

			Milestones			GPF indicator code			
Country	Programmatic Area	Activity	Partner	Jun-20	Nov-20	Jun-21	If applicable, enter the code to the Grant Performance Framework indicator to which this activity is linked	Expected Outcome	TOTAL
Sudan	Health Information Systems (Data)	Development of immunization Continuous Quality Improvement Plan with process and outcome measures	WHO	Hiring consultants for development of the plan	Submission of the plan	Endorsed immunization continuous data quality improvement plan	IR-C 5.1: Percentage point difference between Penta 3 national administrative coverage and survey point estimate	DIP developed and endorsed	
Sudan	Programme Management - LMC	TA to support development/update of cMYP 2021 - 2025	WHO	Hiring consultants for development of the plan	Submission of the situation analysis for cMYP development	Endorsed cMYP	IR-T 6: Percent of underserved/disadvantaged population covered by DTP3	cMYP developed/updated and endorsed by FMOH and key partners and stakeholders	
Sudan	Vaccine-Specific Support	Support preparation for introduction of hepatitis B birth dose in routine immunization	WHO	National technical committee	Development of road map for introduction of the hepatitis B birth dose and prepare proposal for new vaccine introduction	Development of detailed POA for hepatitis B birth dose in routine immunization program			
Sudan	Vaccine-Specific Support	Support country in preparation of proposal for introduction of MR in routine immunization program and catch up campaign	WHO	National technical committee	Development of MR proposal to be submitted in November window	Finalization of POA and prepare the country for introduction	OI-C 1.4.3: Rubella vaccine (first dose) coverage at the national level (R1)		
Sudan	Programme Implementation/Coverage & Equity	Support country in strengthening 2 year immunization and expanded immunization services in closed and inaccessible areas	WHO	National technical committee to develop POA for strengthening 2 year immunization and expand services in the closed areas	Support implementation of the POA		IR-C 9.1 :Percent of health facilities offering immunisation services		
Sudan	Health Information Systems (Data)	TA for VPD surveillance improvement/ training (specially for Diphtheria and pertussis) and lab training as this is expected from the up-coming surveillance assessment	WHO	Two international consultants (one for surveillance training and one for lab)			IR-C 7.2 :Percent of districts reporting VPD surveillance data		
Sudan	Programme Management - LMC	Develop and implement accountability framework that includes defining and assigning roles and responsibilities for key programmes and departments including EPI	WHO	Tools and timelines for accountability assessment developed and endorsed by the technical working group composed of FMOH and representatives of partners and stakeholders	Accountability framework developed for EPI and other programmes and departments that include clear roles and responsibilities within these programmes and for partners and stakeholders	60% of the states are implementing the accountability framework	IR-T 6: Percent of underserved/disadvantaged population covered by DTP3 & IR-T 15: Percent of states implementing the revised organizational structure	Enhanced accountability of government and partners and improve the performance of EPI and other departments and programmes	\$ 476,835
Sudan	Programme Management - LMC	Sustain the two posts for the HSS and EPI (NOD&NOB) for the next year	WHO		50% of staff tasks completed	90% of staff tasks completed	IR-T 6: Percent of underserved/disadvantaged population covered by DTP3 & IR-T 38:Percent of PHC facilities providing the essential package of services including immunisation	EPI and health system performance supported at national and sub-national levels	

Sudan	Programme Management - LMC	TA to support development of oversight tools for the unified health sector coordination structures(dashboards, oversight visits/supervision tools, etc.)	WHO	Plan for improvement of coordination among health actors developed (based on previous assessments) and endorsed by Health Sector Partners Forum and other coordination structures	Oversight plan and a dashboard developed and endorsed to improve and ensure meaningful engagement of different stakeholders in EPI and other priority programmes	50% of the coordination improvement plan implemented	IR-T 6: Percent of underserved/disadvantaged population covered by DTP3	Coordination among health actors enhanced and oversight on EPI and other priority programmes improved
Sudan	Health Information Systems (Data)	TA to support the Joint Annual Review JAR 2020	WHO	Tools for data collection developed and endorsed by JAR technical committee	100% of data collected and analyzed and JAR final report finalized and endorsed by stakeholders	75% of JAR recommendations addressed in 2021 One Health Plan	IR-T 6: Percent of underserved/disadvantaged population covered by DTP3 & IR-T 38:Percent of PHC facilities providing the essential package of services including immunisation	Improve evidence based planning and decision making processes
Sudan	Programme Implementation/Coverage & Equity	TA to support development of national strategy and guidelines on expanding public-private collaboration in PHC services delivery including immunization	WHO	Tools for assessment of private sector engagement in PHC delivery developed and endorsed by the national task force	Assessment of private sector engagement in PHC delivery completed	National strategy and guidelines on expanding public-private collaboration in PHC services delivery including immunization developed and endorsed by FMOH and partners	IR-T 6: Percent of underserved/disadvantaged population covered by DTP3 & IR-T 38:Percent of PHC facilities providing the essential package of services including immunisation	Equitable coverage, accessibility and utilization of immunization services as part of an Integrated Basic Healthcare improved
Sudan	Health Financing & Sustainability	Conduct assessment of NHIF institutional readiness to include immunization	WHO	Tools for assessment of NHIF readiness to include immunization and other preventive services developed and endorsed by the national task force	Assessment of NHIF readiness to include immunization and other preventive services completed	Policy options to include immunization and other PHC preventive services in NHIF benefit package developed	IR-T 6: Percent of underserved/disadvantaged population covered by DTP3 & IR-T 38:Percent of PHC facilities providing the essential package of services including immunisation	Government commitment for adequate and equitable allocation of financial resources for health and immunization is assured
Sudan	Programme Management - LMC	Long term technical assistance through zonal coordinators to support planning at the state level (6 coordinators)	WHO	hiring 6 national zonal coordinators	Submission of quarterly reports	Final 18 state report	OI-C 6.1.1: Percentage of districts or equivalent administrative area with Penta3 coverage greater than 95%	strengthened routine immunization services at state and locality levels
Sudan	Supply Chain & Procurement	TA to support the implementation of the post-EVM improvement plans, including the operationalization of cold chain maintenance and decommissioning systems	UNICEF	Multi year EVM-IP developed	Guidelines for maintenance reporting system and staff ToR developed	final training report of EPI cold chain maintenance staff on the developed system and use of the system is initiated. First year EVM-IP implemented	IR-T 8: Number of states with at least 90% functional cold chain equipment at all levels	Improved capacity of EPI program to timely respond to ISC and cold chain equipment maintenance needs and ensure 90% cold chain functionality at national and subnational levels
Sudan	Supply Chain & Procurement	TA to conduct Immunization Supply Chain human Resource and training need assessment to manage ISC in vision of the investments that will take place in the coming 5 years( CCEOP, HSS2 investment in cold chain equipment and Solarization and the coming new vaccines)	UNICEF		HR and training need assessment report available	updated and endorsed HR structure with Qualifications and ToR and training needs available	IR-T 8: Number of states with at least 90% functional cold chain equipment at all levels	Immunization supply chain is managed by qualified and competent staff at all levels that are capable of responding to program need
Sudan	Supply Chain & Procurement	Support the piloting of integration of EPI dry store and transportation with national NMSF	UNICEF		the integrated dry supply chain initiated in the selected pilot states/localities	Final piloting report is developed with a road map for rolling the integrated model in case satisfactory	IR-T 38 Percent of PHC facilities providing the essential package of services including immunisation	Immunization dry supplies and transportation functions are fully integrated with NMSF supply and logistic system at national and pilot states

Sudan	Programme Implementation/Coverage & Equity	Support the FMOH to scale up the deployment of the CHWs, and improve their quality of work to improve defaulter tracing and reach every child with the routine vaccines	UNICEF		report on the status of CHWs in Sudan including gaps and opportunities to support immunization program	road map of revamped CHWs program to improve community engagement in immunization service delivery	IR-T 6 Percent of underserved/disadvantaged population covered by Penta3	better community engagement in delivery of sustained EPI services	
Sudan	Demand Promotion & ACSM	TA to train health promotion staff at federal and state level (TOT), to lead the communication for behavior and social change component for immunization with focus on planning, monitoring and evaluation of C4D programming, communication skills, community engagement and addressing rumors and misconceptions.	UNICEF	Training content and materials finalized, and logistic arrangement done	training final report submitted		IR-T 29: Percent of families that heard about measles vaccination before it starts	Improvement of quality of communication & social mobilization for immunization results. Key Health Promotion staff in 18 states with capacity enhanced to lead planning, implementation of communication and social mobilization including training of community based volunteers, promoters, CBOs and they are able to lead the monitoring & evaluation of behavior change activities and results.	\$ 493,628
Sudan	Demand Promotion & ACSM	TA to support Health Promotion Directorate at Federal and states level in M&E and implementation of C4D component, conduction of behavioural analysis and to strengthen the system for measurement and monitoring of behavior change including update/development and design of monitoring and reporting tools and instruments.	UNICEF		tools and guidelines for monitoring and reporting developed, behavioural analysis tools and guidelines developed.	Monitoring system established	IR-T 38: Percent of PHC facilities providing the essential package of services including immunisation	Evidence-based programming in place, through system for regular monitoring and measurement of behavior change as well as qualitative data and behavioural analysis.	
Sudan	Programme Management - General	Support MoH in implementing and monitoring Gavi related projects - staff costs	UNICEF			implementation of UNICEF supported areas in Gavi related projects is reported on track	IRT: 38 Percent of PHC facilities providing the essential package of services including immunisation	Gavi funds is utilized based on holistic and costed national plans for immunization planning and forecasting of funding needs	
Sudan	Health Financing & Sustainability	Support to develop a roadmap to improve the technical efficiency of the delivery of immunization services as an entry point to improve the delivery of primary health care	World Bank		Diagnostics on the technical inefficiencies in delivery of immunization services	Roadmap to Improve the technical efficiency of delivery of immunization services	IO 1-3: ↑ policy dialogue regarding options for improving service delivery readiness of primary health care (including immunization IO 2-2b: TA provided to countries to improve efficiency of resource allocation, incl. reforms to public finance	Increase government capacity to improve technical efficiency in the immunization program as an entry point for PHC services	\$ 200,000
Sudan	Health Information Systems (Data)	Implementation Support	University of Oslo						\$ 804