



Partnering with The Vaccine Fund

September/ 2003

# Progress Report

to the  
Global Alliance for Vaccines and Immunization (GAVI)  
and  
The Vaccine Fund

by the Government of

**COUNTRY: SUDAN**

Date of submission: September/2003

Reporting period: 2002 (*Information provided in this report **MUST** refer to the previous calendar year*)

( Tick only one ) :

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.*

***\*Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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## 1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

### 1.1 Immunization Services Support (ISS)

#### 1.1.1 Management of ISS Funds

→ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

- Sudan proposal for I.S.S finally approved by GAVI / Board in February / 2002 after resubmission of clarification.
- The first instalment of I.S.S (673,700 US\$) was transferred to Sudan in, October/ 2002.

#### Mechanism for management of I.S.S funds:

- The transfer of funds in US Dollars was not possible due to economical restrictions to Sudan.
- GAVI Board decided to transfer the funds in Euro currency
- September/2002 opened an account, with a bank agreement to convert the Euro to US. Dollars deposit.
- The utilization of I.S.S funds is under the regulation of Federal Ministry of Health.
- Monthly support to the states is according to the district micro- plans;
  - All states were classified according to DPT3 coverage in 2001, which revealed the following
  - Group (1) achieved coverage of 80% 7 states
  - Group (2) achieved coverage of 50- 80% 10 states
  - Group (3) achieved coverage of <50% 7 states
  - EPI, send funds to the states according to the number of unimmunized children expected to be reached during 2003 in order to achieve 80% National coverage.

- *Liquidation from states received on monthly basis.*
- *An I.C.C. meeting was conducted, and the plans were endorsed by the I.C.C. .*

**Role of the I.C.C:**

- *To review & endorse the funding plan.*
- *To, review & endorse the final settlement of accounts*
- *To, follow-up on the implementation of endorsed plan*

**Problems encountered for use of funds:**

- *Restriction of transfer of the GAVI funds in US Dollars because of the American & UN. Sanctions, delayed the implementation process.*

### 1.1.2 Use of Immunization Services Support

*In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.*

**Funds received during the reporting year US \$ 673,700**

**Remaining funds (carry over) from the previous year US\$ 478,050**

**Table 1 : Use of funds during reported calendar year 2002\_\_**

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	<b>83,200</b>	8,200	15,000	60,000	
Maintenance and overheads					
Training	<b>20,000</b>		5,000	15,000	
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	<b>81,700</b>		11,700	70,000	
Other. ( <i>Supervision</i> )	<b>10,750</b>	3,250	3000	4,500	
<b>Total:</b>	<b>195,650</b>	11,450	34,700	149,500	
<b>Remaining funds</b>	2002 =478,050				
<b>2<sup>nd</sup> instalment</b>	2003 =745,581				
<b>Total</b>	<b>1,223,631</b>				

*\*If no information is available because of block grants, please indicate under 'other'.*

*Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.*

→ Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

- *Process of Micro-planning for each locality in all states in Sudan started in 2002 and continued in 2003.*
- *MNT campaigns in October- December/2002 covering 12 high-risk localities reaching 216,613 out of 259,402 targeted WCBA (MNTE plan, 2001-2005).*
- *Integration of measles & NT surveillance with AFP started in first quarter 2003.*
- *Training of health workers and operation officers in EPI management & micro-planning (MLM for 144 health workers, Basic Training for 4878 health workers & training of measles epidemic control)*
- *Cold chain renewal & rehabilitation in 15 states from GAVI funds and other resources.*
- *Categorization of locality performance and identification of the National priority areas for monitoring & supervision was as follows:*
  - 1- *Areas with no problem (good utilization & good access)*
  - 2- *Areas with problem (poor utilization & good access)*
  - 3- *Areas with problem (good utilization & poor access)*
  - 4- *Areas with problem (poor utilization & poor access)*
- *Conduction of operational researches & studies on immunization,(please see page 5 below)*
  - The major problems encountered were:**
    - *Continuing conflict situation in southern states and insecurity in west of Sudan*
    - *Lack of appropriate transportation in hard to reach areas of the central and southern states, seasonal access)*
    - *Rapid turn over of the trained staff at all levels*
    - *Limited funds for social mobilization activities, poor service utilization and demand of immunization by communities.*

**1.1.3 Immunization Data Quality Audit (DQA)** *(If it has been implemented in your country)*

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?  
If yes, please attach the plan.*

YES

NO

→ *If yes, please attach the plan and report on the degree of its implementation.*

- *DQA planed for Sudan in 2004.*
- *However in 2003,a trial assessment for EPI, reporting system was conducted by DQA –International group,, (VF = 0.68)*
- *Plan of Action to improve EPI, reporting system according to DQA recommendations was prepared which contains:*
  - *Review meeting with EPI operation officers regarding the existing, revised, results & recommendations of DQA team*
  - *Review and updating the registration, & reporting forms*
  - *Implementation of DQA by the National EPI, in 3 states by the end of 2003*
  - *Documentation, timely & accurate reporting system is one of the priorities for the evaluation perfect EPI manager*
  - *Preparation and printing of EPI Data manual composed of the following contents:*
    - *Health information system & objective of the manual*
    - *Definition of terminologies e.g. target, denominator*
    - *Types of data to be collected*
    - *Types of documents that should be kept at each level (Health unit, locality, state, & federal level)*
    - *Data flow & timeliness*
    - *Data management and analysis*
    - *Administrative rules for data and registers*
    - *Evaluation and monitoring at different levels*
    - *Feed back at all levels*

**Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.**

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

- ***EPI Coverage survey, in 3 localities of Umbada province in Khartoum state 2002, results showed:***

*Children 12-23 month of age total coverage was (88.6%) for BCG (BCG scar 93.5%), (73.3%) for DPT3, and (65.2%) for Measles. Drop-out between BCG &DPT3 was (13.9%). The coverage of mothers of children aged 0-11 month for TT2 was (75.2%). The administrative reported coverage was BCG 73%, DPT3 70%, and 54% for measles. However the administrative reported figures, was far lower than the survey results, which may be attributed to numerous factors, such as high denominator or to incomplete documentation and poor collation of figures from immunization sites.*

- ***Polio KAP survey in Sudan***

*The polio KAP showed lack of information as problem for routine services whilst IPC and use of radio during the polio campaigns provided good effects in reaching out to all groups and areas, although worse in the conflict areas.*

- ***MNT campaigns validation of coverage***

*An assessment survey was conducted in October 2001 in Madani East locality for evaluation of the SIAs for MNT, the survey showed a coverage with TT1, TT2 and TT3 doses of 81%, 56%, and 47% (card+ history) respectively indicating lower coverage than reported.*

## **1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support**

### **1.2.1 Receipt of new and under-used vaccines during the previous calendar year**

*Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

- *No introduction of new vaccines in the year, 2002.*
- *Proposal for introduction of new vaccines is submitted in 2003 to GAVI Secretariat .*

### **1.2.2 Major activities**

*Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.*

***The plan of introduction of new vaccines contained, among the others, the following major activities:***

- *To introduce the HBV vaccine in phased manner*
- *To deliver the newly introduced vaccine according to immunization safety policy.*
- *To define the burden of Hepatitis B disease in Sudan (studies on HBV)*
- *To Train on the introduction of hepatitis B vaccine*
- *To rehabilitate cold chain &, installation with preventive maintenance*
- *To strengthen the social mobilization activities*

### **1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine**

*Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

- *Fund for introduction of new vaccine has not being approved yet*

### 1.3 Injection Safety

#### 1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

- Support for safety of injection was received from GAVI fund through UNICEF in form of supplies, included:

<u>Item</u>	<u>2002</u>
BCG syringes	1,076,200
AD syringes	6,203,800
Reconstitution syringes (2.0 ml, BCG)	97,500
Reconstitution syringes (5.0 ml, Measles)	136,000
Safety boxes	85,100

- No problems encountered regarding the receipt of injection safety supplies
- Extra of the approved quantities for the following supplies were received which will be deducted by UNICEF from 2003 supplies:

-AD syringes	744,400
-Reconstitution syr. 2ml (BCG)	11,400
- Reconstitution syr. 5ml (Measles)	16,300
- Safety boxes	10,200

#### 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated Targets
<p><i>*Establish a national strategy according to WHO recommendations</i></p> <p><i>* Ensure adequate supply of AD syringes &amp; safety boxes</i></p> <p><i>* Ensure proper use of safety of injection equipment</i></p> <p><i>* Create community awareness regarding safety of injection</i></p>	<ul style="list-style-type: none"> <li>- <i>Revise the national strategy according to WHO recommendations</i></li> <li>- <i>Dissemination of safety injection policy to all providers</i></li> <li>- <i>Train EPI staff to estimate safety injection equipments required</i></li> <li>- <i>Ensure an effective safety of injection stock management at the central level</i></li> <li>- <i>Ensure that all partners continue providing supplies</i></li> <li>- <i>Assess EPI staff knowledge and practice regarding safety injection</i></li> <li>- <i>Provide systematic training on safety of injection practices</i></li> <li>- <i>Incorporate safety injection issues in EPI training materials</i></li> <li>- <i>Reinforce supervision at all levels</i></li> <li>- <i>Develop a surveillance system for safety of injection</i></li> <li>- <i>Use mass media channels to deliver messages for community</i></li> <li>- <i>Sensitise school health program</i></li> <li>- <i>Support local initiatives of waste disposal</i></li> <li>- <i>Design advocating strategy targeting decision makers</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>In progress</i></li> <li>- <i>Not implemented</i></li> <li>- <i>Implemented</i></li> <li>- <i>Implemented</i></li> <li>- <i>Implemented</i></li> <li>- <i>In progress</i></li> <li>- <i>In progress</i></li> <li>- <i>Implemented</i></li> <li>- <i>In progress</i></li> <li>- <i>Not implemented</i></li> <li>- <i>In progress</i></li> <li>- <i>In progress</i></li> <li>- <i>In progress</i></li> </ul>	<p><i>Under development waiting for government approval</i></p> <p><i>Training has not yet been conducted</i></p>	<p><i>- Same indicators and targets of the whole plan will be targeted for the forthcoming years</i></p>

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Up Dated Targets</b>
* <i>Implement a system for detecting and investigating AEFI</i>	<ul style="list-style-type: none"> <li>- <i>Nominate an expert committee</i></li> <li>- <i>Design a system to investigate AEFI</i></li> <li>- <i>Training of EPI staff</i></li> <li>- <i>Finalise the supervision check lists</i></li> <li>- <i>Implement the system all over the country</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Not implemented</i></li> <li><i>Not implemented</i></li> <li><i>Not implemented</i></li> <li><i>Not implemented</i></li> </ul>	<i>Lack qualified staff</i>	- <i>Same indicators and targets of the whole plan will be targeted for the forthcoming years</i>
* <i>Ensure adequate disposal of injection materials at each facility</i>	<ul style="list-style-type: none"> <li>- <i>Develop simple guidelines for appropriate waste disposal</i></li> <li>- <i>Regular supervision to ensure proper destroy of materials</i></li> <li>- <i>Installation of central incinerators</i></li> </ul>	<ul style="list-style-type: none"> <li><i>In progress</i></li> <li><i>In progress</i></li> <li><i>Not implemented</i></li> </ul>	<i>Lack of resources</i>	

### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

→ The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

<p><i>No cash contribution was approved for injection safety support</i></p>
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## **2. Financial sustainability**

- Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Report : Report progress on steps taken and update timetable for improving financial sustainability  
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.  
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.  
Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.  
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviff.org> under FSP guidelines and annexes).  
Highlight assistance needed from partners at local, regional and/or global level

*FSP will be developed for the year 2004 with the help of a consultant nominated by WHO*

## **3. Request for new and under-used vaccines for year ..... ( indicate forthcoming year )**

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

### 3.1. Up-dated immunization targets

Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

**Table 2 : Baseline and annual targets**

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>								
Births	1174862	1,143185	1173660	1271917	1305368	1339700	1374934	1411094
Infants' deaths	145683	141754	145534	157718	161866	166123	170492	174976
Surviving infants	1029179	1001431	1028126	1114199	1143503	1173577	1204442	1236119
<b>Infants vaccinated with DTP3 *</b>								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	659662	706,102	660209	835,649	914,802	997,540	1,083,997	1,137,229
<b>NEW VACCINES</b>								
Infants vaccinated with _HBV * (use one row per new vaccine)	NA	NA	NA	NA	283351	670525	1,083,997	1,137,229
Wastage rate of ** ..... ( new vaccine)	NA	NA	NA	NA	23%	20%	17%	16%
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated with TT	407151	427426	405385	508,767	587,415	669,850	824,960	987,766
Infants vaccinated with BCG	670328	809,427	802176	953,937	1,044,294	1,138,745	1,237,440	1,298,206
Infants vaccinated with Measles	606695	798406	634953	779,939	857,627	938,861	1,023,775	1,075,423

\* Indicate actual number of children vaccinated in past years and updated targets

\*\* Indicate actual wastage rate obtained in past years

→ Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

- In GAVI proposal 2001, the projections and targets for the years 2002-2007, were estimated using the year 2001, as a base line. Actual figures for 2001 & 2002 were reported according to WHO/UNICEF joint report.
- GAVI fund was received late in 2002, so estimates for the coverage target were recalculated according to achievements in the year 2002, and they are as follows:

	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>BCG</b>	<b>75%</b>	<b>80%</b>	<b>85%</b>	<b>90%</b>	<b>92%</b>
<b>DPT</b>	<b>75%</b>	<b>80%</b>	<b>85%</b>	<b>90%</b>	<b>92%</b>
<b>Measles</b>	<b>70%</b>	<b>75%</b>	<b>80%</b>	<b>85%</b>	<b>87%</b>
<b>TT</b>	<b>40%</b>	<b>45%</b>	<b>50%</b>	<b>60%</b>	<b>70%</b>

\* The TT coverage for the year 2001 is 37.4 & for 2002 was 35% (WHO/UNICEF Joint Report), and projected to be 40%, 45%, 50%, 60%, & 70% for the years 2003 –2007, that there is under utilization for TT immunization which is appeared from the validation of coverage survey conducted in Gezira state, 2001.

### 3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year ..... (indicate forthcoming year)

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

UNICEF Supply Division has assured the availability of the new quantity of supply of Hepatitis B vaccine according to the new changes

**Table 3: Estimated number of doses of ..... vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund**

		Formula	For year .....	Remarks
A	Number of children to receive new vaccine		*	<ul style="list-style-type: none"> <li>▪ <b>Phasing:</b> Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided</li> <li>▪ <b>Wastage of vaccines:</b> The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.</li> <li>▪ <b>Buffer stock:</b> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [ F – number of doses (incl. wastage) received in previous year ] * 0.25.</li> <li>▪ <b>Anticipated vaccines in stock at start of year... ..:</b> It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.</li> <li>▪ <b>AD syringes:</b> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.</li> <li>▪ <b>Reconstitution syringes:</b> it applies only for lyophilized vaccines. Write zero for other vaccines.</li> <li>▪ <b>Safety boxes:</b> A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes</li> </ul>
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%		
C	Number of doses per child			
D	Number of doses	$A \times B/100 \times C$		
E	Estimated wastage factor	(see list in table 3)		
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$		
G	Vaccines buffer stock	$F \times 0.25$		
H	Anticipated vaccines in stock at start of year ....			
I	Total vaccine doses requested	$F + G - H$		
J	Number of doses per vial			
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$		
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$		
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$		

**Table 3 : Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

\*Please report the same figure as in table 1.

### 3.4 Confirmed/revised request for injection safety support for the year ..... (indicate forthcoming year)

**Table 4: Estimated supplies for safety of vaccination for the next two years with BCG (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)**

		Formula	For year 2004	For year 2005
<b>A</b>	<b>Target of children for BCG vaccination<sup>1</sup></b>	#	1,044,294	1,138,745
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	1	1
<b>C</b>	<b>Number of BCG doses</b>	A x B	1,044,294	1,138,745
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	1,159,167	1,264,007
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	1,159,167	1,264,007
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	231,834	252,802
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	15,441	16,837

<sup>1</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>2</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**Table 5: Estimated supplies for safety of vaccination for the next two years with DPT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)**

		<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for DPT vaccination (for TT : target of pregnant women)<sup>4</sup></b>	#	914,802	997,540
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	3	3
<b>C</b>	<b>Number of DPT doses</b>	A x B	2,744,406	2,992,620
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	3,046,291	3,321,809
<b>E</b>	<b>AD syringes buffer stock<sup>5</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	3,046,291	3,321,809
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor<sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.3	1.3
<b>I</b>	<b>Number of reconstitution<sup>6</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	33,814	36,872

<sup>4</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>5</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>6</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**Table 6: Estimated supplies for safety of vaccination for the next two years with Measles** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for Measles vaccination (for TT : target of pregnant women)<sup>7</sup></b>	#	857,627	938,861
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	1	1
<b>C</b>	<b>Number of Measles doses</b>	A x B	857,627	938,861
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	951,966	1,042,136
<b>E</b>	<b>AD syringes buffer stock <sup>8</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	951,966	1,042,136
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.6	1.6
<b>I</b>	<b>Number of reconstitution <sup>9</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	152,315	166,742
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	12,258	13,419

<sup>7</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>8</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>9</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**Table 7: Estimated supplies for safety of vaccination for the next two years with TT** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for TT vaccination (for TT: target of pregnant women)<sup>10</sup></b>	#	587,415	669,850
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	2	2
<b>C</b>	<b>Number of TT doses</b>	A x B	1,174,830	1,339,700
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	1,304,061	1,487,067
<b>E</b>	<b>AD syringes buffer stock<sup>11</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	1,304,061	1,487,067
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor<sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.3	1.3
<b>I</b>	<b>Number of reconstitution<sup>12</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	14,475	16,507

<sup>10</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>11</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>12</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

**Table 8: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.**

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	1,159,167	1,264,007	Changes in quantities from the original approval is due to the change in the targets to be achieved in the years 2003-2007
	for other vaccines	5,302,318	5,851,012	
Total of reconstitution syringes		384,149	419,544	Please see table (2)
Total of safety boxes		75,988	83,635	

→ *If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

*The targets for the years 2003-2007 have been changed as mentioned in table (2) & point (3.1) and accordingly the vaccine & safety of injection requirements has been changed.*

**4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support**

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
- <i>DPT3 Coverage</i>	75%	64.3%	-No acceleration campaigns during 2002 -Conflict situation -GAVI funds arrived late	75%
- <i>Localities micro-plans</i>	Locality micro-planning	Implemented for all localities		Revision of plans according to the new guide lines
- <i>Drop out rates</i>	14%	26%	The poor access & poor utilization areas were not identified yet and no special plans implemented	20%
- <i>Wastage rate</i>	25%	*16%	There was no proper system to calculate the wastage rate * Although the reported wastage rate is 16% but it is under estimated, due to unreliable reporting system	23 % according to the original proposal

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	28 <sup>TH</sup> September	
Reporting Period (consistent with previous calendar year)	X	
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US\$	X	
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)	X	
Table 2 filled-in	X	
New Vaccine Request completed	-	
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

## 6. Comments

→ *ICC comments:*

- *Report & achievements are satisfactory for the period of reporting*
- *The report is a fair reflection of the activities and achievements recorded through the GAVI funds during the reporting period.*
- *It is a first encouraging starting point for GAVI activities in future years, & to distribute the final copy of the report after the regional GAVI working group review to the ICC members for follow up and monitoring.*

## 7. Signatures

For the Government of SUDAN

Signature: .....

Title: Under-secretary / FMOH

Date: 25/9/2003

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Under-secretary,FMOH	Abdalla Sid Ahmed/ Deputy chair			IFRC	Robert Schwriocer/Memb.		
PHC Director	Samia M. Alhassan/Memb			Humanitarian Aid c.(HAC)	Saad Eldin Hussin/ Memb		
Minst. of finance	Madina M./ Memb.			WHO/ Rep.	Sabatanilly /Memb		
Minst. of Interior	Adil Aboamali/ Memb.			UNICEF Rep.	Joanna Ekvall/Memb		
Minst of Defence	.Ezadin Omer/ Memb			Rotary International	Sohaib Elbadawi		
Minst. of International corp.	Ismail E. Miri/Memb						

~ End ~