



Partnering with The Vaccine Fund

Updated May 2004

Progress Report

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

by the Government of

COUNTRY: SUDAN

Date of submission: **May / 2004**

Reporting period: **2003** (*Information provided in this report **MUST** refer to the previous calendar year*)

(Tick only one) :

Inception report	<input type="checkbox"/>
First annual progress report	<input type="checkbox"/>
Second annual progress report	<input checked="" type="checkbox"/>
Third annual progress report	<input type="checkbox"/>
Fourth annual progress report	<input type="checkbox"/>
Fifth annual progress report	<input type="checkbox"/>

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 received the first instalment of I.S.S funds (**673,700 US\$**) in October/2002.
- The second instalment of (**745,581US\$**) was received on July 2003
- The disbursements were made through the same bank account which was agreed upon by ICC &GAVI secretariat
- The utilization of I.S.S funds is under the regulation of Federal Ministry of Health.
- The states receive monthly support according to micro plans and to their performance, in regard to their different situations
- EPI, sent funds to the states according to the number of unimmunized children expected to be reached during 2003 in order to achieve the National coverage target of 75%.
 - The states were classified into 3 groups according to 2002 performance as follows.
 - Group 1(well performing): Achieved 80% or more = 7 states
 - Group 2 (Medium performing): Achieved less than 80% & more than 40% = 10 states
 - Group 3 (Poor performing): Achieved < 40% = 6 states
- * **This includes areas under government control only**
- The ratio of distribution of funds according to groups of states is:
 - Group (1) 26% (Additional 47,905 children to be reached compared to 2002)
 - Group (2) 67% (Additional 122,637 children to be reached compared to 2002)
 - Group (3) 7%* (Additional 7648 children to be reached)
- * Group (3) has the highest cost / child than the other 2 groups, but it has lesser target than the other 2 groups, while the bulk of the extra children immunized lies in group (2)
 - Financial liquidation from states received on monthly basis in special format developed for follow-up.
 - I.C.C. regular meetings were conducted, and the plans with progress of its implementation were endorsed by the I.C.C.
 - GAVI fund is used to encourage states to contribute fund to EPI.
- **Role of the I.C.C:**
 - To review & endorse plans and budget for the year.
 - To, review & endorse the final settlement of accounts
 - To, follow-up on the implementation of endorsed plan.
- **No problems were encountered with the use of funds.**

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\$ 745,581 (July/ 2003)

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

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	State/ locality	District	
Vaccines		-	-		
Injection supplies		-	-		
Personnel	241,274	17800	223,474		
Transportation	199,875	16,980	182,895		
Maintenance and overheads	27,350	7,350	20,000		
Training	114,828	3,438	111,390		
IEC / social mobilization	69,930	19,120	50,810		
Outreach	35,000	-	35,000		
Supervision	72,213	10,939	61,274		
Monitoring and evaluation	45,000	5,000	40,000		
Epidemiological surveillance	-	-	-		
Vehicles	-	-	-		
Cold chain equipment	110,570	29,412	81,158		
Other (stationeries & custom)	23,769	18,190	5,579		
Total:	939,809	128,229	811,580		
Remaining funds for next year: 2004	283,822				

** In fact the actual implementation of micro plans and release of funds was started in March/2003*

**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.

1. Review team from WHO/EMRO visited one high performing and one low performing states for locality micro plans implementation, their findings was that *„the work plans are widely available and monitored and the impact of microplanning has resulted in overall improvement in vaccination coverage, it was also found that distribution of GAVI funds is well documented at all levels, and feedback on expenditure was provided regularly,,*
2. Basic training for 2753 vaccinators. Vaccine Management Course for 46 logistics officers from 22 states. Computer courses for statistical analysis using Epi-info and SPSS for Federal EPI staff
3. Cold chain rehabilitation and installation of new equipments in 14 states using GAVI funds and other resources
4. 3000 copies of a vaccinator guide printed
5. Sustained Outreach services & mobile activities were conducted as planned
6. Conduction of 2 review and evaluation meetings on progress of GAVI micro plans implementation
7. Compliment with before, four rounds of Catch up acceleration vaccinations in selected areas (Hit & Run program)
8. Conduction of 3 operational researches & studies on immunization
9. Conduction of 2 rounds of Sub NIDs for polio eradication
10. Micro planning and training for conduction of measles catch-up campaigns in 4 states
11. Preparation of MNT Elimination micro-plans for 12 new localities
12. Conduction of supportive supervisory visits and monitoring of micro plans in different states according to priorities
13. Start preliminary steps to integrate measles and tetanus with AFP

Major Problems Encountered:

1. Insecurity situation in West of Sudan (increased inaccessible areas) led to stoppage of routine vaccination
2. Lack of appropriate transportation in hard to reach areas of the central and southern states,(seasonal access)
3. Population movement from one area to another
4. Loss of cold chain equipments (solar/ice lining refrigerators) during the conflict.

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.

- An official DQA will be conducted in 2004 as planned by GAVI Secretariat, however in 2003, a trial assessment for EPI, reporting system was conducted by DQA –International group, that provided some insights to the extent of the problems which were addressed during supervisory visits.
- Based on the DQA (test) observations, findings and recommendations certain activities were implemented to improve EPI, reporting and documentation system
- * **Short Report on activity implemented according to the test DQA recommendations is attached.**

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

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

- Study for Prevalence of Missed Opportunities for TT Immunization among women of child bearing age in Khartoum state, 2003
The study result showed prevalence of missed opportunities was 58.4% with 70% of them were missed at curative services. The major contributing factor was that the health workers were not screening for women immunization status
- Cold chain Assessment in 23 states, data collected and under processing
- Coverage survey in 2 states randomly selected, result is under processing

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

Start of vaccinations with the new and under-used vaccine: MONTH..... YEAR.....

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

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 a phased manner, the first phase will start on **July/2004** in 3 states (Khartoum, Blue Nile & Gezira), that the planned date for receiving the vaccine is 15th of June/2004 maximum.
- To deliver the newly introduced vaccine according to immunization safety policy.
- To define the burden of Hepatitis B disease in Sudan (2 base-line studies on HBV)
- To Train on the introduction of hepatitis B vaccine (T.O.T and training of health workers is planned for June/2004)
- To rehabilitate cold chain &, installation with preventive maintenance which is being implemented in the targeted states
- To strengthen the social mobilization activities

Activities being implemented so far were:

- Preparation of new immunization cards, tally sheets, reporting forms and registers for the targeted states in the first phase
- Preparation of social mobilization and training materials

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.

Financial support for introduction of the new vaccine has not being received yet. This has delayed implementation of some vaccine introduction preparation activities.

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>2003</u>
BCG syringes	934,092
AD syringes	2,372,700
Reconstitution syringes (2.0 ml, BCG)	37,500
Reconstitution syringes (5.0 ml, Measles)	54,000
Safety boxes	59,100

- Problems encountered in regard to the receipt of injection safety supplies is that, it was difficult to distinguish GAVI supplies received from GAVI, VF for routine services from other supplies received for SIAs, because there is no separate warehouse for EPI.

- The quantities of reconstitution syringes 2ml & 5ml is less than the approved amounts (UNDER REVISION)
 - 2 ml reconstitution syringes, Approved = 93,409 Received = 37,500
 - 5 ml reconstitution syringes, Approved = 131,548 Received = 54,000

This is under check with UNICEF supply section, and International health Directorate

- The injection safety supplies support for the next years will be decided with partners in the coming ICC meeting, in the mean time financial sustainability plan will be prepared..

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/NF support.

Indicators	Targets	Achievements	Constraints	Updated targets
* Establish a national strategy according to WHO recommendations	- Revise the national strategy according to WHO recommendations - Dissemination of safety injection policy to all providers	- Implemented - Implemented		
* Ensure adequate supply of AD syringes & safety boxes	- Train EPI staff to estimate safety injection equipments required - Ensure an effective safety of injection stock management at the central level - Ensure that all partners continue providing supplies	- 46 logistic supply officers trained from 23 states - Implemented 100% by GAVI	- UNICEF did not confirm for the next year	- Same indicators and targets of the whole plan will be targeted for the forthcoming years
* Ensure proper use of safety of injection equipment	- Assess EPI staff knowledge and practice regarding safety injection - Provide systematic training on safety of injection practices - Incorporate safety injection issues in EPI training materials - Reinforce supervision at all levels - Develop a surveillance system for	- Continuous - 2753 vaccinators - Implemented - Continuous - Continuous		

<p>* Create community awareness regarding safety of injection</p>	<p>safety of injection</p> <ul style="list-style-type: none"> - Use mass media channels to deliver messages for community - Sensitise school health program - Support local initiatives of waste disposal - Design advocating strategy targeting decision makers 	<ul style="list-style-type: none"> - Continuous - In progress - In progress - In progress 		
<p>* Implement a system for detecting and investigating AEFI</p>	<ul style="list-style-type: none"> - Nominate an expert committee - Design a system to investigate AEFI - Training of EPI staff - Finalise the supervision check lists - Implement the system all over the country 	<ul style="list-style-type: none"> - In progress - The system started at National level - Implemented in 4 states during measles catch up campaigns - In progress - In progress 		
<p>* Ensure adequate disposal of injection materials at each facility</p>	<ul style="list-style-type: none"> - Develop simple guidelines for appropriate waste disposal - Regular supervision to ensure proper destroy of materials - Installation of central incinerators 	<ul style="list-style-type: none"> - Implemented - Continuous Not implemented 	Lack of resources	

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:

- No cash contribution was approved for injection safety support

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 Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

- Sudan is recommended to submit the Financial Sustainability Plan by November, 2004

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine Hepatitis (B) (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Proportion funded by GAVI/VF (%)	100%	100%	100%	100%	100%	87%*	52%*	0	0	0
Proportion funded by the Government and other sources (%)	0	0	0	0	0	13%	48%	100%	100%	100%
Total funding for Hepatitis (B) (new vaccine) *	80%	85%	90%	92%	95%	95%	95%	95%	95%	95%

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

* The 2009, & 2010 supply from GAVI, is the remaining amount of supply from years 2004 & 2005, that the introduction will be in a phased manner having only 3 & 11 states in the first and second phase of the introduction respectively

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties. 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.gaviiff.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2004 (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 approved with country application: 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 12). Targets for future years MUST be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	1,174862	1,143185	1,173660	1,204973	1,284344	1,339700	1,374934	1,411094	1,448206
Infants' deaths	145683	141754	145534	149416	140835	166123	170492	174976	179577
Surviving infants	1,029179	1,001431	1,028126	1,055557	1,143509	1,173577	1,204442	1,236119	1,268629
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	783876	851799	820260	941686	1,029158	1,114898	1,144220	1,174313	1,205197
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	659662	706102	660209	780536	914807	997,540	1,083997	1,137229	1,167138
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of (new vaccine)	NA	NA	NA	NA	295324	670525	1,144220	1,174313	1,205197
Infants vaccinated / to be vaccinated with 3 rd dose of (new vaccine)	NA	NA	NA	NA	262510	633274	1,083997	1,137229	1167138
Wastage rate of *** (new vaccine)	NA	NA	NA	NA	23%	20%	17%	16%	15%
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	407151	427426	405385	428327	577955	669850	824960	987766	1,086154
Infants vaccinated / to be vaccinated with BCG	670328	809427	802176	882525	1,027475	1,138745	1,237440	1,298206	1,375795
Infants vaccinated / to be vaccinated with Measles	606695	798406	634953	738467	857631	938861	1,023775	1,075423	1,141766

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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.

- Denominators and numerators 2003 are for the **areas under government control only. That we did not receive any data from south Sudan under OLS services, although we had asked for it.**
- No changes between the figures of coverage from the areas under government control for 2001, 2002 and 2003 from reported figures to WHO/UNICEF joint report.
- Estimates for the coverage target for forth coming years according to the last year baselines, are as follows:

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

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004 (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 introduction plan

Table 4: Estimated number of doses of HBV vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Infants vaccinated / to be vaccinated with 1 st dose of Hepatitis B (new vaccine)		* 262,510
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	787530
E	Estimated wastage factor	(see list in table 3)	1.3
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	1,023,789
G	Vaccines buffer stock	$F \times 0.25$	255,948
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	1,279,737
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1,158,260
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	12,856

Remarks

- **Phasing:** 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
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** 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.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** 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

* This is the updated target for the 3 states of the first phase of introduction in 2004 according to the new population data sheet and, 2003 achievements, a letter with the new revised targets for 2005 will be send to Independent Review Committee

Table 5: 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

3.3 Confirmed/ revised request for injection safety support for the year(indicate forthcoming year)

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

		Formula		
A	Target of children for BCG vaccination	#		
B	Number of doses per child (for TT woman)	#		
C	Number of BCG doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ¹	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>		
I	Number of reconstitution ² syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$		

*** Not applicable that the support of injection safety supplies for Sudan for the three years from GAVI/VF has been ended by the year 2004.**

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

¹ 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.

² Only for lyophilized vaccines. Write zero for other vaccines

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

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

Indicators	Targets	Achievements	Constraints	Updated targets
- DPT3 Coverage	75%	74%	- New Conflict situation in the West (Darfure states), increased the number of inaccessible areas & population movement out of the states	- 80%
- Localities micro-plans	134 Locality micro-planning	Implemented for all accessible localities (111)	- Inaccessible areas information were not available	- Updating the micr-oplans
- Drop out rates	- 20%	- 17%	-	- 15% according to the original proposal
- Wastage rate	- 25%	- * 19.3%	the wastage rate is calculated at National and state levels, only	- 23 % according to the original proposal

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	27/ May	
Reporting Period (consistent with previous calendar year)	2003	
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	X	
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/RWG comments:*

- To state clearly that this report includes areas under government control only.
- To attach short report for the activity implemented according to the test DQA recommendations
- To report on the dates for receiving hepatitis B vaccine and planned date to start the introduction in the field
- To attach a separate letter to the Independent Review Committee for the targets of hepatitis B vaccine explaining the change from the letter of approval
- To revise the received supplies of injection safety with UNICEF supply section and International health
- No need for the injection safety supplies tables as GAVI support for this will end by 2004 supplies which was already requested
- To discuss the topic of injection safety supplies in the next ICC meeting (UNICEF)

7. Signatures

For the Government of **SUDAN**

Signature:

Title:

Date:

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
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~ End ~