|  |  |  |
| --- | --- | --- |
| ..\bl.jpg |  |  |
|  |

|  |
| --- |
| *[V1.0.0]* |

 |
|  |  |
|  |  |  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| **Application Form for Gavi NVS support** |

 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| Submitted by |

 |
|

|  |
| --- |
| The Government of |

 |
|

|  |
| --- |
| ***Sudan*** |

 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| Date of submission: **27 February 2017** |

 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| **Deadline for submission:** |

 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| i. |

 |

|  |
| --- |
| **11 January 2017** |

 |  |  |  |
|  |  |  |  |

|  |
| --- |
| ii. |

 |  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 3 May 2017 |

 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| 1 September 2017 |

 |  |  |  |
|  |  |  |

|  |
| --- |
| iii. |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| **Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)** |

 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| Start Year |

 |  |

|  |
| --- |
| 2017 |

 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| End Year |

 |

|  |
| --- |
| 2021 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| **Form revised in 2016** |

 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| **(To be used with Guidelines of December 2016)** |

 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |
| --- |
| Note: Please ensure that the application has been received by Gavi on or before the day of the deadline. |

 |

 |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **GaviGRANT TERMS AND CONDITIONS** |
| **FUNDING USED SOLELY FOR APPROVED PROGRAMMES** |
| The applicant country ("Country") confirms that all funding provided by the Gavi 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. All funding decisions for the application are made at the discretion of the Gavi Board and are subject to IRC processes and the availability of funds.  |
| **AMENDMENT TO THE APPLICATION** |
| The Country will notify the Gavi in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application.The Gavi will document any change approved by the Gavi, and the Country's application will be amended. |
| **RETURN OF FUNDS** |
| The Country agrees to reimburse to the Gavi 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, within sixty (60) days after the Country receives the Gavi's request for a reimbursement and be paid to the account or accounts as directed by the Gavi. |
| **SUSPENSION/ TERMINATION** |
| The Gavi 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-approved amendment to the application. The Gavi retains the right to terminate its support to the Country for the programmes described in its application if a misuse of Gavi funds is confirmed. |
| **ANTICORRUPTION** |
| The Country confirms that funds provided by the Gavi 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, as requested. The Gavi 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 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 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 in connection with any audit. |
| **CONFIRMATION OF LEGAL VALIDITY** |
| The Country and the signatories for the Country confirm that its application, and Annual Progress Report, 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 TRANSPARENCY AND ACCOUNTABILITY POLICY** |
| The Country confirms that it is familiar with the Gavi 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 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 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. 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 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 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. |

 |

 |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **1. Type of Support requested** |
| Please specify for which type of Gavi support you would like to apply to. |

 |
|  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Support** | **Vaccine** | **Start Year** | **End Year** | **Preferred second presentation[1]** |
| NVS follow-up campaign | Measles, 10 dose(s) per vial, LYOPHILISED in second dose | 2017 | 2021 |  |

 |
|  |
|

|  |
| --- |
| ***[1]*** Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second or third preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine. |

 |

 |
|  |
|

|  |
| --- |
|  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **2. Table of Contents** |

 |  |
|  |  |
|

|  |  |
| --- | --- |
|  | [*1. Type of Support requested*](#ApplicationSpecification) |
|  |  |  |  |
|  | [*2. Table of Contents*](#TableofContents) |
|  |  |  |  |
|  | [*3. Executive Summary*](#ExecutiveSummary) |
|  |  |  |  |
|  | [*4. Signatures*](#Signatures) |
|  |  | [*4.1. Signatures of the Government and National Coordinating Bodies*](#Signatures1) |
|  |  |  | [*4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation*](#Signatures11) |
|  |  |  | [*4.1.2. National Coordination Forum (Interagency Coordinating Committees (ICCs), Health Sector Coordinating Committees (HSCCs), and other equivalent bodies)*](#Signature12) |
|  |  |  | [*4.1.3. Signature Table for the Coordination Forum (ICC/HSCC or equivalent body)*](#Signature13) |
|  |  | [*4.2. National Immunization Technical Advisory Group (NITAG)*](#Signatures2) |
|  |  |  | [*4.2.1. The NITAG*](#Signatures21) |
|  |  |  |  |
|  | [*5. Immunisation Programme Data*](#ImmunisationProgrammeData) |
|  |  | [*5.1 Background information*](#ImmunisationProgrammeData1) |
|  |  |  | [*5.1.1 Lessons learned*](#ImmunisationProgrammeData11) |
|  |  |  | [*5.1.2 Health planning and budgeting*](#ImmunisationProgrammeData12) |
|  |  |  | [*5.1.3 Coverage and equity*](#ImmunisationProgrammeData14) |
|  |  |  | [*5.1.4 Data quality*](#ImmunisationProgrammeData15) |
|  |  | [*5.2. Baseline and Annual Targets for Routine Vaccines*](#ImmunisationProgrammeData2) |
|  |  | [*5.3. Targets for Preventive Campaign(s)*](#ImmunisationProgrammeData3) |
|  |  | [*5.4. Targets for One time mini-catchup campaign(s)*](#ImmunisationProgrammeData4) |
|  |  | [*5.5 Targets for Follow up Campaign*](#FollowUpFutureTargets55) |
|  |  |  |  |
|  | [*6. New and Under-Used Vaccines (NVS Routine vaccines)*](#NewandUnderUsedVaccines) |
|  |  |  |  |
|  | [*7. NVS Preventive Campaigns*](#NVSPreventiveCampain) |
|  |  |  |  |
|  | [*8. NVS Follow-up Campaigns*](#NVS_FollowUpCampaigns) |
|  |  | [*8.1 Immunization coverage*](#NVS_ImmunizationCoverage) |
|  |  | [*8.2 Financial support*](#NVS_FinancialSupport) |
|  |  |  | [*8.2.1 Government financial support for past Measles / MR campaigns*](#FollowUpSupportFinanceShares) |
|  |  |  | [*8.2.2 Government financial support for past Measles / MR routine vaccines*](#FollowUpSupportFinanceHistory) |
|  |  |  | *8.2.3 Proposed support for upcoming Measles / MR* |
|  |  |  |  |
|  | [*9. Procurement and Management*](#ProcurementandManagement) |
|  |  | [*9.1 Procurement and Management of New and Under-Used Vaccines Routine*](#ProcurementandManagement1) |
|  |  | [*9.2 Procurement and Management for NVS Preventive Campaign(s)*](#ProcurementandManagement2) |
|  |  | [*9.3 Product Licensure*](#ProcurementandManagement3) |
|  |  | [*9.4 Waste management*](#ProcurementandManagement4) |
|  |  | [*9.5 Procurement and Management for Follow up Campaign(s)*](#ProcurementandManagement4) |
|  |  |  | *9.5.1 Procurement for Measles, 10 doses/vial, Lyophilised* |
|  |  |  | *9.5.2 Fiduciary Management Arrangement Data* |
|  |  |  |  |
|  | [*10. List of documents attached to this proposal*](#Listofdocumentsattached) |
|  |  |  |  |
|  | [*11. Annexes*](#Annexes) |
|  |  | [*Annex 1 - NVS Routine Support*](#Annex1) |
|  |  | [*Annex 2 - NVS Routine – Preferred Second Presentation*](#Annex2) |
|  |  | [*Annex 3 - NVS Preventive campaign(s)*](#Annex3) |
|  |  | [*Annex 4*](#Annex4) |
|  |  |  | [*Table Annex 4A: Commodities Cost*](#Annex4A) |
|  |  |  | [*Table Annex 4B: Freight cost as percentage of value*](#Annex4B) |
|  |  |  | [*Table Annex 4C: Preparatory transition phase - Minimum country co-payment per dose of co-financed vaccine*](#Annex4C) |
|  |  |  |  |
|  | [*12. Banking Form*](#BankingForm) |

 |

 |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **3. Executive Summary** |

 |
|  |
|

|  |
| --- |
| [Please provide a summary of your country's proposal, including the following the information:](#ApplicationSpecification) |
|  |
|  | [For each specific request, NVS routine support or NVS campaign :](#ApplicationSpecification)  |
|  |  | The duration of support |
|  |  | The total amount of funds requested |
|  |  | Details of the vaccine(s), if applicable, including the reason for the choice of presentation |
|  |  | Projected month and year of introduction of the vaccine (including for campaigns and routine) |
|  |
|  | Relevant baseline data, including: |
|  |  | DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form) |
|  |  | Target population from Risk Assessments from Yellow Fever and Meningitis A |
|  |  | Birth cohort, targets and immunisation coverage by vaccines |
|  |
|  | Country preparedness |
|  |  | Summary of planned activities to prepare for vaccine launch, including EVM assessments, progress on EVM improvement plans, communication plans, etc. |
|  |  | Summary of EVM assessment and progress on EVM improvement plan |
|  |
|  | The role of the Coordination Forum (ICC/HSCC or equivalent) and stakeholders’ participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal |
|  |
|  | Follow up campaign |
|  | Globally, measles mortality has decreased remarkably, but efforts for measles and rubella control have also shown challenges. While the routine measles first dose (MCV1) coverage has increased globally from 73% in 2000 to 83% in 2009, this coverage has stalled and remained at 77-78% since 2010 in Gavi 73 countries. Other challenges include financial and programmatic sustainability for countries, determination of the target age group and ensuring high quality of campaigns. There are also concerns around campaigns being costly, detracting resources away from routine immunisation activities and possibly creating perverse monetary incentives. Measles activities are also being planned in isolation from other immunisation interventions with inadequate planning, budgeting and implementation processes.A comprehensive approach is essential to bringing about lasting reductions in measles and rubella morbidity and mortality. Uniformly high and timely routine immunisation coverage in every country, every year is the cornerstone for achieving continuously high levels of population immunity.In this regard, Gavi’s Board in December 2015 endorsed Gavi’s new measles and rubella strategy, whose aim is to provide a single coherent approach to measles and rubella, primarily at increasing routine immunisation coverage, putting a strong focus on measles-rubella control. Routine immunisation will be complemented, as needed, by higher-quality, better-planned, more targeted and independently monitored campaigns.The strategy supports a more comprehensive approach to measles and rubella, over a longer time period. Rather than offering support to campaigns and routine immunisation as separately planned, budgeted and implemented activities, Gavi is supporting countries to plan and deliver a coherent, integrated set of measles and rubella disease control activities. Countries will now be required to self-finance the first dose of measles vaccine in their national immunisation programme, and have a long term budgeted plan for measles and rubella activities, to ensure financial and programmatic sustainability. Preventive vaccination campaigns and the introduction of new vaccines such as MR vaccine can be used as strategic opportunities to improve routine immunisation, for example by supporting microplanning to identify underserved populations. These opportunities need to be aligned with countries’ expressed needs and priorities for routine immunisation to ensure that they address recognised gaps or problems. It is therefore recommended that as countries develop their applications for measles and rubella support, they coordinate and align such requests with their applications for HSS support. Joint Appraisals and reviews of support should be used to ensure such linkages. This will help harmonise measles and rubella and HSS inputs, avoid possible redundancies and help maximise the effect of measles and rubella activities on strengthening the overall immunisation programme. Gavi will support periodic measles follow-up campaigns at national or subnational levels, for Gavi-eligible countries which have not yet introduced MR, with a focus on children up to 5 years of age; noting that the timing, target age range, and geographical scope should be based on epidemiological data, and modelling wherever possible.For Gavi-eligible countries which have introduced MR, support is available for periodic MR follow-up campaigns, again noting that the timing, target age range, and geographical scope should be based on epidemiological data, and modelling if available. |
|  |
| Measles was a leading cause of childhood morbidity and mortality in Sudan; prior to introduction of measles vaccine in Expanded Program on Immunization.The Regional Committee for the Eastern Mediterranean Region resolution in 1997 to eliminate measles from the region by 2010 and it was extended to 2015 then to 2020.Sudan adopted Measles elimination Strategies since 2004. Sudan started case based surveillance in 2006. It was joined with the acute flaccid paralysis surveillance with laboratory confirmation, in order to take appropriate action in a timely and accessible to eliminate measles by the end of the year 2020.Sudan had been hit by a large scale outbreak of measles during the period of 2011-2013. The highest numbers of measles cases were reported at 17,984 in 2011 and 2012. Following a nation-wide campaign in 2013 Sudan achieved a significant reduction in the number of measles cases; however a surge in the number of measles cases was reported again in 18 states with total confirm cases 3536 and 71deaths (2% case fatality rate) during 2015. Due to outbreak response that was implemented by the Ministry of Health, with support from WHO, UNICEF and Partners in the affected localities during 2015 and 2016 in phases and covered the target cohort group from 6 months up to less than 15 years, these campaigns have had a substantial impact on the reduction of measles morbidity and mortality to have 1738 confirmed cases and 20 deaths with (1.17% case fatality rate) during 2016 and decrease in incidence from 104/M pop in 2015 to 40,1/M pop in 2016. Currently there are 71 localities of very high, high risk and moderate risk of outbreaks from measles risk assessment data. While the routine coverage’s is not with the optimal and reported coverage for Sudan 1st doses was 82%, 66% for 2nd dose up to October 2016.The joint Measles outbreak response taskforce which includes Ministry of Health, WHO and UNICEF, followed the recommendation of the EMRO Inter Country Meeting that Sudan is in **urgently need to conduct a nation-wide larger scale Measles vaccination campaign.** The Macro plan submitted to partners in December 2015 and after further analysis by EMRO office they recommend implementation of follow up campaign during 2017 and the target is to be adjusted according to **mapping** epidemiological analysis of the outbreak data.The country with partners support, has conducted EVM assessment in December 2016 (report is attached), the overall performance was found to be 89% with the highest performance at the national store level which scored 99%, followed by state store level (90%), locality levels 89% and service delivery level which scored 86%. The most common issues were found to be in the areas of the maintenance, the transportation and the equipment and building. Based on the finding from EVM assessment an EVM improvement plan was jointly developed with participation and commitment from FMoH, WHO and UNICEF to implement the improvement plan (attached). Cold chain inventory has been completed during November 2016 and the first draft report was shared for the revision and finalization.To ensure effective vaccine management, the bundled measles supplies for this campaign will be received at least one month before campaign date in the national cold store. The distribution to the lower levels will be completed before two weeks of the campaign date. There are 18 sub-national cold store with adequate capacity to accommodate the bundled measles vaccine which will handle the distribution of measles supplies to 185locality (District) level cold store and 12,359 service delivery sites; including temporary and mobile sites. Cold rooms are available at the national and sub-national level and some localities. Most of the localities and all fixed immunization sites will use refrigerators to store their vaccines. At temporary and mobile sites vaccine will be kept in passive cold boxes with proper management and use of vaccine vial monitors and continuous temperature monitoring devices. Other component of vaccine management including equipment, devices, transportation and wastage reduction will be an integral part during preparation and implementation processes. The NITAG has actively involved in all technical decisions   related to control and response to measles outbreak interventions including response campaign and case management. The National Regulatory Authority is instrumental in the vaccine safety monitoring. The NHSCC –which bring together the government, partners, CSOs representative, private sectors and other key stick holders-has the oversight for all interventions related to measles response and the endorsement of the proposal for submission to reach measles elimination status in the country. In this proposal, the government of Sudan is requesting support from GAVI  for implementation of  Measles follow-up Campaign in 2017 targeting the children under 5 years in 114 localities and under 15 year for 71 high risk localities. The follow -up campaign and improving of routine immunization coverage will help in prevention of outbreaks and reaching measles elimination.The estimated operational cost for the follow up campaign is **9,595,698 . The GAVI Alliance will provide $  5,614,505** at -.55$ /child as well as vaccines and associated logistics. The remaining will be provided by the Government of Sudan with the support of health partners particularly WHO and UNICEF.  Synergetic activities for the campaigns will be implemented where ever feasible e.g for training and social mobilization activities.  |

 |

 |
|  |
|

|  |
| --- |
|  |
|

|  |
| --- |
| **4. Signatures** |

 |
|

|  |
| --- |
| **4.1. Signatures of the Government and National Coordinating Bodies** |

 |
|

|  |
| --- |
| **4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation** |

 |
|

|  |
| --- |
| The Government of Sudan would like to expand the existing partnership with the Gavi for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests Gavi support for: |

 |
|  |
|

|  |
| --- |
| The Government of Sudan commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan presented with this document. The Government requests that the Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application. |

 |
|  |
|

|  |
| --- |
| Please note that this application will not be reviewed or recommended for approval by the Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority. These signatures are attached as DOCUMENT NUMBER : 1 and 2 in Section 10. Attachments. |

 |
|  |
|

|  |  |
| --- | --- |
| **Minister of Health (or delegated authority)** | **Minister of Finance (or delegated authority)** |
| **Name** | Bahar Idres Abogarda | **Name** | Bader Eldin Mahmoud |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

 |
|  |
|

|  |
| --- |
| *This report has been compiled by (these persons may be contacted in case the Gavi Secretariat has queries on this document):*  |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** | **Position** | **Telephone** | **Email** |
| Dr.Nada Jaffar Osman  | EPI Manager | 00249123390554 | Nadajafar@gmail.com |
| Ekhlas Algiley Mohammed | planning section | 00249123210112 | ekhlasmohammed\_9@hotmail.com |
| Hanan Mokhtar | WHO /EPI | 0900939253 | abdouh@who.int |
| Khattab Mustafa | UNICEF/ IMMUNIZATION | 00249910045522 | kobaid@unicef.org |
| Omyma Abedalla | IVPD focal person | 00249123210124 | meassud@gmail.com |
| Shaza Mohieldin | UNICEF/IMMUNIZATION | 00249912692023 | smahmed@unicef.org |

 |
|  |
|

|  |
| --- |
| **4.1.2. National Coordination Forum (Interagency Coordinating Committees (ICCs), Health Sector Coordinating Committees (HSCCs), and other equivalent bodies)** |

 |
|  |
|

|  |
| --- |
| To be eligible for support, Gavi asks countries to ensure a *basic* functionality of their Coordination Forum (ICC/HSCC or equivalent body). Countries can demonstrate this by adhering to the requirements listed in section 5.2 of the General Guidelines. The information in this section and a set of documents submitted along with this application will help the Independent Review Committee (IRC) to assess adherence. |

 |
|  |
|

|  |
| --- |
| **Profile of the Coordination Forum** |

 |
|  |
|

|  |  |
| --- | --- |
| **Name of the Forum** | NHSCC |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Sub-committee |

 |
|  |
|

|  |
| --- |
| The Terms of Reference for the Coordination Forum is attached as DOCUMENT NUMBER : 4. The Terms of Reference should include all sections outlined in Section 5.2 of the General Guidelines.. |

 |
|  |
|

|  |
| --- |
| Please describe the role of the Coordination Forum and stakeholders’ participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal: |

 |
|  |
|

|  |
| --- |
| 1. Oversee implementation of all initiatives supporting the health sector.
2. Oversee and steer the process for the development of GAVI and GF HSS proposals.
3. Endorse annual work plans and procurement plans related to HSS.
4. Ensure that HSS support is managed according to the best practices for the management of global health partnerships at the country level.
5. Review/authenticate the annual budget and other details on the financial implications proposals.
6. Monitor and guide progress of activities and address any hurdles during implementation.
7. Review progress reports and endorse them before submission to donors/partners.

Co-ordinate with allied programs and activities in health sector, ensuring best practices for managing global health partnership at country level. |

 |
|  |
|

|  |
| --- |
| **4.1.3. Signature Table for the Coordination Forum (ICC/HSCC or equivalent body)** |

 |
|  |
|

|  |
| --- |
| We the members of the ICC, HSCC, or equivalent committee *[1]* met on the **17/01/2017** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached as Document number 5. The signatures endorsing the proposal are attached as Document number 7 (please use the list for signatures in the section below). |

 |
|  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Function** | **Title / Organisation** | **Name** | **Please sign below to indicate the attendance at the meeting where the proposal was endorsed** | **Please sign below to indicate the endorsement of the minutes where the proposal was discussed** |
| **Chair** | Undersecretary FMOH | Dr. Isameldin Moh. Abdallah  |  |  |
| **Secretary** | Director of Planning and international health, FMOH | Dr. Elfatih Moh. Malik |  |  |
| **Members** | Director of MCH Program FMOH  |  Nada Jafar |  |  |
| Sudanese Red Crescent  | Osama Mustafa Suliman |  |  |
| UNICEF Representative  | Dorothy Ochola Odongo |  |  |
| Rotary Representative  | Dr. Sohaib M. Elbadawi |  |  |
| GAVI/GF focal person  | Dr. Imad Eldin Ahmed Mohmamed Ismail |  |  |
| DG of Planning & Policy  | Dr.Mohammed Eltahir |  |  |
| DG Gezera State (Representative of states)  | Dr.Wedad Ahammed |  |  |
| Director of Primary Health Care, FMOH | Dr.Elmoiz Ahammed |  |  |
| WHO Representative | Dr.Naeema Algasser |  |  |
| UNDP Representative | repersentitive  |  |  |
| Ministry of the Interior Representative | repersentitive  |  |  |
| Central Medical Supply Corporation manager | repersentitive  |  |  |
| Ministry of Finance Representative | repersentitive  |  |  |
| Director of National Tuberculosis Program |  Dr. Tarig Abdalla |  |  |
| Director of National Malaria Control Program | repersentitive  |  |  |
| Director of National HIV/AIDs Control Program | repersentitive  |  |  |
| PHI  | Dr. Abdalla Sid Ahmed |  |  |
|  |  |  |  |

 |
|  |
|

|  |
| --- |
| By submitting the proposal we confirm that the quorum has been met. **Yes** |

 |
|  |
|

|  |
| --- |
| The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached are attached as DOCUMENT NUMBER : 6. |

 |
|  |
|

|  |
| --- |
| **4.2. National Immunization Technical Advisory Group (NITAG)** |

 |
|  |
|

|  |
| --- |
| Has a NITAG been established in the country ? **Yes** |

 |
|  |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| We the members of the NITAG met on the **12/09/2016** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation describing the decision-making process through which the recommendations were reached, attached as Document number 31. |

 |
|  |
|

|  |
| --- |
| **4.2.1. The NITAG** |

 |
|  |
|

|  |
| --- |
| **Profile of the NITAG** |

 |
|  |
|

|  |  |
| --- | --- |
| **Name of the NITAG** | NITAG |
| **Year of constitution of the current NITAG** | 2009 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | stand alone |
| **Frequency of meetings** | every 3 month  |

 |
|  |
|

|  |  |  |
| --- | --- | --- |
| **Function** | **Title / Organisation** | **Name** |
| **Chair** | Prof. of Pediatric (U of Kht.), Head of Sudan medical counsel , NITAG deputy chair | Prof.Zein A. Karrar |
| **Secretary** | Prof. of Pediatric (U. of AlGazira, Madani Pediatric Hospital) | Prof.Ali B. Habour |
| **Members** | U. of K FMOH | Prof.Salah A. Ibrahim |
| Surveillance National coordinator | Dr.El Sadig M. ElTayeb |
| National Lab | Dr.Alnageeb Suliman |
| FPPb | Dr.MohamedAli Elhassan |
| Pediatrician | Dr.Fawzi Ibrahim |
| National Collage | Dr.Alamin Osman |
| MOH/ Research director | Dr Eman Abdullah |
| President of association of public Health /Health physician | Dr.Abdel ghaffar Ali Adam |
| U. of K FMOH | Dr. Ali Alarabi |
| Medical Officer WHO/EPI  |  Dr.Ahmmed Hardan |
| Project officer / EPI UNICEF | Dr.Shaza Mohei eldein |
| G.D. of pharmacy | Dr. Husham Mohamed alhaj |
| EPI Director / FMOH | Dr.Nada Gaafer |

 |
|  |
|

|  |
| --- |
| Major functions and responsibilities of the NITAG |

 |
|

|  |
| --- |
| * **Advise and Guide the ministry of health and the national immunization program on :**
* **Policy analysis and strategy formulation for control of  VPDs.**
* **Monitoring of EPI , collection and identification of data for policy decision making.**
* **Optimal scientific recommendations for the use vaccines and control of VPDs**
 |

 |

 |
|  |
|

|  |
| --- |
| In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as **(Document Number: 8)** |

 |

 |
|  |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **5. Immunisation Programme Data** |

 |
|  |
|

|  |
| --- |
| **5.1 Background information** |

 |
|  |
|

|  |
| --- |
| Please complete the table below, using the most recent data from available sources. Please identify the source of the data, and the date and attach the source document, where possible. The following documents should be referred to and/or attached: |

 |
|  |
|

|  |  |
| --- | --- |
| ▪  | Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan). Please attach as DOCUMENT NUMBER 9. |
| ▪  | New Vaccine Introduction Plan(s) / Plan of Action. Please attach as DOCUMENT NUMBER 12.  |
| ▪  | New Vaccine Introduction Checklist, Activity List and Timeline. Please attach as DOCUMENT NUMBER 12. |
| ▪  | Effective Vaccine Management (EVM) assessment. Please attach as DOCUMENT NUMBER 20. |
| ▪  | Two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases. |
| ▪  | Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate. |
| ▪  | In the case of Yellow Fever and Meningitis A mass preventive campaigns, the relevant risk assessments. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25. |

 |
|  |
|

|  |
| --- |
| Please use the most recent data available and specify the source and date. |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Figure** | **Year** | **Source** |
| Total population | 43,017,471.00 | 2016 | Population data sheet  |
| Birth cohort | 1,570,018.00 | 2016 | Population data sheet  |
| Infant mortality rate (per 1000) | 52.00 | 2014 | Population data sheet  |
| Surviving infants*[1]* | 1,402,510.00 | 2016 | Population data sheet  |
| GNI per capita (US$) | 1,920.00 | 2015 | World Development Bank |
| Total Health Expenditure (THE) as a percentage of GDP | 6.00 | 2013 | National Health Account |
| General government expenditure on health (GGHE) as % of General government expenditure | 9.00 | 2013 | National Health Account |

 |
|  |
|

|  |
| --- |
| *[1]* Surviving infants = Infants surviving the first 12 months of life |

 |
|  |
|

|  |
| --- |
| **5.1.1 Lessons learned** |

 |
|  |
|

|  |
| --- |
| **Routine New Vaccines Support** |

 |
|  |
|

|  |
| --- |
| **5.1.2 Health planning and budgeting** |

 |
|  |
|

|  |
| --- |
| Please provide information on the planning and budgeting cycle in your country |
| Usually it is a five-year planning and budgeting cycle for the health sector which is led by the Minister of Health with the support of health partners. The current National Health Sector Strategic plan is addressing the period from 2017 to 2020 |
| Please indicate the name and date of the relevant planning document for health |
| The planning document for health in Sudan; is the National Health Sector Strategic Plan. The plan is for the period –2017-2020 |
| Is the cMYP (or updated Multi-Year Plan) aligned with the proposal document (timing, content, etc.) |
| Measles elimination strategies are well addressed in the updated EPI cMYP (2017 - 2020) and the proposal is aligned with its targets and objectives for the coming five years |
| Please indicate the national planning budgeting cycle for health |
| The national planning and budgeting is prepared annually between September - December each year for the ensuing year |
| Please indicate the national planning cycle for immunisation |
| Annual plans are taken from the 5-year comprehensive Multi-Year Plan (cMYP) and revised versus bottom up annual micro-planning to update any emerging issue especially in the area of the target population. This usually conducted late in the last quarter of each year based on assessing the performance of the previous year and sets the plan of the new year |

 |
|  |
|

|  |
| --- |
| **5.1.3 Coverage and equity** |

 |
|  |
|

|  |
| --- |
| Please describe any health systems bottlenecks or barriers to access, utilisation and delivery of immunisation services at district level (or equivalent), for example geographic, socio-economic and/or gender-related barriers. Please indicated if there are specific populations of concern. If available, please provide subnational coverage and equity data highlighting geographic, socio-economic, gender-related, or other barriers and any other relevant categories of vulnerable or high-risk populations. |
| Fortunately enough that there is gender related barrier as Penta3 coverage is equal in both male and female, and as EPI services are free of charge all over the country the socio-economic status is not identified as a barrier to the EPI services. There is some geographical variation in utilization but this mostly due lack of awareness.The most important barrier to access, utilization and delivery of services are:* Inaccessibility: as some conflict areas in S. Kordofan and B. Nile states are totally closed areas for the last 6 years
* Availability of sustained EPI services as in Darfur zones which must be covered through accelerated immunization campaigns
* EPI service deliveries at fixed sites exist in 76% of health facilities.  The remaining covered with a non-sustainable outreach and mobile strategies.
* Some foci of community resistance mainly among some tribes in Red Sea state

There are groups of special population distributed throughout the states e.g. nomads, IDPs and refugees but they are part of the annual micro-planning and the state targets. Despite EPI uses different strategies to reach these special groups but at the end they are mostly equally covered.  Frequent and large scale population movements inside the country (conflict induced IDPs, pastoralists, economic migration) and through the open borders with neighboring countries (South Sudanese refugees, Sudanese returnees) are significantly increasing the risk of continuation of measles outbreakThe campaign will be taken as a good opportunity to strengthen routine measles immunization through:* **Preparatory phase:** along with the campaign planning activities many interventions can be considered to improve and strengthen the routine immunization services. The micro planning process for the campaigns usually is more detailed mapping for the target population, this can be used to identify those communities or the hard to reach population with low routine coverage and plan accordingly to deliver immunization services for them. Social mobilization activities used to be started around one month prior to the campaign and used to raise the community awareness about measles as a fatal disease, importance of care seeking and effect of measles vaccination in protection to create demand. As advocacy activities and orientation sessions among higher governmental officials and professionals partners e.g. Sudanese Association of Pediatricians to support in raising community awareness. During the training activities of the health workers for the campaigns in the different components e.g. vaccine management, AEFI, waste management, effect of vaccination etc. will focus on importance of strengthening their skills to improve the routine immunization services as well as during the campaign.
* **During the campaign:** All health education activities/messages during the campaign will be designed to address the seriousness of measles and importance of vaccination of the children during the campaign and routine. During the home visits for mobilization of people for the campaign and for verification of the coverage, the methods of hearing and awareness level will be assessed which will be used in the planning for strengthening of the routine immunization. Social mobilizers that are usually recruited during the campaign can help with identifying the unimmunized or defaulters children and arrange for their vaccination.
* **Post campaign:** The post campaign coverage survey/ assessment can help to look into the immunization coverage at least in the selected areas, and identify the causes of not vaccinating the children to be the base for strengthening the routine immunization
 |
| Please explain how the proposed NVS support (activities and budget) will be used to improve coverage and equity of routine immunisation with reference to specifically identified health systems bottlenecks and/or specific populations of concern. For countries that will be receiving Gavi HSS and/or CCEOP funding concurrently with NVS funds, please also highlight how NVS funds will support/complement/leverage specific activities or investments included in those other grants. |
| The proposed support will be used to conduct measles campaign and to increase the routine measles coverage and this through the following activities :* Implementation of the  pre campaign preparatory activities and  implementation plan for measles follow up (attached)
* Cold chain preparations to ensure availability of capacity and proper vaccine management so routine immunization will benefit from these later
* Training/Orientation of health workers on epidemiology of measles , mode of transmission, effect of timely care seeking , the campaign and  importance of the completing the child vaccination
* Advocacy, Communication and Social mobilization for both the routine and the campaign
* Logistics and supply distribution
* National Launching; it is a chance for dissemination of messages for high governmental officials and the community targeting the campaign and the routine immunization
* During the campaign implementation health messages addressing  measles and the routine immunization targeting the community and the health workers will be disseminated
 |
| Please describe what national surveys take place routinely in country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers. |
| There is no concrete information on the existence of gender-based disparities in accessing immunization services. A small scale gender gap analysis which has been conducted by Ahfad University for Women, Sudan, revealed that girls and women have less opportunities for education, economic participation, decision making and employment opportunities which could have negative impacts on accessing and utilization of health services. However there is no documented evidence to conclude existence of gender based disparities. In a positive note, volunteers providing PHC/immunization services are, including CHWs and village Midwives, are predominantly females. Recent Human Resources data shows that 67% of health care providers are females, despite the geographic discrepancies. Moreover, volunteers providing supplementary immunization services, including community health workers are predominantly females. On the other hand, communication interventions are mainly targeting females while observations have revealed that it is the males who often decide on access to health care.Within this project, immunization coverage data will be disaggregated by gender, age group and geographical locations. Data on services providers will be collected and analysed by gender groups and background. During the campaign implementation, women will be targeted by communication interventions to upgrade their knowledge and help them to address any potential gender-related disparities in services uptake. From other Gavi supported provided through UNICEF, study on the barriers to immunization services -including gender barriers- is planned to carried out during the first Quarter 2017. |
| Please indicate if sex disaggregated data is collected and used in immunisation routine reporting systems. |
| Promotions of gender equality are key to achieving sustainable development and the data about equity collected from lower level HF and aggregated at locality and state level then send to national level.Penta 3 coverage data is the one used to be disaggregated by gender since 2013, it showed that **50.5**% are female and **49.5**% male were vaccinated during 2016. Also for measles response campaigns that 51% female and 49-% male during 2015 and 2016Data collected will be dis-aggregated by sex and age. |
| Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine vaccines or campaigns and financing of these activities. |
| Some parts of the country are fragile or in post conflict situation (Darfur, Blue Nile, and South Kordofan (in accessible Nuba Mountain) states). These special areas will have special plans and interventions according to their status. Usually these areas are mapped, separately planned with separate interventions and budgeting |

 |
|  |
|

|  |
| --- |
| **5.1.4 Data quality** |

 |
|  |
|

|  |
| --- |
| To support country efforts to strengthen the availability, quality and use of vaccination coverage data for strengthened programme management, Gavi requires that countries applying for all types of Gavi support to undertake routine monitoring of vaccination coverage data through an annual desk review; conduct periodic (once every five years or more frequently where appropriate) in-depth assessments of routine administrative vaccination coverage data; conduct periodic (at least once every five years) nationally representative vaccination coverage surveys; and develop and monitor plans for improving vaccination coverage data quality as a part of their own core work plans. |

 |
|  |

 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **5.2. Baseline and Annual Targets for Routine Vaccines** |

 |
|  |
|

|  |
| --- |
| No NVS Routine Support is requested |

 |
|  |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **5.3. Targets for Preventive Campaign(s)** |

 |
|  |
|

|  |
| --- |
|  |
|

|  |
| --- |
| No NVS Prevention Campaign Support this year |

 |
|  |

 |
|  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **5.4. Targets for One time mini-catchup campaign(s)** |

 |
|  |
|

|  |
| --- |
| No One time mini-catchup campaign this year |

 |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **5.5 Targets for Follow up Campaign** |

 |
|  |  |
|

|  |
| --- |
| **Table 5.5** Target figures for measles / MR campaign (Please ensure targets are consistent with Section 7 and the Plan of Action in Section 9) COMPLETE SECOND AND THIRD COLUMNS ONLY FOR PHASED CAMPAIGNS. |

 |
|  |  |
|

|  |  |  |
| --- | --- | --- |
|  | **Target** | **Target (if applicable, for phased\* campaign)** |
| Insert Year | 2017 |  |
| Target age group | Start 9 months | Start 9 months |
| End 14 years | End 5 years |
| Total population in the target group (nationally) | 10,745,465 |  |
| % of population targeted for the campaign | 95.00 |  |
| Number to be vaccinated with measles / MR vaccine during the campaign | 10,208,191.75 |  |

 |  |
|  |  |
|

|  |
| --- |
| \*Phased: If a portion of the country is planned (eg. 1/3 of the country each year for 3 years) |

 |

 |

 |

 |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **6. New and Under-Used Vaccines (NVS Routine vaccines)** |

 |
|  |  |
|

|  |
| --- |
| No NVS Routine Support is requested |

 |
|  |  |
|

|  |
| --- |
|  |

 |  |

 |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **7. NVS Preventive Campaigns** |

 |
|  |
|

|  |
| --- |
| No NVS Prevention Campaign Support this year |

 |
|  |

 |
|  |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **8. NVS Follow-up Campaigns** |

 |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **8.1 Immunization coverage** |

 |
|  |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| Please provide in the table below the reported national annual coverage data for the first and second dose of measles-containing vaccine (MCV1 and MCV2) from the WHO/UNICEF Joint Reporting Form for the three most recent years. |

 |
|  |  |
|

|  |
| --- |
| **Table 8.1**: Reported MCV coverage |

 |
|  |  |
|

|  |
| --- |
| **WHO/UNICEF Joint Reporting Form** |
|  | **Trends of reported national MCV1 coverage** | **Trends of reported national MCV2 coverage (if applicable)** |
| **Year** | 2014 | 2015 | 2016 | 2014 | 2015 | 2016 |
| **Total population in the target age cohort** | 1363795 | 1402510 | 1466741 | 1363795 | 1466741 | 1460741 |
| **Number vaccinated** | 1176191 | 1224062 | 1267241 | 831714 | 969991 | 1004016 |
| **MCV Coverage (%)** | 86 | 87 | 86 | 61 | 69 | 68 |

 |  |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **Q8.1** If a survey assessing MCV1 coverage has been done during the last 3 years, please answer the following questions. If no survey has been done, please tick this box:**** |

 |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| Please provide in the table below reported national (or sub-national if applicable) coverage estimates for the three most recent measles or MR campaigns. Also provide post-campaign survey coverage estimates, if available. |

 |
|  |  |
|

|  |
| --- |
| **Table 8.2**: Measles / MR campaign coverage |

 |
|  |  |
|

|  |  |
| --- | --- |
|  | **Reported** |
| **Year** |  | 2015 | 2016 |
| **Target age group** | Start 9 months | Start 9 months | Start 9 months |
| End 9 months | End 14 years | End 14 years |
| **Total population in the target age group** |  | 9525440 | 4339808 |
| **Geographic extent (national, subnational)** |  | Subnational | Subnatinal |
| **Number vaccinated** |  | 9514508 | 4382795 |
| **Campaign Coverage (%)** |  | 99 | 100 |
| **Wastage rate (%) for measles / MR campaign** |  | 7 | 6 |

 |  |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **Q8.2** If a survey assessing coverage was done after each of the three last measles / MR campaigns, please answer the following questions (please repeat the following questions for each survey). If no survey has been done for the three previous campaigns, please tick this box:**** |

 |

 |

 |

 |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **8.2 Financial support** |

 |
|  |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **8.2.1 Government financial support for past Measles / MR campaigns** |

 |
|  |
|

|  |
| --- |
| Country should provide information on the total founding, and amount per targeted person, provided by the government for vaccines and for operational costs for at least the last measles / MR campaign. This should be the actual expenses but if not available, the final budget should be referred to. Please also provide information on funding provided by partners. |

 |
|  |
|

|  |
| --- |
| Share of financing for last measles / MR campaign |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Category** | **Government Funding (US$)** | **Partner Support (US$)** |
| Vaccines and injection supplies | Total amount | 0 | 5,217,066 |
| Amount (US$) per target person | 0 | 34 |
| Operational costs | Total amount | 1,483,392 | 8,000,000 |
| Amount (US$) per target person | 10 | 52 |

 |
|  |
|

|  |
| --- |
| Year of campaign: 2013 |

 |
|  |
|

|  |
| --- |
| Estimated target population: 15295794 |

 |
|  |
|

|  |
| --- |
| Are the amounts provided based on final budget or actual expenses? Actual Expenses |

 |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **8.2.2 Government financial support for past Measles / MR routine vaccines** |

 |
|  |
|

|  |
| --- |
| To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent component of MCV1** which is already in their national immunization schedule, or have firm written commitments to do so. If the country has not yet started to finance MCV1 from government funds, the country will be given until 2018 at which time the country must self-fund MCV1 in order to continue to receive support from Gavi for measles and rubella activities. The country's commitment to fully finance the doses of MCV1 required for 2018 can be demonstrated by a decision recorded in the ICC minutes and a signed letter from the Minister of Health and the Minister of Finance. |

 |
|  |
|

|  |
| --- |
| Please provide information on the budget provided by the government for routine measles / MR vaccines and injection supplies for the past 3 years, in total amount and amount per child immunized. Please also provide information on funding provided by partners. |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Category** | **Government Funding (US$)** | **Partner Support (US$)** |
| 2014 | Total amount | 97,230.00 | 1,010,572 |
| Amount per child immunized | 71.00 | 74 |
| 2015 | Total amount | 99,990.00 | 1,122,400 |
| Amount per child immunized | 71.00 | 80 |
| 2016 | Total amount | 102,601.00 | 1,367,656 |
| Amount per child immunized | 70.00 | 93 |

 |

 |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **8.2.3 Proposed support for upcoming Measles / MR** |

 |
|  |
|

|  |
| --- |
| Country should provide information on the proposed total funding commitment, and amount per targeted person, that will be provided by the government for vaccines and supplies, and for operational costs, for the measles / MR campaign for which Gavi support is being requested. Gavi's support will not be enough to cover the full needs so please indicate in the table below how much and who will be complementing the government funds (refer to the Plan of Action and/or cMYP). Gavi will not replace government funding. Each country is required to contribute towards the costs of immunising its children against measles, using the past government contributions to measles / MR campaigns as the reference point. |

 |
|  |
|

|  |
| --- |
| **Table 8.2.3a** Proposed financing for the upcoming measles / MR follow up campaign for which Gavi support is requested |

 |
|  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Category** | **Country co-financing (US$)** | **Other donors’ support (US$)** | **Gavi support requested (US$)** |
| Vaccines and injection supplies | Total amount |  |  | 4,415,783 |
| Amount (US$) per target person |  |  | 43 |

 |
|  |
|

|  |
| --- |
| If you would like to co-finance a larger share than the minimum required, please provide information in Your co-financing row\*. |

 |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  |  |
|

|  |
| --- |
| If you would like to co-finance an amount higher than the minimum, please provide information in Your co-financing row. |

 |
|  |  |
|

|  |  |
| --- | --- |
| **Country group** | Preparatory transition phase |

 |
|  |  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** |
| **minimum co-financing per dose** | 0.00 | 0.00 | 0.00 | 0.00 |
| **your co-financing per dose (please change if higher)** |  |  |  |  |

 |
|  |  |
|

|  |  |
| --- | --- |
|  | **2021** |
| **minimum co-financing per dose** | 0.00 |
| **your co-financing per dose (please change if higher)** |  |

 |  |

 |
|  |

 |
|  |
|

|  |
| --- |
| \* In order to strengthen country ownership, a cost sharing requirement will be introduced for periodic measles and MR follow-up campaigns planned for implementation in 2018 onwards, per Gavi’s updated Co-Financing Policy. This cost-sharing will not come into effect for follow-up campaigns planned for implementation in 2017. If the campaign is implemented in 2018 onwards, initial self-financing countries will be expected to co-finance 2%, and preparatory transition and accelerated transition countries will be expected to co-finance 5% of the costs of vaccines used in such campaigns. |

 |
|  |
|

|  |
| --- |
| **Table 8.2.3b** Calculation of grant to support the operational costs of the campaigns \*\* |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Year of Measles support** | **Total target population (from Table 5.5)** | **Gavi contribution per target person in US$** | **Total in US$** |
| 2017 | 10,208,192 | 0.55 | 5,614,505 |

 |
|  |
|

|  |
| --- |
| [1] Please add a line for each calendar year for SIAs being implemented over different years. |

 |
|  |
|

|  |
| --- |
| Estimated target population: 10208192 |

 |
|  |
|

|  |
| --- |
| \*\* For campaign applications submitted from January 2017 onwards and for all campaigns planned for implementation in 2018 onwards, the grant will be adjusted according to the transition stage of the country. Countries in preparatory transition phase will be provided up to $0.55 per targeted person, and countries which have entered accelerated transition phase up to $0.45 per targeted person. For initial self-financing countries, the amount will remain up to $0.65 per targeted person. |

 |
|  |
|

|  |
| --- |
| Please describe how the grant will be used to facilitate the preparation and timely and effective delivery of the campaigns to the target population (refer to the cMYP and the Vaccine Introduction Plan). |

 |
|  |
|

|  |
| --- |
| The GAVI  grant , when transfered timely to the country, it will enable the Ministry of Health to implement the preparatory activities starting with the comprehensive bottom-up microplanning at all levels of service provision. The grant will be used to procure all logistics  and supplies that will be required for the successful implemntion of campagin, this will include printing of tools, printing of cards,etc.   The grant will also be used to conduct an extensive training of all staff to build their capacity and prepare them for the implemention .Implementation of the social mobilization activities are corner stone to raise the awarness and creat deman of the community before the campagin.  Continous monitoring and supervision are important activities to be implemented extensively   |

 |
|  |
|

|  |
| --- |
| Where Gavi support is not enough to cover the full needs, please describe other sources of funding and the expected amounts to be contributed, if available, to cover your full needs. |

 |
|  |
|

|  |
| --- |
| The remaining funding for the  operational  cost needs above the GAVI support will mainly be covered from Governmental resources and other partners (WHO&UNICEF) will be mobilized to cover some operational needs in regard to cold chain,  capacity bulding and social mobilization. They are committed to cover certain budget items that will be agreed upon at the time of implementation. |

 |
|  |
|

|  |
| --- |
| Please complete also the ‘Detailed budget for VIG / Operational costs’ template provided by Gavi and attach as a mandatory document in the Attachment section. |

 |
|  |
|

|  |
| --- |
| Detailed budget attached as Document No. \* |

 |

 |

 |

 |
|  |

 |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **9. Procurement and Management** |

 |
|  |
|

|  |
| --- |
| **9.1 Procurement and Management of New and Under-Used Vaccines Routine** |

 |
|  |
|

|  |
| --- |
| No NVS Routine Support is requested |

 |
|  |
|

|  |
| --- |
| **9.2 Procurement and Management for NVS Preventive Campaign(s)** |

 |
|  |
|

|  |
| --- |
| No NVS Prevention Campaign Support this year |

 |
|  |
|

|  |
| --- |
| **9.3 Product Licensure** |

 |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO prequalification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the Expedited Procedure for national registration of WHO-prequalified vaccines. |

 |
|  |
|

|  |
| --- |
| *Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan or Plan of Action.* |

 |
|

|  |
| --- |
| Sudan requires that all vaccines used in the immunization programme including WHO pre-qualified vaccines are registered by the National Regulatory  Authority if they are not already registered in the country. There is expedited procedure for registration of WHO pre-qualified vaccines |

 |
|  |
|

|  |
| --- |
| For each of the vaccine(s) requested, please provide the actual licensure status of the preferred presentation and of any alternative presentations, if required. |

 |
|

|  |
| --- |
| Measles vaccine is registered in Sudan |

 |
|  |
|

|  |
| --- |
| Please describe local customs regulations, requirements for pre-delivery inspection, special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these. |

 |
|

|  |
| --- |
| All EPI vaccine shipments are consigned directly to International Health Department of the FMOH, which is responsible to clear the shipments using their  vaccines & other supplies clearance exemptions from the Ministry of Finance, through an appointed clearing agent.                                                                                                                         The shipping documents are sent by the UNICEF Global Freight Forwarders to UNICEF country office as notified party. UNICEF then forwards the shipping documents to the International Health Dept, Ministry of Health with a copy to the EPI Office. The Ministry of Health then submits the documents to the Customs Authority and the authorized clearing agent on behalf of the Government for clearance of the shipment at least 72 hours before the arrival of shipment. The shipping documents are directly addressed to customs to expedite the processing time as the vaccines must be cleared within a few hours of arrival. The customs authority had been oriented about the vaccines and the need to fasten the process of its release, and they do act accordingly. No major problems were faced before.Immediately from the airport vaccines are transported to the national cold store which is not very far from the airport site.Since vaccines are procured from WHO pre-qualified suppliers, a  few requirement for pre-delivery inspection is required. |

 |
|  |
|

|  |
| --- |
| Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant. |

 |
|

|  |
| --- |
| The National Regulatory Authority in Sudan is the National Medicines and Poisons Board (NMPB) . The NRA is an Agency under the  National Ministers Council  and it is  a WHO-certified center. Contact details;Name: Dr. Mohammed Elhassan Imam Title: General Executive DirectorContact No.:  +249900914242Email: imam@nmpb.gov.sd,     moh\_akad@hotmail.com  |

 |
|  |

 |

 |
|  |
|

|  |
| --- |
| **9.4 Waste management** |

 |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **9.5 Procurement and Management for Follow up Campaign(s)** |

 |
|  |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **9.5.1 Procurement for Measles, 10 dose(s) per vial, LYOPHILISED in second dose** |

 |
|  |
|

|  |
| --- |
| Measles / MR vaccines and supplies supported by Gavi shall be procured through UNICEF unless requested otherwise by the country. Using the estimated total for the target population, please describe the estimated supplies needed for the measles / MR campaign in the table below. Please ensure estimates need to be consistent to Tables 5.5 and 8.2.3 a. |

 |
|  |
|

|  |
| --- |
| **Table 9.5** Procurement information by funding source |

 |
|  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Proportion from goverment funds** | **Proportion from partner funds** | **Proportion from Gavi funds** |
| Required date for vaccines and supplies to arrive | 15/09/2017 |  |  |  |
| Estimated campaign date |  |  |  |  |
| Number of target population | 10208190 |  |  |  |
| Wastage rate\* | 10 |  |  |  |
| Total number of vaccine doses | 11229009 | 0 | 0 | 100 |
| Number of syringes | 11229009 | 0 | 0 | 100 |
| Number of reconstitution syringes | 1122900 | 0 | 0 | 100 |
| Number of safety boxes | 12352 | 0 | 0 | 100 |

 |

 |
|  |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **9.5.2 Fiduciary Management Arrangement Data** |

 |
|  |
|

|  |
| --- |
| **Q8.** Please indicate whether funds for operational costs in Section 8 should be transferred to the goverment or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the goverment. Please note that WHO and/or UNICEF may require administrative fees of approximately 7% wich would need to be covered by the operational funds. |

 |
|  |
|

|  |
| --- |
| The funds for operational cost will be transfered to the Government AC , while the cost of vaccine and injection supplies should be transfered to UNICEF SD for procurement of vaccine and injection supplies. the details of the banck account is attched to this proposal. We expected that fund to be transfered by the end of August or early Septemper 2017.  |

 |
|  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Name and contact information of the recipient organization(s) |

|  |
| --- |
|  |
|

|  |
| --- |
| Federal Ministry of Health, DG of International Health  |

 |
|  |

 |
| 2. Experiences of the recipient organization with Gavi, World Bank, WHO, UNICEF, the Global Fund or other donors-financed operations (e.g. receipt of previous grants)  |

|  |  |
| --- | --- |
|

|  |
| --- |
| **Yes or No?****If YES**, please state the name of the grant, years and grant amount:and provide the following:**for completed Grants:** * What are the main conclusions with regard to use of funds?

**for on-going Grants:** * Most recent financial management (FM) and procurement performance rating?
* Financial management (FM) and procurement implementation issues?
 |

 |
|  |
|

|  |
| --- |
| Yes, experienes of recipient of Gavi Hss1 from 2008 to 2011, also Gavi ISS from 2003 to 2011, Global Fund 2014 , WB from 2006 to 2012, UN agencies' fund is continuously managed, the main conclusion was succeful implemention and successful closure. For ongoing grant HSS2 2014 to 2019, Global fund 2014 to 2017. The most recent FM is Gavi programme audit 2016 and the rating is partially satisfactory. For the financial management and procurement issues , the guidelines should be revised and updated to address the dentified minor gabs  |

 |

 |
| 3. Amount of the proposed grant (US Dollars) |

|  |
| --- |
|  |
|

|  |
| --- |
| 6,635,324 |

 |
|  |

 |
| 4. Information about financial management (FM) arrangements for Measles / MR campaign: |
| Will the resources be managed through the government standard expenditure procedures channel? |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes |

 |
|  |

 |
| Does the recipient organization have an FM or Operating Manual that describes the internal control system and FM operational procedures?  |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes |

 |
|  |

 |
| What is the budgeting process? |

|  |
| --- |
|  |
|

|  |
| --- |
| For each grant detailed budget is prepared for the full period for each year ,an annual budget is extracted from the endorsed grant budget by NHSCC/ ICC  |

 |
|  |

 |
| What accounting system is used or to be used, including whether it is a computerized accounting system or a manual accounting system? |

|  |
| --- |
|  |
|

|  |
| --- |
| An specialized accounting unit is exist within the International Health Department to review the request provided by implementing department, after the request certified by authorized certifying officer, the accounting unit ensure that the budget lines are correct and in line with the proposed activities, correct and meets the internal account control procedure. Internal Audit Unit is responsible to review the request and the financial procedures to ensure it's acceptable and accding to the roles and regulations, then after that, the authorizing officer will approve the request for the admin and finance unit to proceed with the fund transfer to the progrmme , its computerized  |

 |
|  |

 |
| What is the staffing arrangement of the organization in accounting, auditing, and reporting? |

|  |
| --- |
|  |
|

|  |
| --- |
| Dedicated finance staff are responsible for financial management and reporting, auditing is the responsibility of the national audit chambers conducted on annual basis  |

 |
|  |

 |
| What is the bank arrangement? Provide details of the bank account opened at the Central Bank or in a commercial bank and the list of authorized signatories include titles  |

|  |
| --- |
|  |
|

|  |
| --- |
| Will be attached  |

 |
|  |

 |
| What are the basic flows of funds arrangements in place or to be used to ensure timely disbursement of funds to Implementing Entities and to beneficiaries? |

|  |
| --- |
|  |
|

|  |
| --- |
| The fund received from Gavi to bank account in EUR , the Implemented units request the fund from PMU after they assigned MOU then the fund transferred to their accounts by local currency  |

 |
|  |

 |
| Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held? |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes |

 |
|  |

 |
| How often does the implementing entity produce interim financial reports?  |

|  |
| --- |
|  |
|

|  |
| --- |
| Quarterly |

 |
|  |

 |
| Are the annual financial statements audited by an external audit firm or Government audit institution (e.g. Auditor General Department…)? |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes, the external audit conducted in an annual basis by General Audit Champer |

 |
|  |

 |
| 5. Information about procurement management arrangements for vaccines and devices, other materials and services for the proposed measles / MR campaign: |
| What procurement system(s) is used or will be used for the campaign? |

|  |
| --- |
|  |
|

|  |
| --- |
| UNICEF procurement system |

 |
|  |

 |
| Does the recipient organization have a procurement plan or a procurement plan will be prepared for the campaign? |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes, The Procurement plan is exist and could be used for the campaign supplies. supplies alrady foreted for 2017 |

 |
|  |

 |
| Is there a functioning complaint mechanism? |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes |

 |
|  |

 |
| What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff? |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes, the staff are specialized in supply related aspects with sub-speciaity for each vaccine and immunization devices. Logistic and Supply units are inter-lincked to each other and work in close co-ordination with country office |

 |
|  |

 |
| Are there procedures to inspect for quality control of goods, works, or services delivered? |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes, Only WHO pre=qualified supplies are procured. Certificate of Origin and certicate of analyis, and batch analysis are optained for each iteam. |

 |
|  |

 |
| goods, works, or services delivered? |

|  |
| --- |
|  |
|

|  |
| --- |
| Yes |

 |
|  |

 |

 |

 |

 |

 |

 |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **10. List of documents attached to this proposal** |

 |
|  |  |
|

|  |
| --- |
| **10.1. List of documents attached to this proposal** |

 |
|  |  |
|

|  |
| --- |
| **Table 1**: Checklist of mandatory attachments |

 |  |
|  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Number** | **Document** | **Section** | **File** |
| **Endorsements** |  |
| 1 | MoH Signature (or delegated authority) of Proposal | 4.1.1 | Sing. of MOH & MOF .pdf**File desc:** **Date/time :** 06/02/2017 02:54:40**Size:** 953 KB |
| 2 | MoF Signature (or delegated authority) of Proposal | 4.1.1 | Sing. of MOH & MOF .pdf**File desc:** **Date/time :** 06/02/2017 03:00:25**Size:** 953 KB |
| 4 | Terms of Reference for the Coordination Forum (ICC/HSCC or equivalent) including all sections outlined in Section 5.2 of the General Application Guidelines (Note: countries applying before May 2017 can submit their existing Terms of Reference) | 4.1.2 | TOrs\_National\_Health\_Sector\_coordination\_committee[1](2).doc**File desc:** **Date/time :** 22/01/2017 12:53:27**Size:** 58 KB |
| 5 | Minutes of Coordination Forum meeting endorsing Proposal | 4.1.3 | Minuets of NHSCC Jan 2017.pdf**File desc:** **Date/time :** 06/02/2017 03:04:11**Size:** 430 KB |
| 6 | Signatures of Coordination Forum members in Proposal | 4.1.3 | Signetuer.pdf**File desc:** **Date/time :** 22/01/2017 12:43:12**Size:** 561 KB |
| 7 | Minutes of the Coordination Forum meetings from the past 12 months before the proposal | 4.1.3 | HSCC meeting miunts(1).pdf**File desc:** **Date/time :** 06/02/2017 03:05:21**Size:** 355 KB |
| 8 | Role and functioning of the advisory group, description of plans to establish a NITAG | 4.2.1 | NITAG SOPS.doc**File desc:** **Date/time :** 22/01/2017 12:51:56**Size:** 40 KB |
| 26 | List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns |  | list of area .pub**File desc:** **Date/time :** 22/01/2017 01:45:26**Size:** 59 KB |
| 29 | Annual EPI plan for measles and rubella support |  | Measles Annual 2017.docx**File desc:** **Date/time :** 22/01/2017 01:12:28**Size:** 297 KB |
| 30 | For measles and rubella support, evidence that the country is currently financing the measles mono-valent vaccine component of MCV1, or that it can meet the requirement to be self-financing this from government funds from 2018 onwards |  | Evedince of self financing.docx**File desc:** **Date/time :** 22/01/2017 01:23:42**Size:** 11 KB |
| **Planning, financing and vaccine management** |  |
| 9 | Comprehensive Multi Year Plan - cMYP | 5.1 | multi year plan 2017-2020...pdf**File desc:** **Date/time :** 06/02/2017 03:09:11**Size:** 2 MB |
| 10 | cMYP Costing tool for financial analysis | 5.1 | cMYP\_Costing\_Tool\_V3.9.vpre virsion draft2 .xlsx**File desc:** **Date/time :** 20/02/2017 02:48:41**Size:** 3 MB |
| 11 | M&E and surveillance plan within the country’s existing monitoring plan | 5.1.4 | Sudan Monitoring & Evaluation Plan for Measles Follow up Campaign.doc**File desc:** **Date/time :** 22/01/2017 01:29:55**Size:** 91 KB |
| 12 | New vaccine introduction plan (NVIP), New Vaccine Introduction Checklist and Activity List & Timeline for routine vaccines or Plan of Action (PoA) for campaign vaccines | 5.1 | New vaccine .pub**File desc:** **Date/time :** 22/01/2017 01:46:47**Size:** 59 KB |
| 14 | Annual EPI Plan with 4 year forward view for measles and rubella |  | Measles Annual 2017.docx**File desc:** **Date/time :** 22/01/2017 01:31:02**Size:** 297 KB |
| 22 | Detailed budget template for VIG / Operational Costs | 6.x,7.x.2, 6.x.2 | Budgeting and Planning Template(2).xlsm**File desc:** **Date/time :** 20/02/2017 02:44:12**Size:** 2 MB |
| 23 | Risk assessment and consensus meeting report for MenA. If the DPT was used instead, please include this. | 6.x,7.x.2, 6.x.2,8.x.3 | Measles Risk Assessment Summary Sudan.xlsx**File desc:** **Date/time :** 22/01/2017 01:49:41**Size:** 210 KB |
| 32 | Data quality assessment (DQA) report | 5.1.4 | DQA report.pub**File desc:** **Date/time :** 22/01/2017 01:48:28**Size:** 59 KB |
| 33 | DQA improvement plan | 5.1.4 | Data Quality FINAL (2).pdf**File desc:** **Date/time :** 06/02/2017 03:11:20**Size:** 795 KB |

 |
|  |  |
|

|  |
| --- |
| **Table 2**: Checklist of optional attachments |

 |  |
|  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Number** | **Document** | **Section** | **File** |
| 3 | MoE signature (or delegated authority) of HPV Proposal | 4.1.1 | No file loaded    |
| 13 | Introduction Plan for the introduction of RCV / JE / Men A / YF into the national programme | 8.x.3 | No file loaded    |
| 15 | HPV Region/ Province profile | 6.1.1 | No file loaded    |
| 16 | HPV Key Stakeholder Roles and Responsibilities | 6.1.1,6.1.2 | No file loaded    |
| 17 | Evidence of commitment to fund purchase of RCV (in place of the first dose of MCV) / JE for use in the routine system | 5.1.6, 6.1.7 | No file loaded    |
| 18 | Campaign target population documentation | 8.x.1, 6.x.1 | No file loaded    |
| 19 | EVM report | 9.3 | Sudan Effective Vaccine Management Assessment- final.pdf**File desc:** **Date/time :** 06/02/2017 03:15:28**Size:** 2 MB |
| 20 | Improvement plan based on EVM | 9.3 | Sudan National \_cEVM\_ImprovementPlan\_\_ Draft(2).pdf**File desc:** **Date/time :** 06/02/2017 03:18:32**Size:** 2 MB |
| 21 | EVM improvement plan progress report | 9.3 | No file loaded    |
| 24 | Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process | 8.1,5.1 | No file loaded    |
| 25 | Risk assessment and consensus meeting report for Yellow Fever, including information required in the NVS guidelines on YF Risk Assessment process | 5.1 | No file loaded    |
| 27 | National Measles (& Rubella) elimination plan if available |  | No file loaded    |
| 28 | A description of partner participation in preparing the application | 4.1.3 | No file loaded    |
| 31 | Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign | 4.2 | minutes of NITAG .pdf**File desc:** **Date/time :** 06/02/2017 03:20:38**Size:** 840 KB |
| 34 | Plan of Action for campaigns | 8.1, 8.x.4 | Action Plan Measles Follow up camapign.xls**File desc:** **Date/time :** 22/01/2017 01:00:52**Size:** 39 KB |
| 35 | Other |  | Lessons learned.docx**File desc:** **Date/time :** 22/01/2017 01:04:12**Size:** 14 KB |
| Measles campaigns.docx**File desc:** **Date/time :** 22/01/2017 01:14:33**Size:** 22 KB |
| Measles Risk Assessment Summary Sudan.xlsx**File desc:** **Date/time :** 22/01/2017 01:20:24**Size:** 210 KB |
| Sudan Measles and Rubella and CRS Strategic Plan ,Draft 2017- 2021.pdf**File desc:** **Date/time :** 06/02/2017 03:36:30**Size:** 1 MB |
| Sudan MICS 2014 Final Report.pdf**File desc:** **Date/time :** 20/02/2017 09:34:09**Size:** 8 MB |
| Measles follow up campaign POA.pdf**File desc:** **Date/time :** 20/02/2017 11:37:09**Size:** 629 KB |
| Measles follow up coverage survey final.pdf**File desc:** **Date/time :** 20/02/2017 11:39:08**Size:** 355 KB |
| Measles risk assessment .pdf**File desc:** **Date/time :** 20/02/2017 11:39:59**Size:** 115 KB |
| Minuets of proposal approval 2017 NHSCC.pdf**File desc:** **Date/time :** 20/02/2017 11:41:23**Size:** 430 KB |
| NITAG SOPS.pdf**File desc:** **Date/time :** 20/02/2017 11:42:26**Size:** 299 KB |
| Sudan Measles and Rubella and CRS Strategic Plan ,Draft 2017- 2021.pdf**File desc:** **Date/time :** 20/02/2017 11:44:08**Size:** 1 MB |
| Budget Guide lines.pdf**File desc:** **Date/time :** 20/02/2017 11:48:53**Size:** 598 KB |
| 1st Forum meeting minutes - December 2016.pdf**File desc:** **Date/time :** 20/02/2017 02:17:09**Size:** 708 KB |
| NHSCC meetings 2016.rar**File desc:** **Date/time :** 20/02/2017 02:22:13**Size:** 4 MB |
| 36 | Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control |  | No file loaded    |
| 37 | Evidence of self-financing MCV1 | 5.1.5 | Evedince of self financing.docx**File desc:** **Date/time :** 22/01/2017 01:03:37**Size:** 11 KB |

 |

 |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **11. Annexes** |

 |
|  |  |
|

|  |
| --- |
| **Annex 1 - NVS Routine Support** |

 |
|  |  |
|

|  |
| --- |
| No NVS Routine Support is requested |

 |
|  |  |
|

|  |
| --- |
| **Annex 2 - NVS Routine – Preferred Second Presentation** |

 |
|  |  |
|

|  |
| --- |
| No NVS Routine – Preferred Second Presentation requested this year |

 |
|  |  |
|

|  |
| --- |
| **Annex 3 - NVS Preventive campaign(s)** |

 |  |
|  |  |
|

|  |
| --- |
| No NVS Prevention Campaign Support this year |

 |
|  |  |

 |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
| **12. Banking Form** |

 |
|  |  |
|

|  |  |
| --- | --- |
| In accordance with the decision on financial support made by the Gavi, the Government of Sudan hereby requests that a payment be made via electronic bank transfer as detailed below: |  |
|  |  |  |  |  |
| **Name of Institution (Account Holder):** |  |  |
|  |  |  |
|  |  |  |  |  |
| **Address:** |  |  |
| **City Country:** |  |  |
| **Telephone no.:** |  | **Fax no.:** |  |  |
|  | **Currency of the bank account:** |  |  |
| **For credit to:** |  |  |  |  |
| **Bank account's title:** |  |  |
| **Bank account no.:** |  |  |
| **Bank's name:** |  |  |
|  |  |  |  |  |

 |
|  |  |
|

|  |
| --- |
| Is the bank account exclusively to be used by this program?  |

 |
|  |  |
|

|  |
| --- |
| By who is the account audited?  |

 |
|  |  |
|

|  |
| --- |
| Signature of Government's authorizing official |

 |
|  |  |
|

|  |  |  |
| --- | --- | --- |
|  |  | **Seal** |
| **Name:** |  |  |
|  |  |  |
| **Title:** |  |  |
|  |  |  |
| **Signature:** |  |  |
|  |  |  |
| **Date:** |  |  |

 |
|  |  |
|

|  |
| --- |
| **FINANCIAL INSTITUTION** |
|  |
| **Bank Name:** |  |
| **Branch Name:** |  |
| **Address:** |  |
| **City Country:** |  |
| **Swift Code:** |  |
| **Sort Code:** |  |
| **ABA No.:** |  |
| **Telephone No.:** |  |
| **FAX No.:** |  |

 |

|  |
| --- |
| **CORRESPONDENT BANK** |
| **(In the United States)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |
|  |  |
|

|  |
| --- |
| I certify that the account No is held by at this banking institution |
| The account is to be signed jointly by at least (number of signatories) of the following authorized signatories: |
|  |  |
| **1** | **Name:** |  |
|  | **Title:** |  |
|  |  |
| **2** | **Name:** |  |
|  | **Title:** |  |
|  |  |
| **3** | **Name:** |  |
|  | **Title:** |  |

 |
|  |  |
|

|  |
| --- |
| **Name of bank's authorizing official** |
|  |
| **Signature:** |
|  |
|  |
| **Date:** |  |
| **Seal:** |
|  |
|  |
|  |
|  |

 |

 |