



GAVI Alliance

# Annual Progress Report **2014**

Submitted by  
The Government of  
**South Sudan**

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **15/05/2015**

**Deadline for submission: 15/05/2015**

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavi.org](mailto:apr@gavi.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 TRANSPARENCY 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: **2014**

Requesting for support year: **2016**

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	Not selected	2015

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

## 1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2017	No extension

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For <b>2014</b> ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No
HSFP	Yes	Next tranche of HSFP Grant Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2013** 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 High Level Review Panel (HLRP) 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 ( Minister)	Name	Hon. Mr. David Deng Athorbei (Minister)
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 S. Kirbak	EPI Manager, Ministry of Health	+211 955 557 246	lkirkbak@yahoo.com
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Dr. Joanna Nikulin	EPI Specialist, UNICEF	+211 955 370 384	jnikulin@unicef.org

### 2.2. ICC signatures page

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

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

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

#### 2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Hon. Dr. Riek Gai KOK, Minister of Health	Ministry of Health		

Dr. Makur Matur Kariom, Undersecretary	Ministry of Health		
Dr. Samson P. Baba , Director General of Primary Health Care	Ministry of Health		
Mr. Adwok Laa , Director General of Administration and Finance	Ministry of Health		
Dr. John Rumunu , Director General of Preventive Medicine	Ministry of Health		
Dr. Tarande Constant Manzila, WHO Representative	WHO South Sudan		
Jonathan Veitch , UNICEF Representative	UNICEF South Sudan Country Office		
Ms. Veronica Kenyi, Coordinator of Health	South Sudan Red Cross Society		
Dr. Martin Swaka, Senior Health Specialist	USAID, South Sudan		
Dr. Morris Timothy , Technical Director	Jhpiego, South Sudan		
Dr. Mounir Lado Christo, Deputy Chief of Party	IMA, South Sudan		
Mr. Wani Buyu, Undersecretary for Planing	Ministry of Finance, Investment and Economic Planing		
Dr. Richard Lino Lako , Director General for Planing, Budget and Research	Ministry of Health		
Mr. Anthony Kisanga, Programme Director	Core Group Polio Project, South Sudan		

Dr. NASEER Nizamani , Deputy Team Leader	Health Pooled Fund, South Sudan		
Dr. Joanna Nikulin, EPI Specialist	UNICEF South Sudan Country Office		

ICC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially

Comments from Partners:

No comments at this site

Comments from the Regional Working Group:

None

### 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **the same memebbers as in the ICC** , 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
The same as in the ICC	The same as in the ICC		

HSCC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially

Comments from Partners:

None

Comments from the Regional Working Group:

None

### 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 2015

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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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Total births	481,290	461,230	475,128	475,128	489,382	489,382
Total infants' deaths	47,052	46,992	48,483	48,483	49,917	49,917
Total surviving infants	434,238	414,238	426,645	426,645	439,465	439,465
Total pregnant women	481,290	414,238	475,128	475,128	489,383	489,383
Number of infants vaccinated (to be vaccinated) with BCG	0	280,900	0	313,584	0	347,461
BCG coverage[1]	0 %	61 %	0 %	66 %	0 %	71 %
Number of infants vaccinated (to be vaccinated) with OPV3	0	244,106	0	273,035	0	303,231
OPV3 coverage[2]	0 %	59 %	0 %	64 %	0 %	69 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	0	296,950	0	328,517	0	360,361
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	0	238,592	0	264,520	0	290,047
DTP3 coverage[2]	0 %	58 %	0 %	62 %	0 %	66 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	0	20	0	20	0	20
Wastage[5] factor in base-year and planned thereafter for DTP	1.00	1.25	1.00	1.25	1.00	1.25
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	398,084	296,950	341,316	341,316		347,177

Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	398,084	96,245	307,184	307,184		338,388
DTP-HepB-Hib coverage[2]	92 %	23 %	72 %	72 %	0 %	77 %
Wastage[5] rate in base-year and planned thereafter (%) [6]	25	25	25	20		20
Wastage[5] factor in base-year and planned thereafter (%)	1.33	1.33	1.33	1.25	1	1.25
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	183,022	0	209,056	0	237,311
Measles coverage[2]	0 %	44 %	0 %	49 %	0 %	54 %
Pregnant women vaccinated with TT+	0	206,255	0	228,061	0	259,373
TT+ coverage[7]	0 %	50 %	0 %	48 %	0 %	53 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	1,547,673	0	2,358,083	0	2,500,000
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	0 %	20 %	0 %	19 %	0 %	20 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] 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.

[6] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

## 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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2016 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**

Birth is expected to be lower than the previous Reporting year 2013. This is because of migration of population, mostly from the 3 most conflict' affected states of Jonglei, Upper Nile and Unity, to the neighboring countries. Estimated to be more than 1 million. Though the country is still maintaining the same denominators as the best estimates are awaited from the National B. of statistics.

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

The changes occurring in the birth will also affect surviving infants. The exact estimates are to be supplied from the National B. of Statistics. The programme will still use the previous estimates for its operations.

- 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

No change

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

No change

### 5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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
none	none	none	none

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

no

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.2.4. 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/>)

no

### 5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	1 US\$ = 3.1	Enter the rate only; Please do not enter local currency name
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**Table 5.3a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	N/A	N/A	N/A
Traditional Vaccines*	494,934	0	0	494,934	0	0	0	0
New and underused Vaccines**	2,321,475	0	2,321,475	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	255,897	0	107,525	148,372	0	0	0	0
Cold Chain equipment	1,080,342	0	0	1,080,342	0	0	0	0
Personnel	1,535,760	0	0	1,535,760	0	0	0	0
Other routine recurrent costs	2,431,434	0	0	1,500,000	931,434	0	0	0
Other Capital Costs	825,514	0	0	325,514	500,000	0	0	0
Campaigns costs	10,389,612	0	0	8,989,612	1,400,000	0	0	0
All are supported through WHO, UNICEF and partners		0	0	0	100,000	0	0	0
Total Expenditures for Immunisation	19,334,968							
Total Government Health		0	2,429,000	14,074,534	2,931,434	0	0	0

Traditional vaccines: BCG, DTP, OPV, 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

### 5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

1. Delay of Audit report of ISS funds, 2012 and 2013
2. Low routine vaccination coverage
3. Continuous insecurity in the three states
4. Frequent break down
5. Support for implementation of MenAfriVac
- 6 Inadequate human resources for immunization at all levels

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

If **Yes**, which ones?

List CSO member organisations:
South Sudan Red Cross Society
Sudan Council of Churches

## 5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

Improvement of routine vaccination:

1. REC approach micro planning e service delivery level
2. Human resources recruitment and training
3. Cold chain maintenance and upgrading
4. implementation of Meningococcal Meningitis campaign in 2016
5. Plans for new vaccine introduction, ROTA and PCV vaccines
6. Social mobilization and community awareness by implementing Boma Health Initiative
7. Integrated vaccination activities to strengthen polio vaccination, in addition to the planned polio NIDs to keep the country polio free.

## 5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD 0.05ml	UNICEF
Measles	AD 0.5ml	UNICEF
TT	AD 0.5ml	UNICEF
DTP-containing vaccine	AD 0.5ml	GAVI
IPV	N/A	N/A
N/A	N/A	N/A

Does the country have an injection safety policy/plan? **Yes**

**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)

No obstacles have been encountered

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

Sharps disposal was by incineration where there are incinerators and by burn and bury for most of the health facilities

## **6. Immunisation Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2014**

South Sudan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.2. Detailed expenditure of ISS funds during the 2014 calendar year**

South Sudan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.3. Request for ISS reward**

Request for ISS reward achievement in South Sudan is not applicable for 2014

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

### 7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2014 vaccinations against approvals for 2014

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

	[ A ]	[ B ]	[ C ]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
DTP-HepB-Hib	1,324,000	1,190,500	0	No

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? ...)

Delayed disbursement of co-financing funds by Government hence the quantities of vaccines to be procured through co-financing not received by the country

Delayed implementation due to challenges due to difficult or no access in some counties because of the armed conflict ( particularly in the three most affected states of Jonglei, Unity and Upper Nile) as well as pace of training in other counties.

- 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.**

With support from UNICEF South Sudan Office, timely notification of UNICEF Supply Division of stock levels at the national level to manage appropriate shipment programming

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.

N/A



## 7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	Yes	01/07/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The country had planned nationwide introduction but due to the armed conflict that broke out in the country in December 2013, there was delay in introduction to three states affected by the conflict.

When is the Post Introduction Evaluation (PIE) planned? **August 2015**

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9) )

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

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

N/A

## 7.3. New Vaccine Introduction Grant lump sums 2014

### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
--	-------------	-----------------------

Funds received during 2014 (A)	513,482	1,591,794
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	513,482	1,591,794
Total Expenditures in 2014 (D)	276,602	857,466
Balance carried over to 2015 (E=C-D)	236,880	734,328

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year ( Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

### 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

Advocacy and social mobilization activities including a national and state launches, production and distribution of IEC material, development, production and airing of radio spots to sensitize the community. Community leaders and partners were oriented as well as health workers. National TOT and training in some states in the introduction of the new vaccine done. In addition, WHO supported the operational cost of the New vaccine introduction including a national ToT and cascaded to all states and vaccinators incentives during periodic intensification of immunization activities (Outreaches)

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

The Vaccine Introduction Grant was not enough to support the planned activities as the needs were great. The funds were not adequate hence other sources of funding were used e.g. training. with support from the funds managers ( HPF, JHPIEGO and IMA)

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

No remaining balance

### 7.4. Report on country co-financing in 2014

**Table 7.4** : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	373,500	177,500
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	0	
Donor	0	
Other	0	
	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
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0

	<b>Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding</b>	
<b>Schedule of Co-Financing Payments</b>	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	December	government
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	
	Yes, the Country has no experience in development of financial sustainability strategies, mobilization of funds for immunization. The Technical Assistance is highly needed.	

**\*Note:** co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

## 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/programmes\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.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.*

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **February 2012**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

N/A

When is the next Effective Vaccine Management (EVM) assessment planned? **February 2016**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

### 7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningococcal type A Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[ A ]	[ B ]	[ C ]
Total doses approved in DL	Campaign start date	Total doses received (Please enter the arrival dates of each shipment and the number of

		doses of each shipment)
0	18/01/2016	0

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

N/A. MenA proposal submitted and approved in 2014

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

N/A

#### 7.6.2. Programmatic Results of Meningococcal type A preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
0	0	0	0	0	0	0	0	0

\*If no survey is conducted, please provide estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **No**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

Campaign not scheduled for 2014

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

N/A

What lessons have you learned from the campaign?

N/A

#### 7.6.3. Fund utilisation of operational cost of Meningococcal type A preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
N/A	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

### 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 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years to for the following vaccines:

\* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with

the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

**\* DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years to , which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

**\* DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

**\* DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

### **7.9. Request for continued support for vaccines for 2016 vaccination programme**

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

confirmed

## 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 Antigen	Vaccine Type	2014	2015	2016
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40 %	4.30 %	3.60 %
Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED	12.50 %	12.50 %	12.30 %

## 7.11. Calculation of requirements

**Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	434,238	426,645	439,465	1,300,348
	Number of children to be vaccinated with the first dose	Parameter	#	398,084	341,316	347,177	1,086,577
	Number of children to be vaccinated with the third dose	Parameter	#	398,084	307,184	338,388	1,043,656
	Immunisation coverage with the third dose	Parameter	%	91.67 %	72.00 %	77.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.33	1.33	1.25	
	Stock in Central Store Dec 31, 2014		#	243,260			
	Stock across second level Dec 31, 2014 (if available)*		#	0			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.20	0.23	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per	Parameter	\$		0.0054	0.0054	

	unit					
fv	Freight cost as % of vaccines value	Parameter	%		4.30 %	3.60 %

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Physical stock count. The opening stock on January 1, 2015 was the same as the closing stock on 31 December 2014

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

0

### Co-financing tables for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

Co-financing group	Intermediate
--------------------	--------------

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.23
Recommended co-financing as per			0.23
Your co-financing	0.20	0.20	0.23

**Table 7.11.2:** Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015	2016
Number of vaccine doses	#	1,190,500	1,223,500	795,300
Number of AD syringes	#	1,167,000	1,026,600	626,100
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	12,975	11,325	8,750
Total value to be co-financed by GAVI	\$	2,429,000	2,478,500	1,509,000

**Table 7.11.3:** Estimated GAVI support and country co-financing (**Country support**)

		2014	2015	2016
Number of vaccine doses	#	133,500	134,500	109,800
Number of AD syringes	#	0	112,600	86,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	1,250	1,225
Total value to be co-financed by the Country [1]	\$	265,000	272,000	208,500

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial,**

## LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	V				
B	Number of children to be vaccinated with the first dose	Table 4	398,084	341,316		
B1	Number of children to be vaccinated with the third dose	Table 4	398,084	341,316		
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose} ((B - 0.41 \times (B - B1)))$	1,194,252	975,822		
E	Estimated vaccine wastage factor	Table 4	1.33	1.33		
F	Number of doses needed including wastage	$D \times E$		1,297,844		
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0$ <b>Buffer on doses wasted</b> = <ul style="list-style-type: none"> <li>if(wastage factor of previous year current estimation &lt; wastage factor of previous year original approved): <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0</math></li> <li>else: <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0 \geq 0</math></li> </ul>				
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0)$				
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	0	243,260		
H3	Shipment plan	Approved volume		1,358,000		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,358,000		
J	Number of doses per vial	Vaccine Parameter				
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$				
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$				
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$				
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$				
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$				
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$				
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$				
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{country co-financing per dose}$				



		(cc)				
V	Country co-financing % of GAVI supported proportion	U / T				

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	12.12 %		
B	Number of children to be vaccinated with the first dose	Table 4	347,177	42,093	305,084
B1	Number of children to be vaccinated with the third dose	Table 4	338,388	41,028	297,360
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,029,139	124,776	904,363
E	Estimated vaccine wastage factor	Table 4	1.25		
F	Number of doses needed including wastage	$D \times E$	1,286,424	155,970	1,130,454
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0 \geq 0</math></li> </ul>	0	0	0
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0)$	381,483	46,253	335,230
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	381,483	46,253	335,230
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	905,000	109,725	795,275
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	712,422	86,376	626,046
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	9,955	1,207	8,748
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,626,285	197,176	1,429,109
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	31,917	3,870	28,047
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	55	7	48

<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as \% of vaccines value (fv)}$	58,547	7,099	51,448
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	1,716,804	208,150	1,508,654
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	208,150		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / T$	12.12 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.



## 8. 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 2014**. All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January – April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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@gavi.org](mailto:gavihss@gavi.org).

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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

8. 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.

## 8.1. Report on the use of HSS funds in 2014 and request of a new tranche

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

### 8.1.1. Report on the use of HSS funds in 2014

Please complete Table 8.1.3.a and 8.1.3.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 8.1.3.a and 8.1.3.b.**

### 8.1.2. 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 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	2683560	2951440	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (A)	1725910	895000	0	2575440	0	0
Remaining funds (carry over) from previous year (B)	0	845941	509054	18569		130627
Total Funds available during the calendar year (C=A+B)	1725910	1740941	509054	2594009	2594009	130627
Total expenditure during the calendar year (D)	879969	1231887	409485	0	2463382	130627
Balance carried forward to next calendar year (E=C-D)	845940	509054	18969	2594009	130627	0
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	372000	372000

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0
Total funds received from GAVI during the	0	0	0	

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

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	6172188	7673744	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (A)	3969593	2327000	0	7983864	0	0
Remaining funds (carry over) from previous year (B)	0	2199446	1476257	57564	8041428	378818
Total Funds available during the calendar year (C=A+B)	3969593	4526447	1476257	8041428	8041428	378818
Total expenditure during the calendar year (D)	2023929	3202906	1187507	0	7636484	378818
Balance carried forward to next calendar year (E=C-D)	1945662	1323540	55010	8041428	404944	0
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	1153200	1078800

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
<b>Amount of funding requested for future calendar year(s)</b> [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 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	2.3	2.6	2.9	3.1	3.1	2.9
Closing on 31 December	2.6	2.9	3.1	3.1	2.9	3.1

### Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

**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)**

## 8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year**

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
<b>Activity 1.1</b>	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.
<b>Activity 1.5</b>	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.
<b>Activity 2.11</b>	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.
<b>Activity 3.1</b>	TA for drawing up an inventory of Health Financing in South Sudan (implemented by WHO)	100	WHO annual progress and financial utilization reports
<b>Activity 3.2</b>	Provision of fellowships to two senior MOH staff in Health Policy/Planning/Health Economics at a reputed University (implemented by WHO)	100	WHO annual progress and financial utilization reports

8.2.1 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
<b>Objective 1, Activity 1.1 (implemented by Ministr</b>	The activity was not implemented since the Ministry did not receive funds from GAVI.
<b>Objective 1, Activity 1.5 (implemented by Ministr</b>	The activity was not implemented since the Ministry did not receive funds from GAVI.
<b>Objective 1,Activity 2.11 (implemented by MOH):</b>	The activity was not implemented since the Ministry did not receive funds from GAVI.
<b>Objective 3, Activity 3.1 (implemented by WHO):</b>	Supported sub national consultative dialogue meetings for the review of the national health policy in the 7 non conflict affected States of South Sudan
<b>Objective 3, Activity 3.2 (implemented by WHO):</b>	Supported sub national consultative dialogue meetings for the review of the national health policy in the 7 non conflict affected States of South Sudan

8.2.2 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. Activities 3.2 and 3.1 were reprogramed to support the review and update of the national health policy ,which prioritized by the Ministry of Health.

8.2.3 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.

### 8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

**Table 8.3:** 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	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
DPT3 coverage(%)	20%	SSHHS	45%	30%	13.8%	13.8%	24%	64%	58%	Administrative data	
% children 6-59 months received vitamin-A supplementation	40%	SSHHS	60%	50%	6%	74%	85%	82%	85%	Administrative	Vitamin A Supplementation provided to children during integrated polio NIDs .
% deliveries attended by skilled personnel	10%	SSHHS	15%	15%	14.7%	14.7%	14.7%	14.7%	14.7%	SSHHS 2010	No new survey carried. The MMR survey will be carried out later in 2014
Antenatal care by skilled personnel	26%	SSHHS	33%	33%	30%	30%	30%	30%	30%	SSHHS 2010	No new survey carried. The MMR survey will be carried out later in 2014
Counties achieving >80% DPT3 coverage	Not Available	MOH/Routine EPI data	10%	35%	34%	46%	41%	76%	25%	MOH/Routine EPI data	
Under five mortality rate	135/1000	SSHHS	130/1000	120/1000	106/1000	106/1000	106/1000	106/1000	106/1000	SSHHS	No new survey has been done
Use of Oral Rehydration Therapy	64%	SSHHS	70%	75%	62%	62%	62%	62%	62%	SSHHS	No new survey has been done

### 8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

The review and update of the national health policy defined the overall vision and framework for health services delivery and systems strengthening including immunization services over the next ten years in South Sudan. This national health policy will be the basis for health sector and sub-sector strategic plans including the next South Sudan Country Mutli Year Plan for EPI.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

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

The non-disbursement of funds for the new GAVI HSS grant compromised the implementation of activities that should have logically followed after review of the national health policy. Activities like support to the joint annual review process that were planned in the new GAVI HSS grant have been moved forward to this

year.<?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.

8.4.3. 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.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

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

8.4.4. 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.

8.4.5. 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.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

The implementation of HSS activities is coordinated by state and county authorities. At state level 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.

8.4.6. 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.

8.4.7. 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

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.

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.

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

The coordination meetings between UNICEF, WHO and MOH/RSS discussed the progress of implementation and utilization status of GAVI HSS funds .

## 8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

**Table 8.5:** Planned 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)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Objective 1, activity 1.1 (implemented by MOH)	Provision of ten Logistics and Supply Experts (one	180000	0	No	Funds not released to MOH	180000

	for each state) at state level					
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
		372000	0			372000

## 8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6:** Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
N/A	N/A	0	N/A	None	0
		0			

## 8.7. 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@gavi.org](mailto:gavihss@gavi.org)

## 8.8. 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 8.8:** 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 6 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. This project is into the second year of the first phase of implementation
USAID	2225000	2013-2015	To support management and governance at County Level and immunization services within the broader primary health care services in two States
WB	1200000	2013-2015	To support management and governance at County Level and immunization services within the broader primary health care services in two States

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

## 8.9. Reporting on the HSS grant

8.9.1. 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Activity implementation reports	Monitoring /Support supervision visits	None
Financial utilization reports from GSM for WHO.	UNICEF and WHO financial and accounting systems and spot checks.	None

8.9.2. 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.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?4

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)



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

### 9.1. 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 2014

## 9.2. 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 2014



10. 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

No comments at this moment

## 11. Annexes

### 11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

## 11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

## 11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>










\*\* 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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		<a href="#">Ministers Signatures.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 11:47:08 <b>Size:</b> 693 KB
2	Signature of Minister of Finance (or delegated authority)	2.1		<a href="#">Ministers Signatures.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 11:47:42 <b>Size:</b> 693 KB
3	Signatures of members of ICC	2.2		<a href="#">ICC Members Signatures SS .pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:06:01 <b>Size:</b> 374 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4		<a href="#">ICC Minutes SS APR 2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:07:27 <b>Size:</b> 1 MB
5	Signatures of members of HSCC	2.3		<a href="#">ICC Members Signatures SS .pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:08:13 <b>Size:</b> 374 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3		<a href="#">ICC Minutes SS APR 2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:08:59 <b>Size:</b> 1 MB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3		No file loaded
9	Post Introduction Evaluation Report	7.2.1		No file loaded



10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		<a href="#">Audits Report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:12:32 <b>Size:</b> 161 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1		<a href="#">Audits Report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:13:21 <b>Size:</b> 161 KB
12	Latest EVSM/VMA/EVM report	7.5		<a href="#">EVMA_Final_report- RSS 2012.zip</a> <b>File desc:</b> <b>Date/time :</b> 29/04/2015 12:27:02 <b>Size:</b> 35 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">National level Improvement plan 2012.docx</a> <b>File desc:</b> <b>Date/time :</b> 29/04/2015 12:27:47 <b>Size:</b> 105 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		<a href="#">Implementation status of EVM Improvement plan SS_Apr2015.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 29/04/2015 12:28:27 <b>Size:</b> 22 KB
16	Valid cMYP if requesting extension of support	7.8		No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8		No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		No file loaded
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		<a href="#">Audits Report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:14:46 <b>Size:</b> 161 KB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		<a href="#">Audits Report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:16:08 <b>Size:</b> 161 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3		<a href="#">Audits Report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:17:24 <b>Size:</b> 161 KB
22	HSS Health Sector review report	8.9.3		<a href="#">ICC Minutes SS APR 2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:20:03 <b>Size:</b> 1 MB
23	Report for Mapping Exercise CSO Type A	9.1.1		No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4		No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4		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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0		<a href="#">Audits Report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 15/05/2015 10:18:00 <b>Size:</b> 161 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7		No file loaded
28	Justification for changes in target population	5.1		No file loaded

	Other		X	No file loaded
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