vs. 1,354,986 targeted with 1st dose in 2015, which is an 18% increase and higher than the GAVI guideline of 10%)

Wastage for 2015 of 5% is acceptable; although it was 2% in 2013, so could be adjusted downwards for 2015 based on these country dataDrop out rate for 2015 of 5% acceptable however, as 2 dose course, drop out expected to be lower than that of Penta or PCV

For 2015 as consequence of high stocks in December 2013 and over shipment in 2014 in relation to achievements stock, 1,133,390 may need to be deducted from 2015 shipments. However this will be reviewed further at a later date.

The PCV target was missed due to the delayed introduction of PCV due to supply constraints hence country was not expected to meet full year target. For 2015, targets for PCVseem realistic and are in line with Penta.

Wastage for 2015 of 5% is acceptable . The dropout rate for 2015 of 5%is also acceptable. For PCV, 1st dose targets for 2014 are the same as previously approved, 3rd dose have been revised downwards; for Rota, 1st dose and 3rd dose targets have both been adjusted downwards

12. EPI Financing and Sustainability

The government has fulfilled its budgetary commitments as per GAVI's requirements. There is an incremental increase in the co-financing in the new vaccine category, however traditional vaccines are funded by UNICEF Hence the program needs to explore possibilities to incrementally address financial sustainability. The program should identify key recommendations from the immunization financial assessment that was undertaken in 2013 that they plan to implement in 2014/2015.

13. Renewal Recommendations

Topic	Recommendation
NVS	• Penta: - Extension of support until 2016 based on the submission of revised cMYP - Renewal of support in 2015 based on country requested targets • PCV: - Extension of support until 2016 based on the submission of revised cMYP - Renewal of support in 2015 based on country requested targets • Rota:

	- Extension of support until 2016 based on the submission of revised cMYP - Renewal of support in 2015 with targets adjusted in accordance with GAVI guidelines

14. Other Recommended Actions

Topic	Action Point
	• To undertake final evaluation of HSS 1 and ensure the findings and recommendations are incorporated through reprogramming in the approved HSS2 grant. • The country to take action to finalize and implement the 2014 EVM improvement plan recommendations. • The country to ensure robust reporting systems and data quality. • The country to ensure more active involvement of CSOs at all levels. • Adjustment of Rota targets for 2015 based on stock as of 31st December 2013, 2014 achievement, and 2014 shipment plan (VIPA methodology). • Country should allocating budget for traditional routine vaccine procurement and progressively increase same • The following action points from the financial assessment are recommended to be undertaken in 2014 and 2015 **a) u**pdate the cMYP reflecting results of the analysis of financial sustainability and consultations with key stakeholders: • Develop several scenarios based on pessimistic macroeconomic projections • Run consultations with a broad range of stakeholders and partners on the financial sustainability and b) in 2015: Advocate for having a line item in the national budget for traditional vaccines
	ISS: - Country to provide a detailed breakdown of 2013 ISS expenditure (by economic classification or activity) - Country to submit audit report for 2013 **HSS**: - Country to submit audit report for 2013 - Country to provide copy of the bank statement showing receipt of HSS funds transferred by GAVI in 2013 - Country to provide 2013 financial statement, clearly showing opening balance, funds received, detailed expenditure (for example by activity) and closing balance, in US $, local currency and EUR **NVS** - Country to provide a detailed breakdown of 2013 NVS expenditure (by economic classification or activity) - Country to submit audit report for 2013 **COS** - Separate 2012 financial statements to be provided by UNICEF and WHO relating to Campaign Operational Support (COS) Funds - 2013 financial statements to be provided by UNICEF and WHO relating to Campaign Operational Support (COS) Funds