GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

South Sudan

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

There is no NVS or INS support this year.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of South Sudan hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of South Sudan

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Michael Milly Hussein	**Name**	Mr. Kosti Manibe Ngai
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr Anthony Laku Stephen	Director of EPI and New Vaccines, MOH/Republic of South Sudan	+211 955 557246 or +211 912 860818	alako_k@yahoo.com
Dr Yehia Mostafa	EPI Team Leader, WHO/South Sudan	+211 955 235500	ymostafah@yahoo.com
Dr Daniel Ngemera	EPI Specialist, UNICEF/South Sudan Program	+211 955 355890	dngemera@unicef.org
Dr William Baguma Mbabazi	EPI Technical Advisor, MSH/USAID SIAPS Project	+211 955 542454	wmbabazi@msh.org

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Michael Milly Hussein	Minister for Health, Republic of South Sudan		

Mr. Kosti Manibe Ngai	Minister of Finance and Economic Planning, Republic of South Sudan		
Dr. Yatta Loli Lugar	Deputy Minister for Health, Republic of South Sudan		
Makur Matur Kariom	Under Secretary, Ministry of Health, Republic of South Sudan		
Samson Baba	Director General for Community and Public Health, Ministry of Health		
Mawein Atem	Director General for Pharmaceutical Services, Ministry of Health		
Lul Riek	Director General for Planning and Coordination, Ministry of Health		
Mr. Adwok Laa	Director General for Administration and Finance, Ministry of Health		
Veronica Lucy Gordon	South Sudan Radio, Ministry of Information		
Dr. Abdi Mohamed	WHO Representative, Republic of South Sudan		
Dr Yasmin Haque	UNICEF Representative, Republic of South Sudan		
Dr Martin Swaka	Health Specialist, USAID		
Dr John Rumunu	Chief of Party, Management Sciences for Health/SHTP II Project		
Dr Ruth Goehle	NGO Health Coordinator, South Sudan NGO Health Coordination		

Joseph Lukar Charles	South Sudan Red Cross Society		
Gai Jackok	Islamic Council of South Sudan		
Rev. Mark Akec Cien	Sudan Council of Churches		

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

All comments will be treated confidentially

Comments from Partners:

ICC reviewed the technical progress and outputs presented in this 2011 report to GAVI. Despite the denominator challenges to routine immunization performance monitoring, the ICC documents the sustained increase in the coverage of all antigens. ICC particularly lauds the refund of 777,512 SSP (equivalent to US$ 262,000) as un-liquidated obligations into the GAVI accounts from the Ministry of Finance. However, the ICC is concerned that the Audit Chambers of government have not been able to complete the audit of expenses for the current and previous reporting periods. The EPI and New vaccines program has been committed to procuring private and independent audit firms to clear the backlog of un audited accounts by October 2012.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Comments from the Regional Working Group:

Please provide the clarification regarding the US$ 262,000 ISS funds. A letter from MOH was sent to GAVI that this will be refunded. Copy of this letter should be attached. As per GAVI decision further disbursements to the country are on hold till a suitable explanation for use of this funds is provide or the amount is refunded.

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), insert name of the committee , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Dr. Makur Matur Kariom	Under Secretary, Ministry of Health		
Dr. Lul Riek	Director General for Planning and Coordination, Ministry of Health		
Dr. Samson Baba	Director General for Community and Public Health, Ministry of Health		

Dr. Abdi Aden Mohamed	WHO Representative, Republic of South Sudan		
Dr. Romanus Mkerenga	Chief of Health and Nutrition, UNICEF/ South Sudan		
Dr Richard Lino Lako	Director of Monitoring and Evaluation, Ministry of Health		
Dr Ruth Goehle	NGO Health Coordinator, South Sudan NGO Health Coordination		
Dr John Rumunu	Chief of Party, Management Sciences for Health/SHTP II Project		
Ms. Liz O'Neil	Overseas Development Institute		
Dr. Anthony Lako Stephen	Director of EPI/New Vaccines, Ministry of Health		
Dr. William B Mbabazi	Immunization Advisor, USAID/SIAPS Project in South Sudan		
Henry Owino	UHP/MDTF Project, Republic of South Sudan		

Dr. Moses Ongom	Health Systems Development Advisor, WHO South Sudan		

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

All comments will be treated confidentially

Comments from Partners:

The HSCC meeting held on Friday 11th, 2012 approved the GAVI/HSS annual progress report as published in this portal. The HSCC meeting noted with concern that there had no meeting to review the progress report in 2011 due to heavy engagements of the Ministry's leadership in 1) Referendum for self determination, 2) Preparations for Independence and 3) the resulting changes in leadership that came with the new country. Recommitted to conducting regular HSCC meetings in 2012 despite the non-availability of GAVI/HSS funding.

The HSCC requests GAVI to release the second tranches of the Health Systems Strengthening project for South Sudan to enable completion of the planned activities

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

South Sudan is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on South Sudan's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	361,062									
Total infants' deaths	36,832									
Total surviving infants	324230	0		0		0		0		0
Total pregnant women	361,062									
Number of infants vaccinated (to be vaccinated) with BCG	324,956									
BCG coverage	90 %	0 %		0 %		0 %		0 %		0 %
Number of infants vaccinated (to be vaccinated) with OPV3	259,384									
OPV3 coverage	80 %	0 %		0 %		0 %		0 %		0 %
Number of infants vaccinated (to be vaccinated) with DTP1	305,158									
Number of infants vaccinated (to be vaccinated) with DTP3	259,384									
DTP3 coverage	80 %	0 %		0 %		0 %		0 %		0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0									
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00		1.00		1.00		1.00		1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	275,596									
Measles coverage	85 %	0 %		0 %		0 %		0 %		0 %
Pregnant women vaccinated with TT+	306,903									
TT+ coverage	85 %	0 %		0 %		0 %		0 %		0 %
Vit A supplement to mothers within 6 weeks from delivery	0									
Vit A supplement to infants after 6 months	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	15 %	0 %		0 %		0 %		0 %		0 %

*

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  All population estimates used in the GAVI application proposal and the cMYP (of 2007) were based on data derived from either South Sudan Household Survey in 2006 or best estimates obtainable from previous Polio campaigns. In 2008, a housing and population census was conducted across Sudan and was documented to have reached at least 89% of the total population resident in South Sudan. As a result, the population projections derived from the 2009 census results have been adjusted to 100% reach (up from 89%). Unfortunately, these population projections are silent or do not take into consideration the unknown population of returning South Sudanese from Diaspora following the 2011 independence. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

  Since the Annula population estimates were adjusted up to 100% (from 89%), all subsequent sub-population estimates changed. However, the estimations of deaths based on the global infant mortality ratio for South Sudan has not changed.

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

  The changes in targets by vaccines reflect the aspirations outlined in the second generation cMYP targets for South Sudan covering the period 2012 to 2016. Given the achievements in 2011 and the expected high numbers of population denominator (see unknown returnees), the targets are considered even more realistic regardless of the sustained difficulties of context in South Sudan<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

  The changes in vaccine wastage rates have been suggested in view of the planned introduction of new and underused vaccines in 2013 and beyond. In fact vaccine wastage reduction shall remain a priority as the program gears up to new vaccines introduction

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

The targeted DPT-3 coverage of 90% by the year 2011 was not achieved. The number of children reached with the 3rd dose of DPT increased from 222,811 to 291,727 between 2010 and 2011 respectively. This translates into 68,916 more children reached with DPT-3 in the year 2011 compared to 2010. It is also important to note that the DPT-1, measles and TT-2 plus immunization targets were exceeded. On the other hand we document that the country failed to attain the DPT-1 to DPT-3 dropout rate target of 10% in the same period.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

All the gains in the numbers (and proportions) of children vaccinated in the reporting period are attributable to the following major activities:

➢· Adaptation and implementation of the Vaccination week in such a way that it operationalised all routine

immunization sessions in search of defaulters for the period January to April.

- Training
- Completed the adaptation of the Immunization in Practice Manual for South Sudan
- Conducted Immunization practice training of 181 vaccinators and supervisors in Central Equatoria, Jonglei and Upper Nile States.
- Training of 169 operational level health workers in immunization practice. Majority (106) of trainees being from Central Equatoria state
- Expansion of the static EPI services delivery points by an additional 40 solar powered cold chain units distributed across the country
- Immunization delivery innovations that among others included

o Defaulter tracing campaigns in selected counties derived from analysis of missed immunizations

o Two rounds of periodic intensified routine immunization activities (dubbed "acceleration campaigns) to provide "catch up" opportunity to children that were considered as immunization dropouts.

- Demand creation for routine immunization

o Produced and disseminated immunization promoting radio jingles

o Produced and disseminated Immunization promotional messages in IEC, flyers, and posters

o National launching of the national immunization policy and NIDs by the Hon. Minister of Health

o SMS messages dissemination promoting access and utilization of immunization services

- Conducted a comprehensive EPI programme review to inform revision of the Multi-year Plan (cMYP) for immunization systems development that comes to an end on 31st December 2011. In this process the following accomplishments were made:

o External EPI program review by an independent team of immunization partners for South Sudan

o Completed the protocol for Immunization coverage surveys and had a field use of the tools in the greater Equatoria states. The results from the coverage surveys will provide baseline indicators for the cMYP planning processes

o Completed the protocol and field preparation processes for the Effective Vaccine Management Assessment (EVMA) to inform the development of a vaccine management improvement plan

o Completed the tools and protocols for cold chain inventory that will in turn inform the development of the cold chain replacement and expansion plans for South Sudan

The year 2011 ended with population-based EPI operational micro-plans reviewed to define the best strategies for sustaining the attained coverage. In line with the Reaching Every County/Child (REC) approach, the revised plans provide an institutional approach for providing immunization services without conducting "catch up" campaigns. This county-focused approach to EPI planning remains young in South Sudan but should improve as the country health systems evolve themselves. Financing of these plans will in 2012 be borne by the government of South Sudan with GAVI/ISS, USAID/WHO grants to the states and more recently the IMAWorld Health/MDTF funded project in the greater Upper Nile. The only pending challenge is how sustainable these budgetary sources are going to be in the near to medium term.

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

The 2011 targets for routine immunization in South Sudan were not reached due to the following reasons:<? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1. Interruptions by response to measles outbreaks in 5 out of the 10 states in the country
2. Outbreak preparedness vaccination of returning South Sudanese
3. Preparations for independence (referendum and national launching of a new republic)
4. Persistent Human Resources for Health crisis

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

What action have you taken to achieve this goal?

The routine immunization registers currently used in the immunization services delivery clinics (Child Immunization registers) have a provision for gender. Secondly, the routine immunization client (child health) cards also capture gender. Therefore, the program shall monitor gender related performance indicators on immunization services access through the following two methids:

1. Coverage surveys that are currently ongoing and shall provide estimates by gender

2) Routine immunization monitoring and supervision reports where, an analysis of routine immunization coverage by gender shall be institutionalised using the child immunization register as the primary source of dats

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

The national and state-specific immunization coverage surveys were launched. Although national coverage verification surveys are yet completed, state-specific surveys were completed in Central, Eastern and Western Equatoria states. Data from the three states shows that:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

a) The administrative coverage estimates for EPI are comparable to the Survey coverage (with overlapping confidence intervals) in two of the three Equatoria states where the surveys were completed.

b) Routine immunization card retention rates are as low as 49% in Eastern Equatoria compared to the highest rates (75%) in Central Equatoria State

c) Lack of information followed by health system-wide barriers are the most important challenges to immunization uptake.

Secondly, the administrative coverage estimates are higher than the official estimates provided by the government. The variations are due to variance in denominators used in coverage estimations. The Administrative system uses the official census population estimates with an adjustment for the 89% reach. On the other hand, the official estimates are derived (and reported) as the worst case scenario coverage. The denominator used to calculate the official estimations are derived mathematically by dividing the median reported OPV immunizations of the four rounds of OPV/NIDs by five (representing the 5 birth cohorts targeted in SIAs). In this case, 3.2 million children were the median number vaccinated in four rounds of 2011. To obtain the total number of infants in 2011, the 3.2 million children are divided by five (5 birth cohorts) to estimate the infant population as 640,000. It is worth noting that this denominator estimation is biased by poor screening practices of Polio/NIDs volunteers, quality of data management of the Polio NIDs data and difficulties of age estimations in South Sudan where there are usually no birth documentations.Lastly, there has been an estimated 300,000 returnees (and therefore 12,000 infants) that joined earlier estimates of South Sudan denominators.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

No assessment or audit of the administrative data systems was conducted since 2008. DQA/DQS was identified as a strategic activity for the year 2011, but were not carried out because of the human resources crisis.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Data quality validation visits were conducted to 3 of the 10 selected states and initial reports indicated that prioritization of the EPI information management tools and protocols was yet done and rolled out to the operational levels. Therefore, scale up of immunization data validation in the states shall be determined by successful correction of weaknesses identified in the three states visited

Lastly, this report serves as invitation from the government of South Sudan to GAVI to provide technical and financial support for the Data Quality Audit on the administrative reporting system with a hope of providing insights into data quality improvement planning.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

1. Sustained the appointment of the EPI data officer in 2011<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
2. Revised the EPI information management tools and incorporated them in the evolving HMIS/DHIS for South Sudan
3. Training of operational level health workers (Immunization Practice) articulated the importance of accurate screening, recording and reporting of daily immunizations.
4. Mentoring and support supervision visits to selected 5 counties with low reporting rates (completeness and highest number of missed immunizations
5. Sustained continuous collation, analysis and use of the routine administrative reporting system in determining priority and corrective interventions
6. Integrated immunization data validation visits in the 2011 annual business plan for the program

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

1. Complete the national and state-specific immunization coverage verification surveys.
2. Institutionalization of data quality assurance and validation to selected states/counties on a monthly basis
3. Adaptation and field testing of the Data Quality Self (DQS) Assessment tool into the republic of South Sudan

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 3.1	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	USAID/SPS	To be filled in by country	To be filled in by country
Traditional Vaccines*	702,083	0	0	702,083	0	0	0	0
New and underused Vaccines**	0	0	0	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	744,457	0	0	744,457	0	0	0	0
Cold Chain equipment	2,131,237	0	0	2,131,237	0	0	0	0
Personnel	1,737,491	146,500	16,491	456,600	967,900	150,000	0	0
Other routine recurrent costs	4,393,358	319,500	829,435	310,632	2,583,791	350,000	0	0
Other Capital Costs	157,000	0	0	157,000	0	0	0	0
Campaigns costs	9,587,369	0	0	3,940,000	5,647,369	0	0	0
Health Expenditures		58,001,800	0	0	0	0	0	0
Total Expenditures for Immunisation	19,452,995							
Total Government Health		58,467,800	845,926	8,442,009	9,199,060	500,000	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

The republic of Sudan operated on an annual operations plan developed mainly to take care of all cMYP 2007 -2011 aspirations and indeed preparations for the revision of the multi-year plan.

In terms of available funding and actual expenditures, there was a positive difference between what was planned and actual expenditures. The total amount of GAVI/ISS funding available in South Sudan for example was more than was spent. The difference being due to delays in procurement of 10 vehicles planned to strengthen the State EPI logistics system in the country. The procurement approved by the ICC to be done using UNICEF procurement services delayed due to administrative systems related to a new country.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

See 5.5 above.

In addition, the country has taken a pro-active role in using the time-bound allocations to support routine immunization systems strengthening that are commonly availed through UN agencies and other projects. This is made possible on grounds that the ICC reviews and approves the annual business plan for immunization operations that clearly reflects the expected partner contributions. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

UNICEF South Sudan Program remains responsible for resources mobilization and procurement of all vaccines used in the Country. In 2011, the government of the newly formed republic of South Sudan was unable to contribute to vaccine procurement preferring to invest in building of institutions that will hold fort for the country namely security, infrastructure, governance and trade being the priorities for the completed year.

In terms of vaccine Security, UNICEF South Sudan Program has already mobilised funding for all vaccines needed in the financial year 2012. In the years to come, the government is committed to start on a vaccine independence initiative while UNICEF continues to mobilise funding for the bulk of vaccines to be used. The country is also putting together a proposal to introduce New and Under-used Vaccines to the GAVI/Vaccine Fund and hopes will be successful.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	782,082	821,100
New and underused Vaccines**	0	0
Injection supplies (both AD syringes and syringes other than ADs)	824,000	865,200
Injection supply with syringes other than ADs	16,500	17,320
Cold Chain equipment	1,805,500	1,985,700
Personnel	1,855,000	1,937,800
Other routine recurrent costs	6,387,400	6,656,700
Supplemental Immunisation Activities	9,875,000	9,981,750
Total Expenditures for Immunisation	21,545,482	22,265,570

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

The budgeted costs of running the program in South Sudan reflect the business plan for all immunization partners in the country. The budget proposals were made after a review of the partner commitments to the program. It is envisaged that all partners shall honor their pledges in the 2012 financial year.

However, following oil sales/revenue disagreements between South Sudan and Sudan, the government of South Sudan has halted the sale of oil indefinitely. This will have significant impacts on the government revenue and therefore the expected contributions from the government. As a result, the program expects a financing gap for at least 2 quarters given that the government resources had been committed to take care of the GAVI/ISS contributions to routine immunization operations in the states that ends in April 2012.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

The 2013 budget proposals are made on the assumption that the status quo of South Sudan shall prevail. This is indeed a worst case scenario (planning for the worst). However, there is a scenario that the security situation in the country shall improve over the next year and as thus reduce the funding availability through the humanitarian windows. If this scenario occurs (as desired), there will be a financing gap for both UNICEF and WHO. As a result, the vaccine procurements expected from UNICEF and the operations support to routine immunization by WHO shall have gaps given that they rely significantly on humanitarian funding opportunities.

The program therefore shall persue the following strategies to assure continuity of the plans:

- Initiation of the Vaccine independence initiative for republic of South Sudan. This initiative aims at filling resource mobilization gaps from UNICEF while slowly taking on responsibilities for their own immunization program security
- Engagement of the government structures and human resources in surveillance for vaccine preventable diseases. Currently, the biggest contribution of the humanitarian funding through WHO goes to financing of the surveillance human resources
- Supporting new projects for immunization systems strengthening in the country. The immunization program is now working with CDC and CORE Group Polio projects to implement their seed project funding with a view to demonstrate impact in services delivery and thus create good grounds for projects continuity. These efforts will be additional and focussed to areas that are considered priority (Poor access and poor utilization) counties in line with the REC approach

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **2**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

1. The projected populations for South Sudan as derived from the 2008 population and housing census under-estimates the actual population on the ground. As a result, the program was advised to use adjusted population estimates derived from the number of children reached in NIDs to determine the official coverage estimates<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
2. Annual EPI performance
    i. The reported immunization coverage is higher than most of the other health access indicators that put access to health care at 33%
    ii. The reported immunization performance reports are not disseminated to all stakeholders especially the State Ministries of Health (SMOH) and County Health Departments (CHD).
3. Immunization program financing
    i. Immunization financing largely dependent on international and bilateral agencies
    ii. Improving coordination and harmonization of immunization financing in the country continued to improve with business planning articulating the contribution of major immunization partners contribution in the country
    iii. Lack of financial and accounting literacy in the state Ministries of Health should be supported by private and external audits as a strategy for strengthening national capacity in accounting
    iv. The geo-political priorities in the new nation may not allow for significant increases in government health and immunization financing in the short and medium terms

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

If Yes, which ones?

List CSO member organisations:
Sudan Council of Churches representing Faith Based Organizations
South Sudan Red Cross Society representing Faith Based Organizations
South Sudan Radio Service representing the Media Community
South Sudan Red Cross Society representing Faith Based Organizations
South Sudan Radio Service representing the Media Community
Private Sector representing the Civil Society remained dormant for the second year running

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

The draft cMYP and annual operational plans for immunization systems development in South Sudan articulate the following priority actions for the financial year 2012:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1. Implementation of RED approach in routine vaccination, to raise DPT3 coverage to at least 80% in 80% of counties.
2. Maintenance and replacement/expansion of the cold chain system to ensure delivery of safe and potent vaccines to the targeted populations in South Sudan
3. Increase community awareness and demand for immunization services, through extensive social mobilization activities.
4. Training of vaccinators, supervisors, data officers and managers in immunization practice including effective vaccines management.
5. Build an integrated vaccine preventable diseases surveillance system using the existing AFP/Polio infrastructure
6. Finalize cold chain inventory, vaccine management assessment and immunization coverage surveys to inform the final version of the Multi-year Plan (cMYP) for Immunization systems development in South Sudan that among others articulates plans for new and underused vaccines introduction in 2014
7. Conduct the Knowledge, Attitudes and Practices (KAP) study to inform the development of the EPI communication strategy and plan
8. Sustain accelerated efforts to eradication/elimination/control of globally targeted diseases

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	ADS 0.1Mls	UNICEF South Sudan Program
Measles	ADS 0.5Mls	UNICEF South Sudan Program
TT	ADS 0.5Mls	UNICEF South Sudan Program
DTP-containing vaccine	ADS 0.5Mls	UNICEF South Sudan Program

Does the country have an injection safety policy/plan? **No**

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

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

2013 as indicated in the 2012-2016 cMYP for South Sudan

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Incinerators are used in major (State and County) Hospitals while burning and burial (Open pits or surface burning) is used in primary health facilities.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	1,927,888	4,819,739
Total funds available in 2011 *(C=A+B)*	1,927,888	4,819,739
Total Expenditures in 2011 *(D)*	890,309	2,759,955
Balance carried over to 2012 *(E=C-D)*	1,037,579	2,059,784

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

ISS funds are managed in accordance with the government of South Sudan financial and accounting regulations. The GAVI/ISS are reflected in the national health sector plans and budgets. In the completed 2011 calender year, there were no single delays in access to the GAVI/ISS funds whenever requisitions were made.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

1. The funds are deposited into the Bank of South Sudan (BoSS) in the official ministry of health, in full knowledge of the ministry of finance, in the republic of South Sudan account.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
2. The GAVI/ISS funds are then transferred to a GAVI-specific account in the same bank by a ministry of health request.
3. The funds were requested by the EPI/new vaccines department after the ICC endorsement of an implementation plan that clearly articulates operational financing of priority program activities. The releases to the state ministries of health are based on detailed micro plans submitted by the states that are reviewed and approved by the ICC.
4. The GAVI/ISS funds are requested on a written letter with attached approved ICC work plans that articulate the activity items for which funding is requested by the EPI/new vaccines program manager, addressed to the undersecretary of ministry of health, through the Director General of Community and Public Health (who must provide written approval before funds releases are processed from the GAVI account/vote).
5. Release of funds from the GAVI/ISS account is by cheque and the signatories on this account are: **a)** The **National EPI/New Vaccines Director (Program Manager)** MoH/RSS, **b)** the **Director General for Community and Public Health** MoH/RSS, **c)** the, **Director General for Administration and finance** MoH/RSS, and **d/** the **Undersecretary** MoH/RSS.
6. After the approval, transfer process is completed by the accounts department of MoH/RSS to individual states MoH account numbers at various banks in each state (all are in commercial banks) or directly to the implementing officers responsible for the activities in the program
7. For funds transferred to the states, the state MOH acknowledge receipt of the funds and the breakdown, perform the activity and send activity reports including liquidations to the EPI program at the end of the activity.
8. At the end of the year, financial audit of the utilized funds is done by the government of the republic of South Sudan auditing chamber of the subsequent financial year, and report made availed to the ministry of health.
9. The audited statement of expenditure is presented to the ICC.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

1. Transfer to all the 10 states for REC operational micro-plans financing to the 79 counties of South Sudan for a period of 6 months
2. Fuel and lubricants for the cold chain at state and lower levels<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
3. Central to State level cold chain maintenance
4. Maintenance of field operations vehicles in all 10 states
5. Contribution to maintenance of the telecommunication network for the immunization program
6. Office equipment and utilities (including procurement or 12 desktops) for institutional memory development
7. Monitoring and supervision of immunization operations by national program teams
8. Support to 2011 vaccination week implementation

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number Document not referenced) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number Document not referenced).

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			255159	0
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-255159
3	Calculating	$20	per additional child vaccinated with DTP3		0
4	**Rounded-up estimate of expected reward**				0

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

South Sudan is not reporting on New and Under-used Vaccines Support (NVS) fund utilisation in 2012

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**

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

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

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)
- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced		
Phased introduction		
Nationwide introduction		
The time and scale of introduction was as planned in the proposal? If No, Why ?		

7.2.3. Adverse Event Following Immunization (AEFI)

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

7.3.2. Programmatic Reporting

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

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

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government		
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

Please attach:

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any

If yes, provide details

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

South Sudan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

South Sudan does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for South Sudan is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes

7.11. Calculation of requirements

8. Injection Safety Support (INS)

South Sudan is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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

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

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

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

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

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

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

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

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

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **3014090** US$

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)			2683560	2951440	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			0	0	0	0
Total funds received from GAVI during the calendar year (*A*)			1725910	895000	0	0
Remaining funds (carry over) from previous year (*B*)			0	845941	509054	18569
Total Funds available during the calendar year (*C=A+B*)			1725910	1740941	509054	18569
Total expenditure during the calendar year (*D*)			879969	1231887	409485	0
Balance carried forward to next calendar year (*E=C-D*)			845940	509054	18969	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	3014090

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						

Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January			2.3	2.6	2.9	3.1
Closing on 31 December			2.6	2.9	3.1	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

The HSS Grant in South Sudan is managed by three parties namely WHO, UNICEF and Ministry of Health. Therefore, in this regard the management arrangement and process depends entirely on the financial rules and regulation of different parties involved in managing the Grant. It is important to note that nearly 93% of the total GAVI HSS approved grant is managed by UNICEF - US$ 3,293,295(58%) and WHO - US$ 1,969,705 (35%). At the time of preparing the 2011 progress report UNICEF and WHO had not received the second tranche of the approved grant while the Ministry of Health has not received even the second tranche of US$ 372,000. UNICEF received the first tranche (US$ 1,725,910) in 2009 and for WHO funds were received in early 2010 (US$ 895,000)<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The information provided below is an highlight on how funds are managed by WHO, UNICEF and the Ministry of Health

WHO Managed Portion of GAVI HSS: GAVI disburses funds to WHO/HQ in Geneva which then links these funds to WHO South Sudan GAVI work plan through the Global System of Management (GSM) of the WHO. The GSM is WHO's Enterprise Resource Planning and Management System. WHO uses the GSM for all its planning, human resources, financial management, travel and procurement systems in such a manner that allows all country, regional and headquarters offices real-time access to conduct business.

UNICEF Managed component of GAVI/HSS

1. Funds were disbursed through UNICEF HQ in New York, and then the Programme Budget Allotments was made to make funds available to UNICEF Southern Sudan Area Office in Juba.
2. Procurement of supplies was based on supply forecasting, procurement and distribution plan developed jointly with Government of Southern Sudan.
3. Funds to support implementation of planned HSS activities including renovation of Health facilities were disbursed through a Direct Cash Transfer (DCT) to the state Ministries of Health based on approved joint work plans and a request letter from the government.
4. The funds were disbursed to the state Ministries of Accounts (Central Equatorial state, Western Equatorial and Upper Nile states)
5. Field monitoring were jointly carried out by UNICEF and Government staff to monitor the progress in the implementation. Such visits documented whether funds disbursed were utilized as per approved plans.
6. Overall financial management of GAVI HSS funds (UNICEF portion) are based on the existing UNICEF financial rules and regulations.

MOH/GOSS

The financial and accounting channels used for GAVI/ISS will be used for the GAVI/HSS grant. Same account number of the Ministry of Health and similar processes described under GAVI/ISS report to be used. There were challenges related to the un-accounted US$ 262,178 of ISS grant and this was main cause of the delays in the release of the Ministry of Health managed portion of HSS. It is important to note that by the time the this report was being prepared the Ministry oif Health informed that the refunds of equivalent to US$ 262,178 has been transferred to GAVI account,.

Challenges encountered: Despite the fact that the 2010 APR was submitted and approval made to release the remaining funds there has been the delays in the disbursement of the second tranche of the funds as per the approved budget made it difficult to implement the planned activities in 2011. Most of the planned activities scheduled in 2011 had to be deferred to 2011 pending disbursement of funds by GAVI. It is important to note that most of the reported activities was just a continuation of some of the activities initiated in 2010.

Therefore, in view of the above and to enable South Sudan accelarate the implementation of HSS supported activities, the request is being put forward to GAVI to release the remaining amount of US$ 3,0140,090 to the Ministry of Health and its implementing partners (UNICEF and WHO) as follows:

- UNICEF: US$ 1,567,385
- WHO: US$ 1,012,055
- Ministry of Health: US$ 372,000

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Activity 1.1	Provision of ten Logistics and Supply Experts (one for each state) at state level (implemented by Ministry of Health)	0	the activity was not implemented since the Ministry did not receive funds from GAVI.
Activity 1.2	Augmenting governmental efforts in renovation of 5 Hospitals with provision of basic furniture/equipment (implemented by UNICEF)	40	Field Monitoring, Mid and annual review reports and UNICEF Financial Utilization Reports
Activity 1.3	Augmenting governmental efforts in renovation of 12 PHCCs with provision of basic furniture / equipment (implemented by UNICEF)	40	Field Monitoring, Mid and annual review reports and UNICEF Financial Utilization Reports
Activity 1.4	Augmenting governmental efforts in renovation of 40 PHCUs with provision of basic furniture (implemented by UNICEF)	20	Field Monitoring, Mid and annual review reports and UNICEF Financial Utilization Reports
Activity 1.5	Hiring of 10 Social Mobilizers (1 for each state) for demand creation for Health, particularly preventive programs and safe motherhood (implemented by Ministry of Health)	0	The Ministry did not receive funds.
Activity 1.6	Provision of 5 Cold rooms at the State Level for better storage and management of all logistics, medicines and vaccines (implemented by UNICEF)	100	2009 & 2010 UNICEF Financial Utilization Reports, Supply and Logistics Procurement and Distribution reports
Activity 1.7	Enhancing a massive IEC campaign for health care services particularly for mothers and children (implemented by WHO)	0	WHO annual progress and financial utilization reports
Activity 1.8	Provision of ten motorboats for transporting patients, supplies and logistics (implemented by UNICEF)	100	UNICEF Financial Utilization Reports, Supply and Logistics Procurement and Distribution reports
Activity 1.9a	Operational research on empowerment and involvement of communities in monitoring and evaluation of health facilities and revival of community-based initiatives such as Basic Development Needs program (implemented by WHO)	0	WHO annual progress and financial utilization reports

Activity 1.9b	Operational research on logistics management and community involvement in health and revival of the BDN program in selected areas of Southern Sudan (implemented by WHO)	60	Operational research report, WHO annual progress and financial report
Activity 2.1	TA for carrying out Training Needs Assessment of all health care professional and health care providers (implemented by WHO)	0	
Activity 2.2	Refresher training of 1,164 Community Health Workers and Community Support Officers to perform all basic health services and serve as a link between communities and health facilities (implemented by WHO)	0	
Activity 2.3	Provision of 2,280 bicycles to community health workers in the counties (implemented by UNICEF)	100	UNICEF Financial Utilization Reports, Supply and Logistics Procurement and Distribution reports
Activity 2.4	Provision of 6 motorcycles to community support/social officers ((implemented by UNICEF)	100	UNICEF Financial Utilization Reports, Supply and Logistics Procurement and Distribution reports
Activity 2.5	Provision of 50 motorcycles to counties (implemented by UNICEF)	100	UNICEF Financial Utilization Reports, Supply and Logistics Procurement and Distribution reports
Activity 2.6	Training of 225 doctors on the preventive aspects and implementation of the Basic Package of Health Services (implemented by WHO)	50	Training reports, WHO annual progress and financial report
Activity 2.7	Training of 473 Public Health Officers in the preventive aspect (implemented by WHO)	60	Training reports, WHO annual progress and financial report
Activity 2.8	Training of 443 Medical Assistants/Clinical Officers on the preventive aspects (implemented by WHO)	0	
Activity 2.9	Training of 272 Laboratory Personnel (implemented by WHO)	100	Training reports, WHO annual progress and financial report
Activity 2.10	TA for Health Management Information System Data compilation, analysis and use for decision making in the states (implemented by WHO)	100	Consultancy report, WHO annual progress and financial report
Activity 2.11	Provision of buffer stock of HMIS tools at Central and State levels ((implemented by the Ministry of Health)	0	No funds were made available to implement this activity.
Activity 2.12	TA for sustainability of private sector health facilities and establishment of additional public sector facilities at carefully selected sites (implemented by WHO)	0	
Activity 3.1	TA for drawing up an inventory of Health Financing in South Sudan (implemented by WHO)	80	Consultancy report, WHO annual progress and financial report

Activity 3.2	Provision of fellowships to two senior MOH staff in Health Policy/Planning/Health Economics at a reputed University (implemented by WHO)	0	
Activity 3.3	TA for regulation and standard setting of public and private health care providers (implemented by WHO)	80	Consultancy report, WHO annual progress and financial report
Activity 3.4	Provision of 3 weeks training in managerial skills for Program Managers at the Central Level and Director General at the state level (implemented by WHO)	60	Training report, WHO annual progress and financial report
Activity 3.5	Provision of two week's training in managerial skills for County Medical Officers (implemented by WHO)	60	Training report, WHO annual progress and financial report
Activity 3.6	Long Term TA for all aspects of Health System Strengthening particularly at county level (implemented by WHO).	50	WHO annual progress and financial report
Activity 3.7	Provision of office and communication equipment to Central MOH planning wing and State Directors General (11 offices – each with PC with printer, scanner, photocopier, fax and email (implemented by UNICEF).	100	UNICEF Financial Utilization Reports, Supply and Logistics Procurement and Distribution reports
Activity 3.8	Provision of office equipment to 30 County Medical Officers (implemented by UNICEF)	100	UNICEF Financial Utilization Reports, Supply and Logistics Procurement and Distribution reports.

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Objective 1, Activity 1.1 (implemented by Ministr	The Ministry of Health-GOSS was not able to implement this activity because funds from GAVI were not disbursed to the account provided.
Objective 1, Activity 1.2 (implemented by UNICEF)	Renovation work for 2 hospital completed. The renovation of 3 remaining hospitals was not possible due to the fact that there have been delays in receiving the second tranche of funds from GAVI.
Objective 1, Activity 1.3 (implemented by UNICEF)	All 12 PHCC were identified and renovation work started for 7 PHCC in 2 states (3 Central Equatorial and 4 Western Equatorial) and the work completed. The work in remaining 7 states could not start because of delays in receiving the second tranche of funds from GAVI
Objective 1, Activity 1.4 (implemented by UNICEF)	The identification of PHCU to be renovated completed in all 10 states and renovation of 5 PHCU in 2 states (Central and Western Equatorial) has been completed. It is anticipated that the renovation of 35PHCUs in the remaining will start in the financial year 2012 after receiving the second tranche of funds from GAVI.
Objective 1, Activity 1.5 (implemented by Ministr	The process of hiring 10 Social Mobilizers could not be initiated due to delays in receiving funds from GAVI.
Objective 1, Activity 1.6 (implemented by UNICEF):	3 Cold rooms were procured and have been distributed to 3 locations in South Sudan. The installation process was completed in November 2011. It was not possible to procure the quantity of cold rooms initially approved in the proposal due to the increase in the unit cost.

Objective 1,Activity 1.7 (implemented by WHO):	This activity was not carried out. Initially we planned to fund the 2011 activities using both the balance brought forward from 2010 and disbursement s of the second tranche of funds. However, since the second tranche of funds was not realized, reprioritization was done which excluded this activity.
Objective 1, Activity 1.8 (implemented by UNICEF)	7 motor-boats with necessary accessory parts were procured and distributed to 3 states (Upper Nile, Jonglei and Unity states) and are fully functional.
Objective 1,Activity 1.9a (implemented by WHO):	This activity was not carried out. Initially we planned to fund the 2011 activities using both the balance brought forward from 2010 and disbursement s of the second tranche of funds. However, since the second tranche of funds was not realized, reprioritization was done which excluded this activity
Objective 1,Activity 1.9b (implemented by WHO):	A consultant was deployed in the Ministry of Health, Directorate of Pharmaceuticals and Equipment, who led the assessment of the drugs supply chain and management at all levels (Central MOH, State MOH and County Health Department). The study recommended a shift from the current push to pull system. The consultant subsequently supported the MOH to conduct on the job training of health workers on management of essential medicines at facility level. The major constrain has been insecurity and poor road infrastructure in some states that compromised accessibility.
Objective 2,Activity 2.1 (implemented by WHO):	This activity was not carried out. Initially we planned to fund the 2011 activities using both the balance brought forward from 2010 and disbursement s of the second tranche of funds. However, since the second tranche of funds was not realized, reprioritization was done which excluded this activity.
Objective 2,Activity 2.2 (implemented by WHO):	The new MOH policy has placed a moratorium on the training of Community Health Workers, and hence this activity was not carried out as it was not reprioritized following the funding shortfall resulting from non disbursement of the second tranche of funding from GAVI that was expected in 2011.
Objective 2,Activity 2.3 (implemented by UNICEF):	A total of 2,280 were procured, assembled and distributed in all 10 states by August 2011; currently the bicycles are being used by various cadres of health personnel to deliver health services particulary outreaches in hard to reach areas.
Objective 2,Activity 2.4 (implemented by UNICEF):	6 motorcycles procured and distributed to various locations in South Sudan by the end of 2011. The procurement was done in 2010 and the assembly and distribution in 2011
Objective 2,Activity 2.5(implemented by UNICEF):	A total of 36 motorcycles with all necessary accessories were procured, assembled and distributed to all 10 states by the end of 2011. Most of these motorcycles were provided to county EPI supervisors, County medical officers and other officials at county level with the purpose of facilitating supervision and supporting outreach activities. It was not possible to procure all 50 motorcycles due to sudden increase in the unit cost.
Objective 2,Activity 2.6 (implemented by WHO):	Revised in line with the MOH Training work plan into training for nurses which was conducted by AMREF in collaboration with the Ministry of Health, Directorate of Planning and Training, since finalization of the review and revision of the Basic Package of Health Services was still underway.
Objective 2,Activity 2.7 (implemented by WHO):	Revised in line with the MOH Training work plan into a training for Midwifes conducted by AMREF in collaboration with the Ministry of Health, Directorate of Planning and Training,
Objective 2,Activity 2.8 (implemented by WHO):	This activity was not carried out. Initially we planned to fund the 2011 activities using both the balance brought forward from 2010 and disbursement s of the second tranche of funds. However, since the second tranche of funds was not realized, reprioritization was done which excluded this activity
Objective 2,Activity 2.9 (implemented by WHO):	Training conducted by WHO in collaboration with the MOH directorate of diagnostic and laboratory services.
Objective 2,Activity 2.10 (implemented by WHO):	A consultant was deployed in the Monitoring and Evaluation Unit of the Ministry of Health, to support the data analysis and production of reports using HMIS data reported from the states.
Objective 2, Activity 2.11 (implemented by the Min	It was not possible to provide the required HMIS tools due to the fact that up to this moment when the report is being prepared no any funds from GAVI has been received by the Ministry.

Objective 2,Activity 2.12 (implemented by WHO):	This activity was not carried out. Initially we planned to fund the 2011 activities using both the balance brought forward from 2010 and disbursement s of the second tranche of funds. However, since the second tranche of funds was not realized, reprioritization was done which excluded this activity.
Objective 3,Activity 3.1(implemented by WHO):	A consultant deployed by WHO, worked with the Directorate of Planning and External Coordination to review the current health financing mechanisms and made recommendations for a comprehensive health sector financing strategy
Objective 3,Activity 3.2(implemented by WHO):	This activity was not carried out. Initially we planned to fund the 2011 activities using both the balance brought forward from 2010 and disbursement s of the second tranche of funds. However, since the second tranche of funds was not realized, reprioritization was done which excluded this activity.
Objective 3,Activity 3.3(implemented by WHO):	A consultant was deployed to work with the Directorate of Planning and External Coordination to review and update the BPHS services of the Ministry of Health
Objective 3,Activity 3.4 (implemented by WHO):	Training conducted by AMREF in collaboration with the Ministry of Health, Directorate of Training and professional development.
Objective 3,Activity 3.5 (implemented by WHO):	Training conducted by AMREF in collaboration with the Ministry of Health, Directorate of Training and professional development
Objective 3,Activity 3.6 (implemented by WHO):	A long term health systems expert has been recruited by WHO to support the ministry not only on GAVI HSS grant but the broader aspects and programs that address the six building blocks of the health system.
Objective 3, Activity 3.7 (implemented by UNICEF):	13 sets of computer and accessories were procured and distributed to central level and all 10 states and are being used for the intended purpose.
Objective 3, Activity 3.8 (implemented by UNICEF):	A total of 30 complete sets of furniture for Medical Officers in 30 counties were procured, distributed and installed in to the office of the 30 counties in all 10 states.

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

The implementation of most of the activities planned in 2011 was not possible due to delays in the disbursement of funds from GAVI. The Ministry of Health did not receive the first tranche while the WHO and UNICEF received the first tranche only and despite the fact after successful submission of the 2010 APR and approval of the release of funds it was important to note that by the time this report was being prepared none of the parties (UNICEF, WHO and Ministry of Health) had received the funds. Therefore, this was the major constraints why most of the activities could not be implemented.

Specifically for WHO, and as mentioned in section 9.2.1, activity 1.7; activity 1.9a; activity 2.1; activity 2.8; activity 2.12 and activity 3.2 were not implemented due to funding shortfalls resulting from non disbursement of the second tranche of funds from GAVI. Initially we planned to fund the 2011 activities using both the balance brought forward from 2010 and disbursement s of the second tranche of funds. However, since the second tranche of funds was not realized, reprioritization was done which excluded these activities. Besides the aforementioned reason, activity 2.2 was not implemented due to the moratorium placed on training community health workers by the Ministry of Health, Directorate of Training and Professional Development.

UNICEF completed the assessment of all health facilities (hospitals, PHCC and PHCC) to be rehabilitated through GAVI support and commitments were already to the Government and contractors identified. However due to the delays in the disbursement of the second tranche activities 1.2, 1.3 and 1.4 could be continued and this has a lot of consequences which may necessistate decrease in the number of facilitaties to be renovated due to the increase in the cost of building materials and high inflation rates in South Sudan.

For the portion which was suppose to be managed by the Ministry of Health, it was impossible to implement activities 1.1, 1.5 and 2.11 because the Ministry of Health has never received funds (US$ 372,000) from GAVI as indicated in the approved proposal. The pending issues which was causing delays has already been addressed by the Ministry whereby the equivalent amount to US$ 262,178 has already been transferred as refund to the GAVI account and hope that the funds are already in the account.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

Although the GAVI/HSS grant was not used to provide national health human resources incentives, it has contributed to the implementation of the national human resource guidelines by training nurses and midwifes based on the national MOH training plan. In other words the trainings supported by GAVI are aligned to national needs and plans.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
DPT3 coverage (%)	20%	SHHS	45%	30%				13.8%	13.8%	SHHS (the result of 2011/2012 EPI coverage verification survey expected by end of June 2012)	Although the SHSS report indicate the DPT 3 coverage of 13.8% the Ministry of Healh administrative data indicate an increase in DPT3 from 22% in 2008 to above 80% in 2011. The administrative coverage is being validated through the coverage survey which is currently being implemented in all 10 states of South Sudan. The reported is expected by mid June 2012.
Counties achieving >80% DPT3 coverage	not available	MOH/GOSS Routine EPI data	10%	35%				34%	46%	MOH/GOSS Routine EPI data	
% children 6-59 months received vitamin-A suppleme	40%	SHHS	60%	50%				6%	74%	SHSS (for 2010) and polio NIDs implementation reports (2011)	The low coverage in 2010 was due to the fact that 6 months before the survey there were no vitamin A supplementation provided to children. The sharp increase (though administrative) is because vitamin A currently has been integrated in to the polio NIDs.
% deliveries attended by skilled personnel	10%	SHHS	15%	15%				14.7%	14.7%	SHSS 2010	No new survey carried. The EMOC needs assessment isbeing carried and the report is expected by end of August 2012.
Antenatal care by skilled personnel	26%	SHHS	33%	33%				30%	30%	SHSS 2010	No new survey carried. The EMOC needs assessment isbeing carried and the report is expected by end of August 2012.
Under five mortality rate	135/1000	SHHS	130/1000	120/1000				106/1000	106/1000	SHSS 2010	No any new survey carried out
Use of Oral Rehydration Therapy	64%	SHHS	70%	75%				62%	62%	SHSS 2010	No any new survey carried out

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

The training in managerial skills for the program managers and county medical officers will enhance their capacity to manage health services delivery-particularly the ability to be able to determine the target population within a catchment area, how these can be reached and the resource requirements to deliver services to them. In addition the capacity to use data collected through the HMIS to plan and improve service delivery. The HMIS tools were finalized and being rolled out, this will in turn improve the EPI data since the EPI EPI coverage, vaccine utilization and wastage and surveillance are part and parcell of the HMIS package.

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The transport equipments provided has facilitated delivery of health services in hard to reach areas – these equipments are being used by the immunization service providers to conduct outreach activities including diseases surveillance. Some of the areas with highest number of un-immunized children improved the coverage in 2010 because they were able to reach more hard to reach areas using bicycles, boats and motorcycles.

All key supplies (Bicycles, motorboats, motorcycles, bicycles, office furniture and IT equipment) procured, distributed and already in use by Government staff at central, state and county level to facilitate the delivery of immunization services.

Some of the renovated health facilities (7 health facilities) were equipped with cold chain equipments (solar fridges, electric and kerosene fridges) through other source of funding; this has increased in the number of health facilities providing static immunization services and hence reaching more children.

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

The delay and ultimately non disbursement of the second tranche of funds in 2011 compromised the implementation of some of the activities. Due to the changing needs and priorities of the MOH/GOSS, the initial activities planned in the original proposal may no longer be priorities when funds are disbursed late. Reprogramming may then be required to fund what the MOH/GOSS considers the most current priority-for instance the MOH/GOSS placed a moratorium on training CHWs. It is therefore critical that funds are disbursed in a timely manner to foster implementation of the programs as outlined in the original proposal. <? xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Most of the renovation works were deferred to 2011 (only 3 out of 10 states were supported to start the renovation work) due to delays in the disbursement of funds from GAVI.

The recruitment of technical persons and provision of necessary HMIS tools was not possible given the fact that MOH/GOSS never received the portion of GAVI HSS funds.

Some changes in Unit Costs for procured items: Because there was a lapse of time from the planning of the project to the receipt of funding in 2010 and the original unit costs were not based on UNICEF predicted prices.

Front-loading procurements over rehabilitation: As agreed with the Ministry and in order for the needed supplies to have been received by the time the rehabilitation works of health facilities are completed, we had to give a priority to procurements of supplies and ordered all supplies, including the ones which were to be purchased after receiving the 2010 allocation. Therefore, most of the funds utilized from the first tranche were used for procurement of supplies and initiating the preliminary renovation work. In view, there is a need for disbursement of the second tranche to facilitate completion of renovation work.

MOH/GOSS did not receive funds: despite the fact that all cash transfer details were provided, the total amount of US$ 272,000; the HSS funds managed by the Ministry of Health were not transferred to the account. This has caused serious delays in the implementation of activities coordinated by the Ministry. As noted in the prveious sections, the problem associated with the un-accouted US$ 262,178 of GAVI ISS is being addressed by the Ministrey and by the time this reported was being finalized it was reported that the same amoung has already been transferred to GAVI account. The delays in the transfer of this refund back to GAVI could be due to logistics challenges associated with inter-bank transfers in South Sudan.

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

Inter-agency Coordination Committee mechanism: This is the official mechanism for reporting and review of the whole GAVI (ISS and HSS) progress in Southern Sudan.

The health sector coordination committee is the institutional framework that provides oversight over the implementation of the HSS component of the GAVI grant,by conducting regular supervision visits and review meetings whenever appropriate,during the periods when activities are being implemented.

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Continuous intermittent Review Meetings between MOH-GOSS-WHO and UNICEF were beneficial in terms of monitoring the implementation progress

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

The GAVI HSS supported activities are coordinated by the Planning and Coordination Directorate in the MOH/GOSS which is also responsible for coordination of all Health system strengthening activities in South Sudan including the Global Fund HSS activities.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The progress in the implementation of HSS activities as an integral part of the annual health sector reviews.

To enhance improvements and strengthen national monitoring capacity there is a need for increased involvement of State and County level especially in the monitoring of implementation and periodic review.

There will be a need for a more sustainable technical support at central, state and county level to maximize gains attained through GAVI HSS investment. The WHO and UNICEF country offices in South Sudan should continue with the provision of technical support especially in mentoring and coaching of the key Ministry of Health officials at central and state level.

Regular reviews with key decision makers at state and county level will be key in enhancing sustainability and ownership of key interventions initiated through GAVI HSS support.

MOH/GOSS to be supported to undertake capacity and training needs assessment at all levels in relation to the monitoring and coordination of HSS support as a whole. This is important taking in to consideration there is enormous needs related to Health system suppoort and hence the need for priortitization to focus on key interventions which could bring an impact. In addition, because of the existience of other donors supporting Health system strengthening in South Sudan therefore the need for strong coordination and the joint assessment to avoid duplication of efforts and at the same time to maximize the use of minimal resources.

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

The Health Sector Coordination Committee is composed of major donors and projects involved in health systems strengthening.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The implementation of HSS activities is coordinated by state and county authorities. At state level there monthly coordination meetings which are chaired by the state Ministry of Health which involves representatives from county health departments, local and international NGOs, CBO and FBOs; it is important to note that issues related to health system strengthening are discussed during these meetings.

The provision of the supplies to the state and county authorities has helped in facilitating the planning, monitoring and implementation of HSS activities at lower levels.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

The implementation of the GAVI HSS was mainly through the 2 main agencies namely UNICEF and WHO with the Ministry of Health and state Ministries of Health in all 10 states has the major implementing partners. This was achieved through signed annual joing work plans between UNICEF and the Ministries of health at state level. Therefore, the involvement of the CSO in this regard was minimal.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

1. The GAVI HSS funds for southern Sudan are mainly managed by two agencies (UNICEF and WHO) and a small portion by the Ministry of Health – Government of Southern Sudan.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

2. The UNICEF-managed portion of the GAVI funds is managed by UNICEF office in Juba responsible for the UNICEF Southern Area Programme and follows the standard UNICEF financial rules and regulations. UNICEF has full accountability and mechanisms for financial, programmatic and supply/logistical management. In addition, all donor funds provided to UNICEF are utilized based on the approved proposals and budgets. Therefore, the same principle was applicable in the management of GAVI HSS funds.

3. The WHO-managed portion of the GAVI funds is monitored by WHO at country-regional-headquarters level through is Global System of Management. The GSM is essentially WHO's Enterprise Resource Planning System, or ERP, used in all its business processes like planning, human resources, finance, travel and procurement systems. It is a highly robust IT system that gathers, collates, and produces data bringing together disparate work flows, procedures and systems into one common system across the Organization. All country offices, regions and HQ have real-time access to the same data, essential in implementing health programmes. It is intended to simplify procedures, consolidate administrative services and moving from a paper-based to a more automated environment that improves efficiency.

4. The coordination meetings between UNICEF, WHO and MOH/GOSS discussed the progress of implementation and utilization status of GAVI HSS funds.Designation of a core management team composed of the MOH undersecretary, the Director General of Planning and External coordination, UNICEF and WHO representatives in Southern Sudan was yet another innovation to make decision making more robust and timely for the success of the project

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Objective 1, activity 1.1 (implemented by MOH)	Provision of ten Logistics and Supply Experts (one for each state) at state level	180000	0	no	n/a	180000
Objective 1, activity 1.2 (implemented by UNICEF)	Augmenting governmental efforts in renovation of 5 Hospitals with provision of basic furniture/equipment	200000	0	no	To complete the rehabilitation of the health facilities.	200000

Objective 1, activity 1.3 (implemented by UNICEF)	Augmenting governmental efforts in renovation of 12 PHCCs with provision of basic furniture / equipment	360000	0	no	Some of the renovation work was planned to start in 2009, however taking into consideration that there was a need to order supplies before the renovation work, some of the funds meant for rehabilitation were utilized in supply procurement. Therefore, there are no major changes in the budget except that most of the funds from the first tranche were utilized in the supply procurement. The second tranche funds will be utilized to complete the renovation works which were planned for 2009. The overall approved budget for 2 years (2009 and 2010) was $ 720,000.	360000
Objective 1, activity 1.4 (implemented by UNICEF)	Augmenting governmental efforts in renovation of 40 PHCUs with provision of basic furniture	400000	0	no	Same as activity 1.3 – the overall planned budget (2009 and 2010) was $ 800,000.	400000
Objective 1, activity 1.5 (implemented by MOH)	Hiring of 10 social mobilisers (1 for each state) for demand creation for health, particulary preventive programs and safe motherhood	180000	0	no	Funds not released to MOH	180000
Objective 1, activity 1.6 (implemented by UNICEF)	Provision of 5 Cold rooms at the State Level for better storage and management of all logistics, medicines and vaccines	50000	0	no	Although this activity was planned in 2010. The procurement of cold rooms was done in 2009 and therefore, the budget items spent was from the funds Therefore these would be used for rehabilitation.	50000
Objective 1, activity 1.7 (implemented by WHO)	Enhancing a massive IEC campaign to create a demand for health care services particularly for mothers and children	50000	0	no	Not implemented in 2011	50000

Objective 1, activity 1.9a (implemented by WHO)	Operational research on empowerment and involvement of communities in monitoring and evaluation of health facilities and revival of community-based initiatives such as Basic Development Needs program	0	0	no	Not implemented in 2011. To be implemented by carry over funds already in WHO	0
Objective 1, activity 1.9b	Operational research on logistics management and community involvement in health and revival of the BDN program in selected areas of Southern Sudan	52000	0	no	Completed implementation in 2011	52000
Objective 2, activity 2.11 (implemented by WHO)	TA for carrying out Training Needs Assessment of all health care professional and health care providers	0	0	no		0
Objective 2, activity 2.10 (implemented by WHO)	TA for Health management information system	0	0	no		0
Objective 2, activity 2.2 (implemented by WHO)	Refresher training of 1,164 Community Health Workers and Community Support Officers to perform all basic health services and serve as a link between communities and health facilities	54000	0	Training of nurses instead of CHWs	MOH has placed a moratorium on training CHWs	54000
Objective 2, activity 2.6 (implemented by WHO)	Training of 225 doctors on the preventive aspects and implementation of the Basic Package of Health Services	113000	0	no	To implement remaining activity	113000
Objective 2, activity 2.7 (implemented by WHO)	Training of 473 Public Health Officers in the preventive aspect	103000	0	no	To implement remaining activity	103000

Objective 2, activity 2.8 (implemented by WHO)	Training of 443 Medical Assistants/Clinical Officers on the preventive aspects	0	0	no		0
Objective 2, activity 2.9 (implemented by WHO)	Training of 272 Laboratory Personnel	0	0	no	To implement the remaining activity	0
Objective 2, activity 2.10 (implemented by WHO)	TA for Health Management Information System Data compilation, analysis and use for decision making in the states	0	0	no	To implement the remaining activity	0
Objective 2, activity 2.11 (implemented by MOH)	Provision of buffer stock of HMIS tools at central and state level	12000	0	no	To implement the remaining activity because the ministry did not receive funds.	12000
Objective 2, activity 2.12 (implemented by WHO)	TA for sustainability of private sector health facilities and establishment of additional public sector facilities at carefully selected sites	45000			Not implemented in 2011	45000
Objective 3, activity 3.1 (impemented by WHO)	TA for drawing up an inventory of Health Financing in South Sudan	45000	0	no	To implement remaining activity	45000
Objective 3, activity 3.2 (impemented by WHO)	Provision of fellowships to two senior MOH staff in Health Policy/Planning/Health Economics at a reputed University.	100000	0	no	To implement the remaining activity	100000
Objective 3, activity 3.3 (impemented by WHO)	TA for regulation and standard setting of public and private health care providers	45000	0	no	To implement remaining activity	27000
Objective 3, activity 3.4 (impemented by WHO)	Provision of 3 weeks training in managerial skills for Program Managers at the Central Level and Director General at the state level	200000	0	no	To implement remaining activity	116000
Objective 3, activity 3.5 (impemented by WHO)	Provision of two week's training in managerial skills for County Medical Officers	218846	0	no	To implement remaining activity	218846

Objective 3, activity 3.6 (impemented by WHO)	Long Term TA for all aspects of Health System Strengthening particularly at county level.	144000	52000	no	continous of long term TA to the Ministry of Health	144000
Objective 2, activity 2.3 (implemented by UNICEF)	Provision of 2,280 bicycles to community health workers in the counties	88955	0	no	to implementing the remaining activity	88955
UNICEF operation cost	UNICEF operational cost in support of implementatio n of the activities	168891	0	no	to continue with operational support	168891
UNICEF recovery cost (7%)	UNICEF recovery cost (7%) at HQ	102539	0	no	as agreed in the approved proposal	102539
WHO Recovery cost (funed by GAVI)	WHO recovery cost (funded by GAVI)	44055	0	no	as agreed in the approved proposal	44055
WHO remaining recovery cost	WHO remaining recovery cost (drwan from the orginal HSS envelope)	22154	0	no	as agreed in the original proposal	22154
Objective 3, activity 3.8 (impemented by UNICEF)	Provision of office equipments to 30 County Medial Officers	197000	0	no		137650
		3175440	52000			3014090

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
GFATM	54000000	2010 - 2015	rehabilitation and renovations of training institutions; provision of teaching aids; recruitment of tutors; construction and equipping drug warehouses; construction pharmaceutical incinerators; production of data collection tools/instruments for HMIS; supply of equipment & furniture as well as renovation of M&E offices; renovations of laboratories; provision of equipment and supplies for laboratories; establishment of blood banks; renovation of ANC clinics; training of H/Ws in selected topics of public health importance. This project is into the second year of the first phase of implementation
MDTF/IMA	2500000	2010 - 2012	HMIS, communication systems, equipments and capacity building.

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Activity implementation reports	Field visits for monitoring and trip report, onsite inspection of construction work.	
Construction reports	Onsite inspection and contractor reports	
Financial utilization reports from PROMs (UNICEF) and GSM for WHO.	UNICEF and WHO financial and accounting systems and spot checks.	
Supply procurement and distribution reports	End user monitoring of the reports	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

- The HSS funds being managed by 3 different agencies; all having different financial and accounting system making it difficult to come out with only one consolidated financial statement and report (you note that the financial status are presented per agencies).<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- It is important for GAVI alliance and IRC to consider and treat South Sudan as a special case – because in most of the countries receiving GAVI support, HSS funds are managed by the Ministries of Health and therefore for the case of South Sudan – the review of financial statement should take in to consideration the fact that funds are managed by 3 different agencies.
- It is important to take a note that MOH/RSS did not receive the funds as per approved budget therefore it was not possible to prepare any financial statement.
- The financial statement prepared for the UNICEF managed portion of HSS funds represents the expenditures made in 2009 and 2010 for the first tranche of funds received in September 2009 while for WHO represents the expenditures made in 2010 and 2011. It was somehow difficult to provide concrete information related to implementation of activities in 2011 given the fact there were no disbursement made in 2011 by GAVI as a result most of the planned activities did not take place in 2011 and were rescheduled to 2012.
- Although the 2010 APR was submitted and approved by the IRC and subsequently the release of the remaining funds to UNICEF and WHO was endorsed by the GAVI board, up to this moment none of the agencies has received the final tranche of funds making it difficult to accelerate the implementation as per original approved proposal.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 1

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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

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

South Sudan is not reporting on GAVI TYPE A CSO support for 2012

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

South Sudan is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	APR Approval Signatures of the Ministers of Health and Finance.pdf File desc: File description... Date/time: 5/15/2012 3:21:34 AM Size: 186995
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	APR Approval Signatures of the Ministers of Health and Finance.pdf File desc: File description... Date/time: 5/15/2012 3:45:21 AM Size: 186995
3	Signatures of members of ICC	2.2	✓	APR Approving Signatures of ICC Members.pdf File desc: File description... Date/time: 5/15/2012 3:44:32 AM Size: 189604
4	Signatures of members of HSCC	2.3	✗	HSCC Signatures page.pdf File desc: File description...APR Approval Signatures of the HSCC members Date/time: 5/15/2012 9:16:48 AM Size: 366526
5	Minutes of ICC meetings in 2011	2.2	✓	Minutes of the 2011 ICC meetings.pdf File desc: File description... Date/time: 5/15/2012 3:43:02 AM Size: 176308
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Minutes of May 3, 2012 ICC Meeting.pdf File desc: File description... Date/time: 5/15/2012 3:46:08 AM Size: 148703
7	Minutes of HSCC meetings in 2011	2.3	✗	Minutes of HSCC meeting held in 2011.pdf File desc: File description... Date/time: 5/15/2012 3:51:20 AM Size: 1764987
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	APR endorsement meeting 11th May 2012.pdf File desc: File description.Minutes of May 11,2012 HSCC meeting.. Date/time: 5/15/2012 9:20:09 AM Size: 67774
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	WHO GAVI HSS FINANCIAL STATEMENTS 2011.pdf File desc: File description... Date/time: 5/15/2012 5:18:12 AM Size: 1484567

13	Financial Statement for ISS grant APR 2011	6.2.1		GAVI Financial Statement by Ministry of Health.pdf File desc: File description... Date/time: 5/15/2012 5:14:42 AM Size: 409984
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3		MOH_Letter.pdf File desc: File description... Date/time: 5/22/2012 10:28:40 AM Size: 174428
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3		MOH_Letter.pdf File desc: File description... Date/time: 5/22/2012 10:27:16 AM Size: 174428
23	HSS Health Sector review report	9.9.3		MOH_Letter.pdf File desc: File description... Date/time: 5/22/2012 10:20:53 AM Size: 174428