| Country | IRMMA<br>Framework | Location                  | Programmati<br>c Area               | HSS objective   | Activity  | Partner    | Name of<br>subcontrac<br>ted local<br>partner, if<br>applicable | 21-Jun  | 21-Nov   | 22-Jun  | If applicable, enter the code to the Grant Performanc e Framework indicator to | Expected Outcome   | TOTAL        |
|---------|--------------------|---------------------------|-------------------------------------|---|---|------------|---|---|--|---|--|--|--------------|
| Sudan   | Reach              | National &<br>Subnational | Human<br>Resources for<br>Health    | To support capacity<br>building, production,<br>equitable distribution and<br>retention of a multi-tasked<br>facility and community<br>health workforce to meet<br>immunization and PHC<br>needs                                    | Conduct study the prevalence CRS as base line study for Rubella contain vaccine introduction into RI.   | WHO        | not<br>applicable   | the consultancy adervised and selection process done  | Pre-service curricula with comprehensive and updated content on key aspects of vaccination and immunisation  |   |  | Curriculum revised and EPI module approved and added to pre and in service training of all health cadre  |              |
| Sudan   | Measure            | National &<br>Subnational | Data                                | information system in<br>support of evidence-<br>based policy and planning  | "conduct study to estimate the prevalence and economic impact of HPV in<br>Sudan, to guide the introduction of HPV vaccine."  | who        |   | Call for proposal done, selection completed by the technical committee and proposal delevloped and approved   | data collection and analysis completed , the report drafted  | final report approved   |  | supporting decision making reagrding HPV introduction in Sudan   |              |
| Sudan   | Measure            | National &<br>Subnational | Data                                | To sustain and improve<br>immunization services<br>with focus in the low<br>performing localities,<br>inaccessible areas of the<br>country and special<br>groups  | "conduct study to asses equity to immunization including zero dose children<br>(communities services in Sudan "   | WHO        |   | call for proposals, selection completed and the proposal approved   | data collection, analysis were completed, the report was drafted and shared for finalization   | final report approved and dissminated   |  | Informed decision making in evidence-based planning and equity to immunization   |              |
| Sudan   |                    | National                  | Human<br>Resources for<br>Health    | To sustain and improve<br>immunization services<br>with focus in the low<br>performing localities,<br>inaccessible areas of the<br>country and special<br>groups  | "2 posts of NOA level to strengthen the national EPI technical capacity mainly for: routine immunization and planning "   | WHO        |   | "the TOR approved, the two post were advertised and recuriement processed "   | the two posts filled   |   |  | Routine immunization coverage increased  |              |
| Sudan   | Monitor            | National                  | Vaccine-<br>Specific<br>Support     | To strengthen the current<br>immunization systems to<br>achieve an integrated,<br>comprehensive, efficient<br>and sustainable health<br>information system in<br>support of evidence-<br>based policy and planning                  | Conduct study the prevalence CRS as base line study for Rubella contain vaccine introduction into RI.   | WHO        |   | Call for proposal done, selection completed by the technical committee and proposal delevloped and approved   | data collection and analysis completed , the report drafted  | Report finalized and endorsed   |  | Baseline for CRS identified  | \$784,419.14 |
| Sudan   | Reach              | National                  | Human<br>Resources for<br>Health    | To sustain and improve<br>immunization services<br>with focus in the low<br>performing localities,<br>inaccessible areas of the<br>country and special<br>groups  | Contextualize E-learning training courses covering all EPI modules ( Planning-Vaccine management- Surveillance- Vaccine safety - Program management - Supervsion- M&E)*   | WHO        | Not<br>identified<br>yet  | Consultancy advertsied and the national consultant selected, the preparation of the modules started   | The modules were ready, tender opened and IT company selected to finalize the e learning courses   | functioning e learning training courses   |  | EPI staff management and technical capacity at all<br>levels has been built  |              |
| Sudan   | Measure            | National                  | Service<br>Delivery                 | To sustain and improve<br>immunization services<br>with focus in the low<br>performing localities,<br>inaccessible areas of the<br>country and special<br>groups  | TA to support enumeration for EPI coverage survey   | WHO        |   | assignment of the natioanl consultants and the technical team   | "enumeration is done , sampling of HH selectedc and ready for data collection"   | EPI coverage survey completed   |  | EPI coverage survey done   |              |
| Sudan   |                    | National                  | Human<br>Resources for<br>Health    | To strengthen the<br>programme management<br>and improve health<br>financing systems for<br>effective planning with<br>efficient resources<br>allocation and<br>implementation a at<br>national and sub-national<br>(LMC & Finance) | sustain the NOD -HSS post   | who        |   | Complete the analysis of local health system in EPI low performing states and localities  | Complete development of oversight tools for the unified<br>health sector coordination structures(dashboards,<br>oversight visits/supervision tools, etc.)  | Support development of accountability framework that includes defining and assigning roles and responsibilities for key programmes and departments including EPI  | OI-C 6.1.1   | Health and Immunization Systems strengthened to<br>improve access to equitable basic health services that<br>include immunization focusing on low performing states<br>and localities  | à            |
| Sudan   |                    | National &<br>Subnational | Demand                              | To support capacity<br>building, production,<br>equitable distribution and<br>retention of a multi-tasked<br>facility and community   | TA to assess the barriers for delivering EPI key messages by vaccinators to caregivers/parents and to strengthen the capacity of health promotion at national and state level to use data for action with focus on creating demand for immunization in areas with zero-dose children.   | UNICEF     |   |   | Plan to overcome vaccine demand-related barriers in<br>areas with zero-dose children and high risk<br>communities developed  | Demand increased by X %   |  | A. Clear assessment report on the barriers/challenges that Inihard the vaccinators to deliver Key messages to parents/caregivers which result in drop outs/defaulters and zero dose children. This will help in developing the communication strategy/intervention to overcome the pariers/challenges. Berhance capacity of the HP safff at National and State level on data interpretation and use. |              |
| Sudan   |                    | National &<br>Subnational | Demand                              | To strengthen the current<br>immunization systems to<br>achieve an integrated,<br>comprehensive, efficient<br>and sustainable health<br>information system in<br>support of evidence-<br>based policy and planning                  | Develop strategies to increase immunization program visibility and increase<br>access to information through mass media and penetration of social<br>networks, to boat public demand for immunization, nonsea ewareness and<br>public trust, map the zero-dose children and design communication<br>strategies to create immunization dhemand among the strategies to create immunization dhemand among the strategies to create immunization strategies to create immunization strategies.   | UNICEF     |   |   | C4I strategy developed   | Demand increased by X %   |  | "Demand for vaccination increased in the community,<br>Reduction in zero dose children /routine immunization<br>coverage increased"  |              |
| Sudan   |                    | National &<br>Subnational | Supply Chain                        | To sustain and improve<br>immunization services<br>with focus in the low<br>performing localities,<br>inaccessible areas of the<br>country and special<br>groups  | Ta to maintain the current technical support for implementation of solar selectrification of health scalities to allow expansion of immunization services to the areas with zero dosec-hildren, establishing fixed immunization services and increased access to regular and sustainable immunization services with flocus on services expansion, extension, monitoring, documentation and staff capacity building.   | UNICEF     |   |   | installation of Solar system for the selcted facilities completed  |   | IR-T 38 (OBJ   | Expansion of health Facilities providing intergated package of PHC services to areas with no regular immunization services provsion  | \$500,972.04 |
| Sudan   |                    | National &<br>Subnational | Supply Chain                        | To strengthen effective<br>vaccine and cold chain<br>management through<br>improved HR, logistics,<br>capacity building, data<br>systems, infrastructure<br>and systems   | TA to support Ministry of Health in both state and federal level to oversee,<br>coordinate and document the deployment of cold chain equipment under<br>HSS/COP and other funds to extend the immunization services in remote<br>areas, disadvantages communities, areas mapped with no permanent<br>access to immunization services and the areas with no or malfunctioning<br>old chain equipment.  | UNICEF     |   |   | Report on installation of HSS2 equipment and decomssioning of replaced cold chain equipment  | Complete implementation of first year deployemnt plan for CCEOP has been implemented (Country delinked service and supplier-bundle service)   | IR-T 8: Numb   | Increased propotion of population having access to<br>sustainable immunization services  |              |
| Sudan   |                    | National                  | Financial/Gen<br>eral<br>Management | To strengthen the<br>programme management<br>and improve health<br>financing systems for<br>efficient resources<br>allocation and<br>implementation a<br>national and sub-national<br>(LMC & Finance)                               | Maintain the current staff cost to support MoH in implementing and monitoring Gavi related projects and activities  | UNICEF     |   |   |  | implementation of UNICEF supported areas in Gavi<br>related projects is reported on track   | IRT: 38 Perce  | Gavi funds is utilized based on holistic and costed<br>national plans for immunization planning and<br>forecasting of funding needs  |              |
| Sudan   |                    |                           | Financial/Gen<br>eral<br>Management | To strengthen the<br>programme management<br>and improve health<br>financing systems for<br>efficient resources<br>allocation and<br>implementation a at<br>national and sub-national   | TA to improve efficiency and effectiveness in planning, budgeting and<br>seacution to improve health service delaviry in Sudar. The task will include<br>two activities: a. Review and support the FMOH on implementation of PBB<br>and roil cut of the planning template to additional states to ensure value for<br>money and equity, and b. Conduct a study on budget execution practices in<br>the health sector with the objective of identifying PFM obtenecks and<br>unrawleing what can be done across budgetary stakeholders to ensure the<br>efficient use of resources to address health sector profited<br>experiences. | World Bank | :   | *a. Review implementation of the PBB and use of the<br>planning template to the two states as well as<br>the planning template to the two states as well as<br>succution in health and immunization program at<br>national and subnational levels collected.* | 7a. Update the planning guidelines and template for<br>state level use and further support FMOH on the<br>implementation of PBS. B. Scale up the use of the<br>planning template to additional states though<br>workshops and capacity building activities. c. Identify<br>workshops and capacity building activities. c. Identify<br>bottlenecks to efficient budget execution to deliver<br>overall health and immunization services at national and<br>subnational level? | a. Assess implementation of the PBB and state planning using a developed template. b.<br>Training/capechy-building activities to stretische stonal state of the planning of the planning that the |  | *a. implementation of PBB and roll out of the planning<br>templete to additional states in Sudan; and b. Case<br>attudy on the budget execution in Sudan;*   | \$200,000.00 |