



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of
South Sudan

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **22/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR **2013** 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: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

There is no NVS or INS support this year.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
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
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranche of HSFP Grant N/A	N/A
VIG	No	Not applicable	N/A
COS	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** 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	Hon. Dr. Riek Gai KOK	Name	Hon. Mr. Agrey Tisa SABUNI
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr. Anthony Laku Stephen KIRBAK	Director of EPI & Child Health	+211955557246	lkirbak@yahoo.com
Dr. Yhia Mustafa HASAN	EPI/PEI Officer WHO	+2111 955 235500	ymostafah@yahoo.com
Ms. Ranganai MATEMA	EPI specialist/ UNICEF South Sudan Country Office	+211954691373	rmatema@unicef.org
Dr. Moses NGOM	Health Health Systems Development Advisor WHO South Sudan	+211956283515	omopa2005@gmail.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
Hon. Dr. Riek Gai Kok	Ministry of Health/ The Minister		

Dr. Samson Baba	Ministry of Health/ Director General of International Health and Coordination		
Ms. Susan Juan Salvatore	Ministry of Health/ Ag/ Director General of Admin & Finance		
Dr. Abdi Mohamed Aden	WHO/ Head of Office, South Sudan		
Dr. Jonathan Veitch	UNICEF Country Representative, South Sudan		
Ms. Veronica Lucy Gordon	Ministry of Information/ South Sudan Radio & TV		
Dr. John Rumunu	Health in Africa , World Bank Group/ South Sudan, Juba		
Ms. Veronica Kenyi	South Sudan Red Cross/ Juba		
Dr. Moris Thimoty Ama	JHPIEGO /South Sudan, Juba		
Dr. Munir Lado Christo	IMA/ South Sudan , Juba		
Dr. Mawien Atem	Food and Drug Regulation Authority/ South Sudan, Juba		
Dr. Basilica Keji	USAID/ South Sudan, Juba		
Mr. Taban Musa	Ministry of Health/ EPI		
Mr. Wani Buyu	Ministry of Finance & Economic Planing/ Undersecretary		

Dr. Richard Lako	Ministry of Health/ Acting Undersecretary		
Ms Erin Polich	NGO Health Coordinator, South Sudan NGO Health Forum		
Mr. Anthony Kisanga	Core Group Polio, Republic of South Sudan programme/ Manager		

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), **3**, 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. Richard Lino Lako/ Director General of Planning and Research, Acting Undersecretary	Ministry of Health		
Dr. Samson Baba / Director General of Primary Health Care	Ministry of Health		
Dr. Moses Deng / Director General of Pharmaceutical & Equipment	Ministry of Health		
Dr. John Rumunu /Focal Point, Health in Africa	World Bank Group, Republic of South Sudan		
Dr. Abdi Aden Mohamed / Head of Office	WHO Republic of South Sudan		

Dr. Monjur Hossain /Chief of Health Nutrition	UNICEF, Republic of South Sudan		
Erin Polich / NGOs Health Coordinator	Republic of South Sudan NGO Health Forum Coordination		
Dr. Moses Ongom / Health Systems Development Advisor	WHO, Republic of South Sudan		
Taban Musa / Deputy Director of EPI & Child Health	Ministry of Health		
Mr. Anthony Kisanga / Project Director	Core Group Polio Project, 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 2014

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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)							
	2013		2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	430,390	447,854	443,301	481,290	456,600	475,128		489,382		504,064
Total infants' deaths	43,900	45,681	45,217	47,052	46,573	48,483		49,917		51,414
Total surviving infants	386490	402,173	398,084	434,238	410,027	426,645		439,465		452,650
Total pregnant women	430,390	447,854	443,301	481,290	456,600	475,128		489,383		504,064
Number of infants vaccinated (to be vaccinated) with BCG	404,567	300,041	425,569	0	447,468	0		0		0
BCG coverage	94 %	67 %	96 %	0 %	98 %	0 %		0 %		0 %
Number of infants vaccinated (to be vaccinated) with OPV3	347,841	256,025	366,238	0	385,425	0		0		0
OPV3 coverage	90 %	64 %	92 %	0 %	94 %	0 %		0 %		0 %
Number of infants vaccinated (to be vaccinated) with DTP1	406,974	320,114	421,174	0	427,822	0		0		0
Number of infants vaccinated (to be vaccinated) with DTP3	347,841	257,228	366,238	0	385,425	0		0		0
DTP3 coverage	90 %	64 %	92 %	0 %	94 %	0 %		0 %		0 %
Wastage ^[1] rate in base-year and planned thereafter (%) for DTP	15	35	10	0	8	0		0		0
Wastage ^[1] factor in base-year and planned thereafter for DTP	1.18	1.54	1.11	1.00	1.09	1.00		1.00		1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	386,490	323,521	398,085	0	410,027	0		0		0
Measles coverage	100 %	80 %	100 %	0 %	100 %	0 %		0 %		0 %
Pregnant women vaccinated with TT+	430,390	207,071	443,301	0	456,600	0		0		0
TT+ coverage	100 %	46 %	100 %	0 %	100 %	0 %		0 %		0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0		0		0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	15 %	20 %	13 %	0 %	10 %	0 %		0 %		0 %

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 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**

In 2013 there were no changes in births figures, and this is because changes in 2012 was due to influx of returnees after the country independence, that has added to the census figures of 2008.

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

no change

- 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 targets are the same, no increase

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

Wastage is increase in 2013 in comparison to 2012

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

The DPT-3 coverage of 90% by the year 2013 was not achieved. The number of children reached with the 3rd dose of DPT Decreased from 292,264 to 257,228 between 2012 and 2013 respectively. This shows that areas reached in 2013 are less than in 2012. The dropout rate target was not achieved; this mainly contributed by none implantation of outreach vaccination activities as a result of lack of funds, and insecurity in some of the states and counties particularly Jonglei, Upper Nile, lakes and Unity states.

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

The targets planned for 2013, 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) Lack of funds for implementation of planned routine vaccination activities; this is a result of austerity measures in the country and non-release of GAVI ISS support to the country due TAP issues, including delayed audit reports.
- b) Non conduction of the vaccination week in 2013, an event that proofed effective in South Sudan during defaulter tracing exercise increase vaccination of children.
- c) Response to disease outbreaks, particularly measles in which almost no state was spared implementation of polio and TT campaigns.
- d) interrupted supply of fuel for cold chain in the states, due to lack of funds
- e) Incomplete reporting as a result of conflict eruption in December 2013, a situation that affected reporting from counties of the states most affected by the conflict.

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? **no, not 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

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

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? **Yes**

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 community awareness interventions and dissemination of key message on importance of 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 women groups in various counties in collaboration with other health interventions 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)

In 2013 there were no survey conducted, but in the previous coverage surveys conducted in 2011-2012, the administrative coverage is always higher than the survey data.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

Training of facility and county DHMIS personnel (District health management information system), which will start the one reporting system of data through the county health department.

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

1. Training of vaccinators as part of immunization in practice, whereby emphasis will be put on the data quality<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />
2. Printing of data collection tools, and alignment of reporting through the same system from the county to the states and finally to the national level.

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\$ = 3.17	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional Vaccines*	3,726,819	0	0	3,726,819	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)	433,600	0	0	433,600	0	0	0	0
Cold Chain equipment	1,516,582	0	0	1,516,582	0	0	0	0
Personnel	2,382,267	200,000	40,000	505,750	1,636,517	0	0	0
Other routine recurrent costs	812,588	6,400	355,810	450,378	0	0	0	0
Other Capital Costs	350,000	0	0	0	350,000	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	9,221,856							
Total Government Health		206,400	395,810	6,633,129	1,986,517	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 2014 and 2015

The government of the Republic of South Sudan is receiving vaccines from UNICEF support, a situation that was in place since the country was in one Sudan. In the health Sector development plan, traditional vaccines were included under the budget of the Pharmaceuticals, and to start in 2014.

The Country is to co-finance the pentavalent vaccines, by funding 20% of the cost of the vaccines. Given the austerity measures in the country since January to December 2013, coupled with the current crisis in the country, it may be difficult at this time for the government to start funding of the traditional vaccines.

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?
	No

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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](#)

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

If **Yes**, which ones?

List CSO member organisations:
Sudan Council of Churches , Juba
Islamic Council of South Sudan, Juba
South Sudan Red Cross

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

1. **Strengthening cold chain**
 - a. Completion of new national vaccine store in 2014
 - b. Strengthening of the state and county cold chain hubs
 - c. Installation of solar fridges in to health facilities and new hard to reach areas
2. **REC strategy operationalization** (updating micro plans and train health workers on REC strategy).
3. **Implementation of pre- introduction activities for pentavalent vaccines and be to be launched in June, 2014.**
4. **Supplementary immunization activities**
 - a. Implementation of the recommended rounds of polio NIDs and Strengthen AFP surveillance,
 - b. Completion of Measles Follow Up campaign in the remaining 3 states in conflict situation.
 - c. Implementation of maternal and neonatal tetanus campaign in the remaining 3 states of Lakes, Northern Bahr El Ghazal and Western Bahr El Ghazal.

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	ADS - 0.05 MLs	UNICEF South Sudan
Measles	ADS - 0.5 MLs	UNICEF South Sudan
TT	ADS - 0.5 MLs	UNICEF South Sudan
DTP-containing vaccine	ADS - 0.5 MLs	UNICEF South Sudan
NA	NA	NA

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)

For the year 2014, the country is considering what is indicated in the Multi-Year Plan for EPI: 2012-2016

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

In the states major hospitals, incinerators are used to destroy the sharps, and in the counties and payams facilities, burning and burial in a pit is the used method.

One encountered problem is the huge sharps produced during mass campaign, a process which require closed supervision for collection, burning and burial, that is costly.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	644,810	208,003
Total funds available in 2013 (C=A+B)	644,810	208,003
Total Expenditures in 2013 (D)	387,712	130,983
Balance carried over to 2014 (E=C-D)	257,098	77,020

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. There was delay in approval of remaining funds for activities in 2013, for reasons which are not clearly known to the programme management, but might be due to austerity measures,

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

- 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
- The GAVI/ISS funds are then transferred to a GAVI-specific account in the same bank by a ministry of health request.
- The funds were requested by the EPI 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.
- 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 program manager, addressed to the undersecretary of ministry of health, through the Director General of Primary Health Care (who must provide written approval before funds releases are processed from the GAVI account).
- Release of funds from the GAVI/ISS account is by cheque and the signatories on this account are: **a) The Undersecretary MoH, b) the Director General of administration and finance MoH/RSS, c) the Director of Administration and Finance MoH.**
- 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
- 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.
- At the end of the year, financial audit of the utilized funds is done by the government of the republic of South Sudan auditing chambre

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

- Support fuel supply to the states cold chain.
- Support communication and supervision to the states, by the national level staff

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

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 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? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in South Sudan is not applicable for 2013

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

South Sudan is not reporting on New and Under-used Vaccines Support (NVS) fund utilisation in 2014

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?

**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 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)		
Remaining funds (carry over) from 2012 (B)		
Total funds available in 2013 (C=A+B)		
Total Expenditures in 2013 (D)		
Balance carried over to 2014 (E=C-D)		

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 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 2014 onwards

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
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 2013 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 2015 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	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 2013

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 2014

Renewal of multi-year vaccines support for South Sudan is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

If you don't confirm, please explain



7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

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 2013**. All countries are expected to report on:

- a. Progress achieved in 2013
- b. HSS implementation during January – April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

The Country is yet to receive 370000 from GAVI, as part of the government portion of HSS grand

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

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 2015.

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)\$

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)		2683560	2951440	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)		0	0	0	0	0
Total funds received from GAVI during the calendar year (A)		1725910	895000	0	2575440	0
Remaining funds (carry over) from previous year (B)			845941	509054	18569	2594009
Total Funds available during the calendar year (C=A+B)		1725910	1740941	509054	2594009	2594009
Total expenditure during the calendar year (D)		879969	1231887	409485	0	2463382
Balance carried forward to next calendar year (E=C-D)		845940	509054	18969	2594009	130627
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

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	0			
Revised annual budgets (if revised by previous Annual Progress Reviews)	0			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (B)	0			
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)

	2008	2009	2010	2011	2012	2013
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

	2014	2015	2016	2017
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	2008	2009	2010	2011	2012	2013
Opening on 1 January		2.3	2.6	2.9	3.1	3.1
Closing on 31 December		2.6	2.9	3.1	3.1	2.9

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 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 2014 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) were 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 were supported through the first tranche of funding. No new activities were 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).

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 2013 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 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	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	This 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)	100	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)	100	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)	100	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)	100	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): Conducted training on County Health Management Teams	100	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): Conducted training on County Health Management Teams	100	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): Funds used to conduct training of County Health Management Teams	100	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)	100	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)	30	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)	100	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)	100	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)	100	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).	100	WHO annual progress and financial utilization reports
Activity 3.8	Provision of office equipment to 30 County Medical Officers (implemented by UNICEF): Supported the process of establishing the national vaccine store	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)	Supported the rehabilitation of 2 State vaccine stores and strengthening of the national vaccine store. The targeted units was reduced to two from five due to change in unit costs
Objective 1, Activity 1.3 (implemented by UNICEF)	Rehabilitated 6 PHCC housing the County Cold Chain Store. The targeted The targeted units was reduced to 6 from 12 due to change in unit costs
Objective 1, Activity 1.4 (implemented by UNICEF)	Reprioritized rehabilitation of 10 PHCC housing the County Cold Chain Store.
Objective 1, Activity 1.5 (implemented by Ministr	This activity was not implemented since the Ministry did not receive funds from GAVI.
Objective 1, Activity 1.6 (implemented by UNICEF)	Supported rehabilitation of PHCC in activity 1.4, since 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)	Produced IEC materials for EPI and MCH health which were distributed to all the 10 States
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)	Supported training of 105 County Health Management Team members drawn from all the 79 Counties on the District Health Management Team Manuals
Objective 2,Activity 2.2 (implemented by WHO)	Supported the training of 120 County Health Workers and County Health Management Teams on the Basic Package of Health and Nutrition Services
Objective 2,Activity 2.3 (implemented by UNICEF):	Supported rehabilitation of PHCC in activity 1.4, since 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):	Supported training of 105 County Health Management Team members drawn from all the 79 Counties on the District Health Management Team Manuals
Objective 2,Activity 2.7(implemented by WHO)	Supported the training of 120 County Health Workers and County Health Management Teams on the Basic Package of Health and Nutrition Services
Objective 3, Activity 3.1 (implemented by WHO)	A consultant reviewed the current health financing framework. MOH has reprioritized remaining funding to support review and update of the national health policy.
Objective 3, Activity 3.2 (implemented by WHO):	The activity was not implemented since MOH staff failed to secure admission for post graduate training. MOH has reprioritized funding to support review and update of the national health policy.
Objective 3,Activity 3.3(implemented by WHO):	A consultant was deployed who supported the development of a regulatory framework for private and public health workers and facilities.
Objective 3,Activity 3.4(implemented by WHO):	Supported the training of 18 State Director Generals and State Directors of planning on Health Governance, Leadership and Management at AMREF training center in Nairobi.
Objective 3,Activity 3.5(implemented by WHO):	Supported the training of 18 State Director Generals and State Directors of planning on Health Governance, Leadership and Management at AMREF training center in Nairobi.
Objective 3,Activity 3.6 (implemented by WHO):	The long term TA deployed to support implementation of GAVI HSS activities and successfully supported the development of a new GAVI HSS proposal for South Sudan
Objective 3,Activity 3.8 (implemented by UNICEF):	Supported the preliminary works for establishing the national vaccine store

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

Activities 1.1; 1.5 and 2.11 were not implemented since funding for these activities was not disbursed to the Ministry of Health, which is directly responsible for their implementation. While activities 3.2 and 3.1 were not implemented primarily because none of the targeted MOH staff were unable to secure admission to a reputable university and the national health financing framework is not well developed at the moment respectively. The MOH has subsequently prioritized the review and update of the national health policy to be undertaken using these funds.

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 2012 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	2013 Target	2009	2010	2011	2012	2013	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
DPT3 coverage (%)	20%	SHHS	45%	30%		13.8%	13.8%	24%	64%	Administrative data for 2013, while survey for other years	
% children 6-59 months received vitamin-A supplementation	40%	SHHS	60%	50%		6%	74%	85%	82%	SHSS (for 2010) and polio NIDs implementation reports (2012 & 2013)	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%	14.7%	SHHS 2010	No new survey carried. The MMR survey postponed to later in 2014
Antenatal care by skilled personnel	26%	SHHS	33%	33%		30%	30%	30%	30%	SHHS 2010	No new survey conducted
Counties achieving >80% DPT3 coverage	not available	MOH/GOSS Routine EPI data	10%	35%		34%	46%	41%	76%	MOH/RSS Routine EPI data	
Under five mortality rate	135/1000 live births	SHHS	130/1000 live births	120/1000		106/1000	106/1000	106/1000	106/1000	SHHS 2010	No new survey conducted

Use of Oral Rehydration Therapy	64%	SHHS	70%	75%		62%	62%	62%	62%	SHHS 2010	No new survey conducted
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9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Rehabilitation of the Primary Health Care Centers housing the County Cold Chain store contributed to scaling up the sub national cold chain capacity and ultimately ensuring efficacious vaccines are available in more fixed sites. The initiation of preliminarily rehabilitation works at the national vaccine store as created additional space that will support the introduction of the pentavalent vaccine. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Training of the County Health Management Teams and Health workers has increased their knowledge and skills to plan and management primary health care services including immunization especially with regard to integration of services. The training of State Director Generals and Directors of Health Planning included module on planning, prioritization and financing of immunization services as part of the broader component of health services delivery within the States.

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 were no longer priorities. Modification and some minor reprogramming was done to fund what the MOH/RSS considered the most current priority-for instance the MOH/RSS 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 had remarkably increased from those planned in the initial proposal and therefore the numbers targeted were reduced within the available budget. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

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 Directorate of Policy, Planning and Budget of 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" ns = "urn:schemas-microsoft-com:office:office" />

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

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

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

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

MOH/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 have been included in the newly approved GAVI HSS proposal for South Sudan. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

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 2013, especially impacts on health service programs, and how HSS funds benefited the immunization program

Rehabilitation of the Primary Health Care Centers housing the County Cold Chain store contributed to scaling up the sub national cold chain capacity and ultimately ensuring efficacious vaccines are available in more fixed sites. The initiation of preliminarily rehabilitation works at the national vaccine store as created additional space that will support the introduction of the pentavalent vaccine.

Training of the County Health Management Teams and Health workers has increased their knowledge and skills to plan and management primary health care services including immunization especially with regard to integration of services. The training of State Director Generals and Directors of Health Planning included module on planning, prioritization and financing of immunization services as part of the broader component of health services delivery within the States.

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 were no longer priorities. Modification and some minor reprogramming was done to fund what the MOH/RSS considered the most current priority-for instance the MOH/RSS 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 had remarkably increased from those planned in the initial proposal and therefore the numbers targeted were 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 Directorate of Policy, Planning and Budget of 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 have been included in the newly approved GAVI HSS proposal for South Sudan.

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 its 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 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned 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)	2014 actual expenditure (as at April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (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	Funds not released to MOH	180000
Objective 1, activity 1.5 (implemented by MOH)	Hiring of 10 social mobilisers (1 for each state) for demand creation for health, particularly preventive programs and safe motherhood	180000	0	No	Funds not released to MOH	180000
Objective 2, activity 2.11 (implemented by MOH)	Provision of buffer stock of HMIS tools at central and state level	12000	0	No	Funds not released to MOH	12000
Objective 3, activity 3.1 (implemented by WHO)	TA for drawing up an inventory of Health Financing in South Sudan	45000	14373	To support the review and update of the national health policy	MOH has prioritized review and update of the national health policy	30627

Objective 3, activity 3.2 (implemented by WHO)	Provision of fellowships to two senior MOH staff in Health Policy/Planning/Health Economics at a reputed University.	100000	0	To support the review and update of the national health policy	MOH has prioritized review and update of the national health policy	100000
		517000	14373			502627

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. 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 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (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 2015 (if relevant)
No change	no change	0	0	0	0
		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
DFID/HPF	6750000	2013-2015	To support management and governance at County Level and immunization services within the broader primary health care services in six States
GFATM	54000000	2010-2015	rehabilitation and renovations of training institutions; provision of teaching aids; recruitment of tutors; construction and equipping drug warehouses; construction pharmaceutical incinerators; production of data collection tools/instruments for HMIS; supply of equipment & furniture as well as renovation of M&E offices; renovations of laboratories; provision of equipment and supplies for laboratories; establishment of blood banks; renovation of ANC clinics; training of H/Ws in selected topics of public health importance.
USAID	2250000	2013-2015	To support management and governance at County Level and immunization services within the broader primary health care services in two States

WB	120000	2013-2015	To support management and governance at County Level and immunization services within the broader primary health care services in two States
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9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Activity implementation reports	Field visits for monitoring and trip report, onsite inspection of construction work.	0
Construction reports	Onsite inspection and contractor reports	0
Financial utilization reports from PROMs (UNICEF) and GSM for WHO.	UNICEF and WHO financial and accounting systems and spot checks.	0
Supply procurement and distribution reports	End user monitoring of the reports	0

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.

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9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?3

Please attach:

1. The minutes from the HSCC meetings in 2014 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 2013

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 2013

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

In 2013, the country went through a very difficult period in terms of funding of routine immunization. The austerity measures that had affected the government budget , including health. The suspension of ISS and HSS funds release by GAVI as a results of failure of the government to submit ISS audit report for 2009. Both constrains affected routine vaccination services, particularly the outreaches which resulted in low coverage. The ISS audit reports for the years 2009 and 2010 were submitted to GAVI in April 2014.

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| 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 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013 | 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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| 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 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013 | 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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| 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 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|---|---------|---|---|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 |  | APR 2014 Ministers Signatures and ICC memberst.pdf
File desc:
Date/time : 22/05/2014 04:41:22
Size: 718 KB |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 |  | APR 2014 Ministers Signatures and ICC memberst.pdf
File desc:
Date/time : 22/05/2014 04:41:59
Size: 718 KB |

| | | | | |
|----|---|-------|---|--|
| 3 | Signatures of members of ICC | 2.2 |  | APR 2014 Ministers Signatures and ICC memberst.pdf
File desc:
Date/time : 22/05/2014 04:40:47
Size: 718 KB |
| 4 | Minutes of ICC meeting in 2014 endorsing the APR 2013 | 5.7 |  | ICC MEETING 2014.zip
File desc:
Date/time : 22/05/2014 04:33:18
Size: 495 KB |
| 5 | Signatures of members of HSCC | 2.3 |  | APR ATTACHMENTS.zip
File desc:
Date/time : 22/05/2014 04:48:35
Size: 1 MB |
| 6 | Minutes of HSCC meeting in 2014 endorsing the APR 2013 | 9.9.3 |  | ICC MEETING 2014.zip
File desc:
Date/time : 22/05/2014 04:35:25
Size: 495 KB |
| 7 | Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 |  | GAVI INCOME AND EXPENDITURE.zip
File desc:
Date/time : 20/05/2014 06:51:24
Size: 322 KB |
| 8 | External audit report for ISS grant (Fiscal Year 2013) | 6.2.3 |  | GAVI INCOME AND EXPENDITURE.zip
File desc:
Date/time : 20/05/2014 06:53:58
Size: 322 KB |
| 9 | Post Introduction Evaluation Report | 7.2.2 |  | No file loaded |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 |  | No file loaded |
| 11 | External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000 | 7.3.1 |  | No file loaded |
| 12 | Latest EVSM/VMA/EVM report | 7.5 |  | No file loaded |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 |  | No file loaded |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 |  | No file loaded |

| | | | | |
|----|---|--------|---|---|
| 16 | Valid cMYP if requesting extension of support | 7.8 | X | No file loaded |
| 17 | Valid cMYP costing tool if requesting extension of support | 7.8 | X | No file loaded |
| 18 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 | X | No file loaded |
| 19 | Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | WHO GAVI-HSS Financial Report 2013.pdf
File desc: WHO GAVI HSS Financial statement for portion of funds managed by WHO
Date/time : 09/05/2014 12:51:24
Size: 1 MB |
| 20 | Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | GAVI HSS Financial Statement UNICEF Managed Funds 2013.pdf
File desc:
Date/time : 15/05/2014 11:04:06
Size: 671 KB |
| 21 | External audit report for HSS grant (Fiscal Year 2013) | 9.1.3 | ✓ | GAVI HSS Financial Statement UNICEF Managed Funds 2013.zip
File desc:
Date/time : 22/05/2014 04:49:40
Size: 558 KB |
| 22 | HSS Health Sector review report | 9.9.3 | ✓ | GAVI HSS Financial Statement UNICEF Managed Funds 2013.zip
File desc:
Date/time : 22/05/2014 04:50:31
Size: 558 KB |
| 23 | Report for Mapping Exercise CSO Type A | 10.1.1 | X | No file loaded |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2013) | 10.2.4 | X | No file loaded |
| 25 | External audit report for CSO Type B (Fiscal Year 2013) | 10.2.4 | X | No file loaded |
| 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 2013 on (i) 1st January 2013 and (ii) 31st December 2013 | 0 | ✓ | Financial Statement ISS.zip
File desc:
Date/time : 22/05/2014 04:51:39
Size: 154 B |

| | | | | |
|----|--|-----|---|---|
| 27 | Minutes ICC meeting endorsing change of vaccine presentation | 7.7 | X | No file loaded |
| | Other | | X | Baseline targets and Overall expenditure.zip
File desc:
Date/time : 15/05/2014 05:48:02
Size: 30 KB |