GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

South Sudan

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 3:34:23 PM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 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: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

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 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 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	H.E Dr Michael Milly Hussein	**Name**	H.E 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	Director of EPI & New Vaccines, MOH/Republic of South Sudan	+211 955 557246	alako_k@yahoo.com
Dr Daniel Ngamera	EPI specialist/ UNICEF South Sudan Country Office	+211 955 355890	dngemera@unicef.org
Dr Yehia Mostafa	EPI Team Leader, WHO/South Sudan	+2111 955 235500	ymostafah@yahoo.com

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
H.E Dr. Michael Milly Hussein	Minister for Health, Republic of South Sudan		

H.E Mr Kosti Manibe Ngai	Minister of Finance and Economic Planning		
Dr. Yatta Loli Lugor	Deputy Minister for Health, Republic of South Sudan		
Dr. Makur Matur Kariom	Under Secretary, Ministry of Health		
Dr. Samson Baba	Director General for Community and Public Health, Ministry of Health		
Dr. Lul Riek	Director Genaral for Planning and Coordination, Ministry of Health		
Dr. Mawien Atem Mawien	Director General for Pharmaceutical Services, Ministry of Health		
Mr. Adwok Laa	Director General for Administration and Finance, Minitsry of Health		
Dr. Abdi Mohamed	WHO Representative, Republic of South Sudan		
Dr. Yasmin Haque	UNICEF Representative, Republic of South Sudan		
Ms. Veronica Lucy Gordon	South Sudan Radio, Ministry of Information		
Dr. Martin Swaka	Health Specialist, USAID, Republic of South Sudan		
Dr. John Rumunu	Focal Person, Health in African, World Bank Group, Republic of South Sudan		
Mr. Joseph Lukak Charles	South Sudan Red Cross Society		

Mr. Gai Jackok	Islamic Council of South Sudan		
Rev. Mark Akec Cien	South Sudan Council of Churches		
Erin Polich	NGO Health Coordinator, South Sudan NGO Health Coordination		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), South Sudan , 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, Minitry of Health		
Dr. Abdi Aden Mohamed	WHO Representative, Republic of South Sudan		
Dr. Monjur Hossain	Chief of Health Nutrition, UNICEF, Republic of South Sudan		

Dr. Richard Lino Lako	Director of Monitoring and Evaluation, Ministry of Health		
Dr. John Rumunu	Focal Point, Health in Africa, World Bank Group, Republic of South Sudan		
Dr. Anthony Lako Stephen	Director of EPI/ New Vaccines, Ministry of Health		
Erin Polich	NGO Health Coordinator, South Sudan NGO Health Coordination		
Dr. Moses Ongom	Health System Development Advisor, WHO, Republic of South Sudan		

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

All comments will be treated confidentially

Comments from Partners:

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 2013

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	N/A	471,854		430,390		443,301		456,600
Total infants' deaths	N/A	42,621		43,900		45,217		46,573
Total surviving infants	0	429,233	0	386,490	0	398,084	0	410,027
Total pregnant women	N/A	417,854		430,390		443,301		456,600
Number of infants vaccinated (to be vaccinated) with BCG		384,426		404,567		425,569		447,468
BCG coverage	0 %	81 %	0 %	94 %	0 %	96 %	0 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3		318,948		347,841		366,238		385,425
OPV3 coverage	0 %	74 %	0 %	90 %	0 %	92 %	0 %	94 %
Number of infants vaccinated (to be vaccinated) with DTP1		389,117		406,974		421,174		427,822
Number of infants vaccinated (to be vaccinated) with DTP3		318,948		347,841		366,238		385,425
DTP3 coverage	0 %	74 %	0 %	90 %	0 %	92 %	0 %	94 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP		15		15		10		8
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.18	1.00	1.18	1.00	1.11	1.00	1.09
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		375,233		386,490		398,085		410,027
Measles coverage	0 %	87 %	0 %	100 %	0 %	100 %	0 %	100 %
Pregnant women vaccinated with TT+		417,854		430,390		443,301		456,600
TT+ coverage	0 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Vit A supplement to mothers within 6 weeks from delivery		0		0		0		0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	18 %	0 %	15 %	0 %	13 %	0 %	10 %

** 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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 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 and the high influx of refugees from Southern states of Sudan in 2012.

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

  Since theannual 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. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  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 an refugees), the targets are consideredeven more realistic regardless of the sustained difficulties of context in South Sudan.

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

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

The targeted DPT-3 coverage of 90% by the year 2012 was not achieved. The number of children reached with the 3rd dose of DPT increased from 291,727 to 292,264 between 2011 and 2012 respectively. This translates into only 573 more children reached with DPT-3 in the year 2012 compared to 2011. 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, this mainly contributed by increased insecuirty in some of the states and counties particulary Jonglei, Upper Nile, Unity and Western Equatoria States.

Slight increase in the and/or sustaining the same number of children receiving the third dose of DPT is attributable to the following major activities

a) The continuation of immunization week in all 10 states in South Sudan were more outreach sessions were carried out throghout the country which was also complimented by the implementation of hthe dry season campaigns between January and May in the 2 states of Upper Nile and Jonglei which are prone to floods for about 5-6 months in a year.

b) Cold Chain strengthening: i) Expansion of the cold chain network through installation of additional 60 solar fridges in various locations; ii) the cold chain comprehensive equipment inventory was finalized and based on this, with UNICEF support three cold chain technicians were deployed to support states in repair, maitanence and replacement of the cold chain equipments which enhanced the functionality of the cold chain throghout the year.

c) Strengthened Partnership with other key health donors and NGOs: USAID, World Bank and DFID through JHPIEGO, IMA and Crown Agents respectively with the guidance of Ministry of Health embarked on support strengthening of Primary Health Care Service delivery through expansion of service delivery points to increase access through health NGOs. Through these arrangements immunization was one of the key intervention supported. The mahor challenge is on the sustainability of these initiatives.

d) Conducted the EPI coverage verification survey to inform revisions of the Multi Year Plan (cMYP) and identification of reasons for immunization failure and proposed corrective actions for increasing and sustaining high coverages.

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

The 2012 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" />

a) Interruptions by responses to various emergencies resulting from inter-tribal conflicts, conflicts in the Sudan states neighboring South Sudan resulting in to the high influx of refugees and also responses to the measles outbreaks in 20 counties.

b) Inadequate human resource for Health making it difficult to conduct regular outreach and mobile immunization sessions.

c) Low coverage of cold chain particularly in hard to reach areas making it difficult to reach the populations cut-off during the rainy season.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Sudan Household Health Survey	2010	14.6%	15.6%

EPI Coverage verification Survey	2012	24.8%	21.2%

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Analysis of the 2 studies indicate that there is no big discerepancies between boys and girls in access the immunization (DPT3 coverage does not show the discrepancies),. However, the data for 2010 Household Survey when disaggregated by wealth/ ecnomic status shows a big discrepance between the poor and rich, for example the DPT3 coverage among the poor was 6.3% compared to 30.3% among the richest. This is being addressed programmatically through euity approach to programming especially in identifying critical bottlenecks hindering access and utilization of immunization services and put in place the mechanisms to eliminate the identified bottlenecks including developing facility and community based micro-plans for traciung defaulters and reaching the un-reached children.

In addition, the routine immunization registers, tally and summary sheets used in the immunization service delivery have a provision for disaggregating data by gender. Also the routine immunization card (child health card) captures gender. Therefore, the program is monitoring gender related performance indidators on immunization service acces through the following two methods

a) Periodic survey which are being carried out

b) Routine immunization monitoring and supervison reports where, an analysis of routine immunization coverage by gender shall be institutionalized using the child immunization register as the primary source of data.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

The social mobilisation and awareness interventions and dissemination of key message on importance of routine immunization have been emphasize more on gender equality and also on the needs for boys and girls to have access to immunization services at all levels. Efforts were made to involve mother support groups in various counties in collaboration with nutrition program partners mainly in the counties with high numbers of un-immunized children.

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 and completed in all 10 state of South Sudan. The findings show that:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Comparison of immunization coverage survey and administrative reported data also shows that there are disparities in immunization coverage at sub-national levels, regardless of source of data (administrative or survey). Overall the comparisons of surveyed and Administrative results reflect three clusters of the states:

1) Western Equatoria and Upper Nile where the two sets of results are very similar, a possible reflection of an accurate Administrative reporting system;

2) Eastern Equatoria and Warrap – where Administrative results are much higher than surveyed results; a reflection of substantial over-estimation in Administrative reports and

3) Central Equatoria, Lakes, Northern BEG and Western BEG where the differences between surveyed and Administrative results are in the range of 20 to 40 percentage. Jonglei state is unique in this regard; with surveyed results that are 10 to 40 percentage points higher than the Administrative reports. This may be a reflection of partial or incomplete Administrative reports; especially given the large size and great difficulties in travel and communication across this state.

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 2012. 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.

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* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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 4 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 2010 to the present.

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.

- □□□□□□□□ Institutionalization of data quality assurance and validation to selected states/counties on a regular basis and technical support provided by key partners to strengthen the capacity in data management including mentoring and coaching of state and county EPI supervisors and data officers.
- □□□□□□□□ Adaptation and field testing of the Data Quality Self (DQS) Assessment tool into the republic of South Sudan.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- □□□□□□□□ Strengthen coordination and collaboration with key health NGOs working in various to improve on data management including verification and auditing as well as coaching and mentoring of county health department officials and the health facility level staff.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** 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 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	1	2	3
Traditional Vaccines*	805,735	0	0	805,735	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)	812,350	0	0	812,350	0	0	0	0
Cold Chain equipment	2,345,950	0	0	2,345,950	0	0	0	0
Personnel	1,650,100	30,000	17,500	505,750	1,096,850	0	0	0
Other routine recurrent costs	3,584,389	0	483,326	450,378	2,650,685	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	10,150,936	0	0	4,540,000	5,610,936	0	0	0
none		0	0	0	0	0	0	0
Total Expenditures for Immunisation	19,349,460							
Total Government Health		30,000	500,826	9,460,163	9,358,471	0	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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

UNICEF South Sudan Program remains responsible for resources mobilization and procurement of all vaccines used in the Country. In 2012, the government was unable to contribute to vaccine procurement due to insufficient budget resulting from austerity measures.

In terms of vaccine Security, UNICEF South Sudan continue to mobilise funds needed in the financial year 2013. 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 committed to co-finance the introduction of pentavalent vaccines in 2014 which will be a good starting point for the goverment to take over the enire procurement of vaccines for the country.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 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.

Efforts will be made to implement this in the subsequent years 2014 and beyond.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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 program for EPI/New vaccines should publish and disseminate the cMYP for South Sudan to all immunization partners for South Sudan as soon as the costing is finalized and ratified by WHO/EMRO<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
2. The EPI/new vaccines program should produce an annual progress report on the implementation and milestones of the cMYP annually to the ICC.
3. All Donors and NGOs should be informed (in writing) of the importance of integrating EPI in all primary health care services
4. Audit of the GAVI/ISS grant accounts

a) The MOH undersecretary to expedite the process of procuring a private Audit firm for the GAVI/ISS grant accounts

b) Present the GAVI/ISS Audited statement of accounts by the next scheduled ICC meeting

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
Health NGO Forum Coordinator representing the NGO community in South Sudan

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

The draft cMYP and annual operational plans for immunization systems development in South Sudan articulate the following priority actions for the financial year 2013<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1) **Implementation of the key recommendations from 4 major surveys/assessments** (EPI Program Review, EPI Coverage survey, Effective Vaccine Management assessment and comprehensive cold chain inventory).

2) Strengthening cold chain

a. Establishment of new national vaccine store

b. Strengthening of the state and county cold chain hubs

c. Installation of additional solar fridges in to health facilities

3) **REC strategy operationalization** (prioritize coaching and mentoring of state and counties to review and implement the existing REC strategy micro-plans).

4) Implementation of the pre-introduction operation plan for pentavalent vaccines (date of introduction 1st January 2014).

5) Supplementary immunization activities

a. Strengthen polio eradication interventions including 4 rounds of polio SIAs, strengthening AFP surveillance,

b. Measles control: development of measles elimination strategic plan and implement measles follow up campaign

c. Implement maternal and neonatal tetanus action plan developed in 2012: which includes Phase 2 and 3 of TT vaccination campaigns in seven states).

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	ADS 0.05Mls	UNICEF South Sudan
Measles	ADS 0.5Mls	UNICEF South Sudan
TT	ADS 0.5Mls	UNICEF South Sudan
DTP-containing vaccine	ADS 0.5Mls	UNICEF South Sudan

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)

2014 as indicated in the Multi-Year Plan for EPI: 2012-2016

Please explain in 2012 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.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	708,829	2,197,370
Total funds available in 2012 *(C=A+B)*	708,829	2,197,370
Total Expenditures in 2012 *(D)*	500,826	1,552,560
Balance carried over to 2013 *(E=C-D)*	208,003	644,810

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.

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 2012

1. Transfer to 3 states for REC operational micro-plans financing to the counties of South Sudan for a period of 6 months<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
2. Fuel and lubricants for the cold chain at state and lower levels
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
7. Monitoring and supervision of immunization operations by national program teams
8. Support to 2012 vaccination week implementation

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (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? **Yes**

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 8).

6.3. Request for ISS reward

Request for ISS reward achievement in South Sudan is not applicable for 2012

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

South Sudan is not reporting on New and Under-used Vaccines Support (NVS) fund utilisation in 2013

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level 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)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

7.2.3. Adverse Event Following Immunization (AEFI)

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

Does your country conduct special studies around:

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)		
Remaining funds (carry over) from 2011 (B)		
Total funds available in 2012 (C=A+B)		
Total Expenditures in 2012 (D)		
Balance carried over to 2013 (E=C-D)		

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 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 2013 onwards

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government		
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	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

If yes, provide details

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

Renewal of multi-year vaccines support for South Sudan is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

If you don’t confirm, please explain

7.11. Calculation of requirements

8. Injection Safety Support (INS)

This window of support is no longer available

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 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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 objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

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 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in **2012**

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: **372000** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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	2575440
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	2594009
Total expenditure during the calendar year (*D*)			879969	1231887	409485	0
Balance carried forward to next calendar year (*E=C-D*)			845940	509054	18569	2594009
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

	2013	2014	2015	2016
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]	372000	0	0	0

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

	2013	2014	2015	2016
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

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	3.5

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 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: 19)**

If any expenditures for the January April 2013 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: 20)**

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 and WHO.(UNICEF - US$ 3,293,295[58%] and WHO - US$ 1,969,705 [35%]). The second tranche of funding to WHO (US$ 1,012,055) and UNICEF (US$ 1,563,385) where disbursed late in December 2012 and therefore implementation was not done in that year. In addition the HSS fund component for the MOH (US$ 372,000) has not been disbursed to date.

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, and 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 South Sudan Country Office.

2. Procurement of supplies was based on supply forecasting, procurement and distribution plan developed jointly with Government of the Republic 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 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/RSS

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. By the time of writing this report the unaccounted for US$ 262,178 of ISS grant has been reimbursed and the auditing of the accounts being is finalized.

Challenges encountered: The second tranche of the funds were disbursed late in December 2012 which made it impossible to implement the planned activities in 2012. Most of the planned activities scheduled in 2012 had to be deferred to 2013. In 2012 most of the activities involved monitoring and follow-up of works and interventions that where supported through the first tranche of funding. No new activities where undertaken.

To enhance collaboration and rapid implementation of activities under the second tranche of funds disbursed to WHO and UNICEF, we request that GAVI releases the MOH HSS portion of funds (US$ 372,000),which will be directly channeled to the MOH/RSS account.

Has an external audit been conducted? Yes

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: 21)

9.2. Progress on HSS activities in the 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**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 report
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 report
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 report
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	This activity was not implemented since the Ministry did not receive funds from GAVI
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	Field monitoring, mid and annual review reports and UNICEF financial utilization report
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 1.9a	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 2.11	Provision of buffer stock of HMIS tools at Central and State levels ((implemented by the Ministry of Health)	0	This activity was not implemented since the Ministry did not receive funds from GAVI

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	WHO annual progress and financial utilization reports
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	WHO annual progress and financial utilization reports
Activity 2.3	Provision of 2,280 bicycles to community health workers in the counties (implemented by UNICEF)	100	Field monitoring, mid and annual review reports and UNICEF financial utilization report, UNICEF supply/logistics procurement and distribution report
Activity 2.6	Training of 225 doctors on the preventive aspects and implementation of the Basic Package of Health Services (implemented by WHO)	0	WHO annual progress and financial utilization reports
Activity 2.7	Training of 473 Public Health Officers in the preventive aspect (implemented by WHO)	100	WHO annual progress and financial utilization reports
Activity 3.1	TA for drawing up an inventory of Health Financing in South Sudan (implemented by WHO)	0	WHO annual progress and financial utilization reports
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	WHO annual progress and financial utilization reports
Activity 3.3	TA for regulation and standard setting of public and private health care providers (implemented by WHO)	0	WHO annual progress and financial utilization reports
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)	0	WHO annual progress and financial utilization reports
Activity 3.5	Provision of two week's training in managerial skills for County Medical Officers (implemented by WHO)	0	WHO annual progress and financial utilization reports
Activity 3.6	Long Term TA for all aspects of Health System Strengthening particularly at county level (implemented by WHO).	0	WHO annual progress and financial utilization reports
Activity 3.8	Provision of office equipment to 30 County Medical Officers (implemented by UNICEF)	0	UNICEF Financial Utilization Reports, Supply and Logistics Procurement and Distribution 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 1.9b	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)	100	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	WHO annual progress and financial utilization reports
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 2.4	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 2.8	Training of 443 Medical Assistants/Clinical Officers on the preventive aspects (implemented by WHO)	0	WHO annual progress and financial utilization reports
Activity 2.9	Training of 272 Laboratory Personnel (implemented by WHO)	100	WHO annual progress and financial utilization reports
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

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 activity was not implemented since the Ministry did not receive funds from GAVI.
Objective 1, Activity 1.2 (implemented by UNICEF)	The activity was not implemented since funds where disbursed late in December 2012
Objective 1, Activity 1.3 (implemented by UNICEF)	The facilities that we had planned to be renovated in 2012 where not done since funds where disbursed late in December 2012
Objective 1, Activity 1.4 (implemented by UNICEF)	The facilities that we had planned to be renovated in 2012 where not done since funds where disbursed late in December 2012
Objective 1, Activity 1.5 (implemented by Ministr	The activity was not implemented since the Ministry did not receive funds from GAVI.
Objective 1, Activity 1.6 (implemented by UNICEF):	This activity had been completed in the previous year using the funds from the rehabilitation expenditure line budget
Objective 1, Activity 1.7 (implemented by UNICEF)	The activity was not implemented since funds where disbursed late in December 2012
Objective 1,Activity 1.9a (implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 1,Activity 2.11 (implemented by MOH):	This activity was not implemented since the Ministry did not receive funds from GAVI
Objective 1, Activity 2.12 (implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 2,Activity 2.2 (implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 2,Activity 2.3 (implemented by UNICEF):	This activity had been completed in the previous year using the funds from the rehabilitation expenditure line budget
Objective 2,Activity 2.6 (implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 2,Activity 2.7(implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012

Objective 3, Activity 3.1 (implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 3, Activity 3.2 (implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 3,Activity 3.3(implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 3,Activity 3.4(implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 3,Activity 3.5(implemented by WHO):	The activity was not implemented since funds where disbursed late in December 2012
Objective 3,Activity 3.6 (implemented by WHO):	The long term TA was not supported by since funds where disbursed late in 2012. Support will is being provided in 2013
Objective 3,Activity 3.8 (implemented by UNICEF):	The activity was not implemented since funds where disbursed late in December 2012
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 1.9b (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 2.10 (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 2.4 (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 2.8 (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 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.

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

The implementation of all the activities planned in 2012 was not possible due to delays in the disbursement of funds from GAVI. The Ministry of Health has not received any funds, while the WHO and UNICEF received the second tranche in late December 2012. Therefore, this was the major constraints why the activities could not be implemented.

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?

If the GAVI/HSS grant portion for the MOH had been released it would have contributed to implementation of the national human resource guidelines by placement of logistics/supply experts and social mobiliser's in each of the States in South Sudan.

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 2011 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	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
DPT3 coverage (%)	20	SHHS	45	30			13.8	13.8	24	EPI coverage verification survey	
% children 6-59 months received vitamin-A supplementation	40	SHHS	60	50			6	74	85	SHSS (2010) and NIDs implementation reports (2011,2012)	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	14.7	SHHS,2010	No new survey carried. The MMR survey will be carried out later in 2013
Antenatal care by skilled personnel	26	SHHS	33	33			30	30	30	SHHS	No new survey carried. The MMR survey will be carried out later in 2013
Counties achieving >80% DPT3 coverage	Not available	MOH/GOSS Routine EPI data	10	35			34	46	41	MOH/GOSS Routine EPI data	
Under five mortality rate	135/1000	SHHS	130/1000	120/1000			106/1000	106/1000	106/1000	SHHS,2010	No new survey carried out
Use of Oral Rehydration Therapy	64%	SHHS	70%	75%			62%	62%	62%	SHHS	No new survey carried out

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Since no major activities other than the follow-up and monitoring of works and interventions done under support from the first tranche where done in 2012, no major impacts on health services programs attributable to GAVI HSS Funds was achieved in 2012.

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

The delay in disbursement of the second tranche of funds in December 2012 compromised the implementation of all the planned activities. Due to the changing needs and priorities of the MOH/RSS, some of the initial activities planned in the original proposal are no longer priorities.Changes within the 15% threshold will be done to align with what the MOH/RSS considers the most current priority-for instance the MOH/RSS has recommended that training's be done for County Health Management teams given the current transition from humanitarian to development programming which is based at County level.

The unit cost for most of the renovation works are now remarkably different from those planned in the initial proposal and therefore the numbers targeted will have to be reduced within the available budget.<? xml:namespace prefix = o />

The recruitment of technical persons and provision of necessary HMIS tools was not possible given the fact that MOH/RSS never received the portion of GAVI HSS funds.This activity will be done in 2013 once funding is made available to the MOH/RSS.

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.

Continuous intermittent Review Meetings between MOH-RSS-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/RSS 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 />

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/RSS 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 support and hence the need for prioritization to focus on key interventions which could bring an impact. In addition, because of the existence 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 the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

The Health Sector Coordination Committee is composed of major donors and projects involved in health systems strengthening.

The implementation of HSS activities is coordinated by state and county authorities. At state level their 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 joint work plans between UNICEF and the Ministries of health at state level. Therefore, the involvement of the CSO in this regard was minimal. However now CSO are being engaged in the technical working group which is preparing the HSFP proposal.

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

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programs, notably the organization program<?xml:namespace prefix = o />

Since no major activities other than the follow-up and monitoring of works and interventions done under support from the first tranche where done in 2012, no major impacts on health services programs was achieved in 2012.

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

The delay in disbursement of the second tranche of funds in December 2012 compromised the implementation of all the planned activities. Due to the changing needs and priorities of the MOH/RSS, some of the initial activities planned in the original proposal are no longer priorities. Reprogramming may then be required to fund what the MOH/RSS considers the most current priority-for instance the MOH/RSS has recommended that training's be done for County Health Management teams given the current transition from humanitarian to development programming which is based at County level.

The unit cost for most of the renovation works are now remarkably different from those planned in the initial proposal and therefore the numbers targeted will have to be reduced within the available budget.

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

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.

Continuous intermittent Review Meetings between MOH-RSS-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/RSS which is also responsible for coordination of all Health system strengthening activities in South Sudan including the Global Fund HSS activities

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/RSS 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 support and hence the need for prioritization to focus on key interventions which could bring an impact. In addition, because of the existence 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.

The implementation of HSS activities is coordinated by state and county authorities. At state level their 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 joint work plans between UNICEF and the Ministries of health at state level. Therefore, the involvement of the CSO in this regard was minimal. However now CSO are being engaged in the technical working group which is preparing the HSFP proposal.

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.

2. The UNICEF-managed portion of the GAVI funds is managed by UNICEF Country Office in South Sudan following 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/RSS 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 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (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	not applicable	180000
Objective 1, activity 1.2 (implemented by UNICEF	Augmenting governmental efforts in renovation of 5 Hospitals with provision of basic furniture/equipment	200000		a) Support installation of new cold rooms at National Medical store including repair and maintenance of existing cold chain systems. b) Support design, BOQ preparations and construction of new national vaccine store	The existing cold rooms are aged (more than 15 years) and breakdown frequently; and also the introduction of pentavalent in 2014 needs adequate storage space and proper functioning system	400000
Objective 1, activity 1.3 (implemented by UNICEF)	Augmenting governmental efforts in renovation of 12 PHCCs with provision of basic furniture / equipment	360000	0	Support rehabilitation of 3 state cold chain stores (Upper Nile, Western Bahr El Ghazal and Jonglei) – Regional Hubs	a) To increase the storage capacity in preparation for introduction of pentavalent vaccine. b) Establishment of regional hubs will save more state . c) The duration of grant is limited and with the short implementation span in most of the states rehabilitation work won't be possible before 31/12/201	200000
Objective 1, activity 1.4 (implemented by UNICEF)	Augmenting governmental efforts in renovation of 40 PHCUs with provision of basic furniture	400000	0	Priority to be given in rehabilitating the PHCC/hospitals housing the county Cold chain stores and those with high number of children to be immunized (5 PHCC /Hospitals)	a) The targeted units will have to reduce due to change in unit costs. b) 44 counties and some of the hospitals do not have cold chain storage facilities.	360000

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	n/a	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	This activity was completed using rehabilitation funds ,therefore these funds will 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 2012	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	52000	0	Training of County Health Management Teams	Not implemented in 2012. These funds shall be used to conduct training of County Health Management Team	52000
Objective 2, activity 2.11 (implemented by MOH)	Provision of buffer stock of HMIS tools at central and state level	12000	0	n/a	To implement the 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	0	Training of County Health Management Teams	Not implemented in 2012. These funds shall be used to conduct training of County Health Management Team	45000

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 County Health Management Teams	Not implemented in 2012. These funds shall be used to conduct training of County Health Management Team	54000
Objective 2, activity 2.3 (implemented by UNICEF)	Provision of 2,280 bicycles to community health workers in the counties	88955	0	no	This activity was completed using rehabilitation funds, therefore these funds will be used for rehabilitation.	88955
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 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 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 (implemented by WHO)	Long Term TA for all aspects of Health System Strengthening particularly at county level.	144000	0	no	Continuation of long term TA to the Ministry of Health	144000
Objective 3, activity 3.8 (implemented by UNICEF)	Provision of office equipments to 30 County Medial Officers	197000	0	Initiation of the process of establishing the national vaccine store	a) This activity was developed in 2007/2008, new changes have happened as new actors to support county health departments and therefore this activity is no longer relevant. b) To avoid duplication of initiative with other agencies (three fund managers for the BPHS service delivery). c) As per recommendation from the vaccine management assessment and the comprehensive cold chain equipment inventory; strengthening of cold chain was singled out as the most urgent need in improving vaccine management and also increase the storage capacity in preparation for the introduction of new vaccine	197000
UNICEF operation cost	UNICEF operational cost in support of implementation 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 (funded 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 (drawn from the original HSS envelope)	22154	0	no	as agreed in the approved proposal	22154
		3175440	0			3073440

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval 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 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (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 2014** (if relevant)
No activities planned					
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

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	2011-2015	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

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

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.	

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)

- 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 shows no expenditures since funding was disbursed in late December 2012. <?xml:namespace prefix = o />

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?4

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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 **has NOT received GAVI TYPE A CSO support**

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 **has NOT received GAVI TYPE B CSO support**

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

none

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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	✓	Signatures of Minister of Health and Finance.pdf File desc: Date/time: 5/15/2013 11:44:30 AM Size: 475855
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signatures of Minister of Health and Finance.pdf File desc: Date/time: 5/15/2013 11:45:03 AM Size: 475855
3	Signatures of members of ICC	2.2	✓	Signatures of members of ICC.pdf File desc: Date/time: 5/15/2013 11:46:39 AM Size: 2353816
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Minutes of 16th_ICC meeting endorsing the APR 2012.pdf File desc: Date/time: 5/15/2013 11:51:19 AM Size: 4616518
5	Signatures of members of HSCC	2.3	✗	Signatures of HSCC members.pdf File desc: Date/time: 5/15/2013 12:01:25 PM Size: 1572857
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Minutes of 16th_HSCC meeting endorsing the APR 2012.pdf File desc: Date/time: 5/15/2013 12:15:12 PM Size: 4616663
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Financial Statement for ISS Grant_MOH.pdf File desc: Date/time: 5/15/2013 11:59:35 AM Size: 1180507
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	Letter from SS Auditor General's on GAVI audit report.pdf File desc: Date/time: 5/15/2013 12:18:24 PM Size: 560256
				WHO GAVI HSS FINANCIAL STATEMENTS 2012.pdf

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	File desc: Date/time: 5/6/2013 2:24:26 AM Size: 1847267
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Letter on Financial Statement for HSS Grant for January - April 2013.pdf File desc: Date/time: 5/15/2013 12:20:43 PM Size: 1051113
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	Letter on Financial Statement for HSS Grant for January - April 2013.pdf File desc: Date/time: 5/15/2013 12:24:44 PM Size: 1051113
22	HSS Health Sector review report	9.9.3	✗	Health Sector Review.pdf File desc: Date/time: 5/15/2013 12:25:36 PM Size: 1054563
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	MOH Letter on Report to GAVI.pdf File desc: Date/time: 5/15/2013 12:54:54 PM Size: 467612