



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
South Sudan

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 14:57:32**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 language of the arbitration will be English.

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: 2010

Requesting for support year: 2012

1.1. NVS & INS support

There is no NVS or INS support this year.

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010
ISS	2011

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of South Sudan hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of South Sudan

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	DR OLIVIA LOMORO	Name	AGGREY TISA SATUNI
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Anthony Laku Stephen	EPI Program Manager, GoSS/MOH	+249 912 860818	alako_k@yahoo.com	
Dr Daniel Ngemera	EPI Specialist, UNICEF South Sudan	+249 955 355890	dngemera@unicef.org	
Dr Yehia Mostafa	EPI Team Leader, WHO South Sudan	+249 955 235500	ymostafah@yahoo.com	
Dr William Baguma Mbabazi	EPI Technical Advisor, MSH/SPS	+249 955 542454	wmbabazi@msh.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

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.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , 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.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on South Sudan's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

Main

Cover Page

GAVI Alliance Grant Terms and Conditions

1. Application Specification

1.1. NVS & INS

1.2. Other types of support

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

2.2. ICC Signatures Page

2.3. HSCC Signatures Page

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

3. Table of Contents

4. Baseline and Annual Targets

Table 1: Baseline figures

5. General Programme Management Component

5.1. Updated baseline and annual targets

5.2. Immunisation achievements in 2010

5.3. Data assessments

5.4. Overall Expenditures and Financing for Immunisation

Table 2a: Overall Expenditure and Financing for Immunisation

Table 2b: Overall Budgeted Expenditures for Immunisation

5.5. Inter-Agency Coordinating Committee (ICC)

5.6. Priority actions in 2011 to 2012

5.7. Progress of transition plan for injection safety

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

6.2. Management of ISS Funds

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

6.4. Request for ISS reward

Table 3: Calculation of expected ISS reward

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

8. Injection Safety Support (INS)

9. Health System Strengthening Programme (HSS)

10. *Civil Society Programme (CSO)*

11. *Comments*

12. *Annexes*

Financial statements for immunisation services support (ISS) and new vaccine introduction grants

Financial statements for health systems strengthening (HSS)

Financial statements for civil society organisation (CSO) type B

13. *Attachments*

13.1. List of Supporting Documents Attached to this APR

13.2. Attachments

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets			
	2010	2011			
Total births	350,542	361,062			
Total infants' deaths	35,765	36,832			
Total surviving infants	314,777	324,230			
Total pregnant women	350,542	361,062			
# of infants vaccinated (to be vaccinated) with BCG	317,916	324,956			
BCG coverage (%) *	91%	90%			
# of infants vaccinated (to be vaccinated) with OPV3	224,181	259,384			
OPV3 coverage (%) **	71%	80%			
# of infants vaccinated (or to be vaccinated) with DTP1 ***	305,324	305,158			
# of infants vaccinated (to be vaccinated) with DTP3 ***	222,811	259,384			
DTP3 coverage (%) **	71%	80%			
Wastage ^[1] rate in base-year and planned thereafter (%)	25%	20%			
Wastage ^[1] factor in base-year and planned thereafter	1.33	1.25			
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	334,397	275,596			
Measles coverage (%) **	106%	85%			
Pregnant women vaccinated with TT+	228,155	306,903			
TT+ coverage (%) ****	65%	85%			
Vit A supplement to mothers within 6 weeks from delivery					

Number	Achievements as per JRF	Targets				
	2010	2011				
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	27%	15%				

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

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

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

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 [Baseline and Annual Targets](#) before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

No changes have been made in the number of births estimated for Southern Sudan. All population estimates used in the GAVI application proposal and the cMYP were based on data derived from either Sudan Household Survey in 2006 or best estimates obtainable from previous Polio campaigns. In 2008, a housing and population census was conducted across Sudan and forms the basis for the revised figures

Provide justification for any changes in **surviving infants**

No changes have been made in surviving infants. Projections from the 2008 housing and population census report are maintained as the source of immunization reporting for Southern Sudan

Provide justification for any changes in **targets by vaccine**

No changes in targets by vaccines have been considered or reported in this year's report. The cMYP targets for the period 2011 to 2012 have been maintained. Given the achievements in 2010 and the changes in the denominator, the targets are considered even more realistic regardless of the sustained difficulties of context in Southern Sudan

Provide justification for any changes in **wastage by vaccine**

No change in wastage rates have been suggested in our vaccine estimations for 2011 and beyond. In fact vaccine wastage reduction remains a priority as the program gears up to new vaccines introduction

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

The targeted DPT-3 coverage of 70% by the year 2010 was achieved. The number of children reached with the 3rd dose of DPT increased from 131,796 to 222,811 between 2009 and 2010 respectively. This translates into 91,015 more children reached with DPT-3 in the year 2010 compared to 2009. It is also important to note that the DPT-1, measles and TT-2 plus immunization targets were attained/exceeded. On the other hand we document that the country failed to attain the DPT-1 to DPT-3 drop out rates in the same period

All the gains are attributable to the following major activities:
? Institutionalization of the Reaching Every County (REC) classification algorithm to identify priority states and counties to receive focused technical support
? Adaptation and implementation of the Vaccination week initiative in the context of Southern Sudan
? Initiation of monthly monitoring of immunization outputs by state and county at GoSS/MOH and State MOH levels. This monitoring system used by GoSS/MOH and SMOH to provide mentoring/ supportive supervision visits to counties with missing reports or high numbers of unreached children. But most importantly using the cumulative EPI

performance monitoring system for six months supported the decision to conduct three rounds of accelerated vaccination campaigns between September and December 2010 because the DPT-1 and DPT-3 coverage was trailing below the annual set targets ? Training of a) State EPI operations officers, WHO national and international focal points in EPI data management and b) State and county cold chain assistants in effective vaccine management after documented reports that vaccine stock outs were responsible for the large numbers of missed opportunities ? Expansion of the static EPI services delivery points by an additional 40 solar powered cold chain units distributed across the country ? Immunization delivery innovations that among others included a) Defaulter tracing campaigns in the counties hosting the state capitals during the 2010 vaccination week alone reached 12,657 children; b) Three rounds of periodic intensified routine immunization activities (dubbed “acceleration campaigns”) to provide “catch up” opportunity to children that missed routine immunization sessions. ? Improved timeliness and completeness of reporting to the current 81%

The year 2010 ended with population-based EPI operational micro-plans that would be used to sustain the coverage attained without additional routine “catch up” campaigns. In line with the Reaching Every County/Child (REC) approach, operational micro-planning workshops were held in each state with county health department staff and at least one relevant non-governmental organization representative. This county-focused approach to EPI planning was novel in Southern Sudan and was aimed at institutionalizing the REC approach at state and county levels. For the first time in Southern Sudan immunization services delivery plans are based on population data (numbers and settlement patterns) and county context issues/challenges. Financing of these plans will be borne by the government of Southern Sudan with GAVI/ISS providing the initial capitalization.

5.2.2.

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

5.2.3.

Do males and females have equal access to the immunisation services? **Unknown**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

If Yes, please give a brief description on how you have achieved the equal access.

5.2.4.

Please comment on the achievements and challenges in **2010** on ensuring males and females having equal access to the immunisation services

The immunization register at all clinics in Southern Sudan collects sex disaggregated data. However, the routine immunization reporting system does not collate sex disaggregated data from the health facilities upwards. However, the following activities are planned to obtain sex-disaggregated data:

- 1) Data quality Assurance visits to the states and counties will on a monthly basis obtain sex-disaggregated data from the immunization register of facilities visited
- 2) The 2011 immunization coverage verification surveys will specially analyze immunization coverage by sex as one program review agenda items to inform plans for addressing any sex-specific shortfalls in coverage in the 2012-2016 multi-year planning period of the new found nation

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)*.

No immunization coverage survey data is available for this comparison. However, the official estimate of coverage by the government of South Sudan derived from adjusted denominators obtained from 2010 NIDs data is lower than the reported administrative coverage. This lower estimation is attributable to:

- Under-estimation of the targeted population as projected from the 2008 population and housing census report
- Over-reporting of the numerator due to difficulties in age-classification by the vaccinators
- Lack of institutional data quality assurance procedures in the information system being used.

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

No assessment or audit of the administrative data systems was conducted in the reporting period. However, this activity is considered as a priority for the year 2011. Data quality validation visits will be conducted to selected states and counties on a monthly basis to validate the report received at the national database. Secondly, this report serves as invitation from the government of Southern Sudan to GAVI to conduct Data Quality Audit on the administrative reporting system for immunization with a hope of providing insights into data quality improvement planning

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

1. Completed the processes for the formal appointment of data officer in 2010
2. Printing and dissemination of EPI data collection and reporting tools to all states
3. Training of State EPI operations and Monitoring/Evaluation officers in EPI data management in May 2010
4. Mentoring and support supervision visits to Selected states with low reporting rates
5. Initiation of aggregated reporting at county level
6. Initiation of Data validation visits to selected states/counties with discrepant reports

5.3.4.

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

1. Training of vaccinators and county EPI supervisors in EPI Data management as part of the immunization in practice training, 2011.
2. Roll out the use of the Child immunization register as an additional tool for validation of reported immunizations
3. Institutionalization of data quality assurance and validation to selected states/counties on a monthly basis
4. Adaptation and field testing of the Data Quality Self (DQS) Assessment tool into Southern Sudan

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 2.5	Enter the rate only; no local currency name
---------------------------	--------------	---

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name USAID	Donor name	Donor name	
Traditional Vaccines*	1,330,756			1,330,756					
New Vaccines	0								
Injection supplies with AD syringes	492,163								
Injection supply with syringes other than ADs	14,820			14,820					
Cold Chain equipment	542,937			542,937					
Personnel	4,312,005	100,000	3,005	900,000	3,309,000				
Other operational costs	3,996,995	150,000	74,768	1,950,000	472,228	1,350,000			
Supplemental Immunisation Activities	4,090,320			1,990,320	2,100,000				
Total Expenditures for Immunisation	14,779,996								
Total Government Health		250,000	77,773	6,728,833	5,881,228	1,350,000			

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the *New item* icon in the *Action* column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	848,907	954,333	
New Vaccines	3,150,000	2,775,000	
Injection supplies with AD syringes	684,107	752,517	
Injection supply with syringes other than ADs	20,600	21,630	
Cold Chain equipment	754,682	654,682	
Personnel	4,312,005	3,320,000	
Other operational costs	4,555,823	5,011,406	
Supplemental Immunisation Activities	4,000,000	3,000,000	
Total Expenditures for Immunisation	18,326,124	16,489,568	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The immunization expenditures in Southern Sudan remained on an upward trend. The 2010 expenditures were less than the planned. In the context of an emerging new nation, this was considered insignificant to affect the functioning of the program as donor support from international and bilateral agencies filled most of the financing gaps

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010?

Please attach the minutes (Document number) from all the ICC meetings held in 2010, including those of the meeting 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 [5.4 Overall Expenditures and Financing for Immunisation](#)

1. The projected populations for Southern Sudan as derived from the 2008 population and housing census underestimates the actual population on the ground

2. On annual EPI performance, the ICC noted that a) the reported immunization coverage is higher than most of the other health access indicators that put access to health care at 27% and b) the reported immunization performance reports are not disseminated to all stakeholders especially the state ministries of Health and County Health Departments.

3. On Immunization program financing, the ICC noted that a) Immunization financing was largely dependent on National and international Agencies; b) there is improving coordination and harmonization of immunization financing in the country and should remain priority as an efficiency measure; c) Lack of financial and accounting literacy in the state Ministries of Health should be tackled by assigning a Government of Southern Sudan (GoSS) accountant to the states to orient them in financial and accounting regulations and d) Political priorities in the new nation may not allow for adequate government health and immunization financing in the short term and therefore calls on all donors to keep Southern Sudan as a priority for financial support

Are there any Civil Society Organisations (CSO) member of the ICC?: **Yes**

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
South Sudan Health NGO forum (Chair person)	
Management Sciences for Health	
Private Sector representative	
Sudan Council of Churches	
Sudanese Red Crescent	
South Sudan media represented by South Sudan Radio	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

1. Implementation of RED approach in routine vaccination, to raise DPT3 coverage to at least 80% in 2010.
2. Maintenance and expansion of the cold chain system to ensure delivery of safe and potent vaccines to all targeted infants in South Sudan
3. Increase community awareness and demand for immunization services, through extensive social mobilization activities.
4. Training of vaccinators, supervisors, data officers and managers.
5. Build an integrated vaccine preventable diseases surveillance system using the existing AFP/Polio infrastructure
6. Sustain accelerated efforts to eradication/elimination/control of globally targeted diseases
7. Comprehensive EPI program review and subsequent revision of the multi-year plan for immunization services development in South Sudan

All program objectives and interventions proposed are in line with the cMYP for south Sudan that ends with 2011.

5.7. 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 2010

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	0.1Mls ADS	UNICEF	
Measles	0.5Mls ADS	UNICEF	
TT	0.5Mls ADS	UNICEF	
DTP-containing vaccine	0.5Mls ADS	UNICEF	

Does the country have an injection safety policy/plan? **No**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

IF No: When will the country develop the injection safety policy/plan? (Please report in box below)

Injection safety policy/plan development and implementation will be a priority action in the 2012-2016 cMYP

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Incinerators are used in some major Hospitals while burning and burial is used in the most health facilities.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 2,038,250
Remaining funds (carry over) from 2009	US\$ 3,402
Balance carried over to 2011	US\$ 1,927,888

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

1. Salaries for the Immunization Data officer pending formal recruitment into the government structure that was effected in September 2010
2. Fuel for running of cold chain units in the states and counties for four months
3. Supported maintenance and repair of all state EPI operations motor vehicles

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? **No**

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

1. The funds are deposited into the Bank of Southern Sudan in the official Ministry of Health Government of Southern Sudan account, in full knowledge of the Ministry of Finance, in the Government of Southern Sudan.
2. The GAVI/ISS funds are then transferred to a GAVI-specific account
3. The funds were requested by the EPI Department after the ICC endorsement of an implementation plan that clearly articulates operational financing of priority program activities. The releases to the State Ministries of Health are based on detailed micro plans submitted by the states that are reviewed and approved by a selected sub-committee of the ICC.
4. The ISS funds are requested on a written letter with attached approved ICC work plans that articulate the activity items for which funding is requested by the EPI Manager, addressed to the Undersecretary of Ministry of Health, through the Director General of Community and Public Health (who must provide written approval before funds releases are processed from the GAVI account/vote).
5. Release of funds from the GAVI/ISS account is by cheque and the signatories on this account are: a) The National EPI Director (Program Manager) MoH/GoSS, b) the Director General for Community and Public Health MoH/GoSS, c) the, Director General for Administration and finance MoH/GoSS, and d/ the

Undersecretary MoH/GoSS.

6. After the approval, transfer process is completed by the Accounts Department of MoH/GoSS to individual States MoH Account numbers at various banks in each state (all are in commercial banks) or directly to the implementing officers responsible for the activities in the program

7. For funds transferred to the states, the State MOH acknowledge receipt of the funds and the breakdown, perform the activity and send activity reports including liquidations to the EPI program at the end of the activity.

8. At the end of the year, financial audit of the utilized funds is done by the Government of Southern Sudan auditing chamber of the subsequent financial year, and report made available to the ministry of health.

9. The audited statement of expenditure is presented to the ICC.

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

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

			2009	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify		131,796	222,811
2	Number of additional infants that are reported to be vaccinated with DTP3			91,015
3	Calculating	\$20 per additional child vaccinated with DTP3		1,820,300

		2009	2010
		A	B
4	Rounded-up estimate of expected reward		1,820,500

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

There is no NVS support this year.

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the APR 2010 @ 18 Feb 2011.docx](#)

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

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

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 2

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 3

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		3	Yes
Signatures of members of ICC		2	Yes
Signatures of members of HSCC		14	Yes
Minutes of ICC meetings in 2010		8	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		12	Yes
Minutes of HSCC meetings in 2010		11	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		4, 5	Yes
Financial Statement for ISS grant in 2010		7	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		9, 10	Yes
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: Scanned and signed page of the 2010 APR by the MOH undersecretary	File name: Undersecretary of MOH and Finance signature page.pdf Date/Time: 01.06.2011 12:58:06 Size: 142 KB		
2	File Type: Signatures of members of ICC * File Desc: scanned and signed	File name: ICC members signature page approving 2010 APR.pdf Date/Time: 01.06.2011 12:59:22 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	page of ICC members who approved the 2010 APR	211 KB		
3	File Type: Signature of Minister of Finance (or delegated authority) *	File name: Undersecretary of MOH and Finance signature page.pdf Date/Time: 01.06.2011 13:00:19 Size: 142 KB		
4	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 *	File name: HSCC Minutes approving the 2010 APR.pdf Date/Time: 01.06.2011 13:01:47 Size: 1 MB		
5	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 *	File name: C:\Users\dngemera\Documents\Proposals and Reports\GAVI APR and JRFMay 2010\Minutes of HSCC meeting in 2011 endorsing APR 2010_May 2011.zip Date/Time: 01.06.2011 11:08:02 Size: 1 MB		
6	File Type: other	File name: 2010_HSS section of the GAVI APR_South+Sudan_31st May 2011.doc Date/Time: 01.06.2011 13:07:25 Size: 453 KB		
7	File Type: Financial Statement for ISS grant in 2010 *	File name: FINANCIAL STATEMENT OF GAVI ISS and HSS as at 31st Dec 2010_SOUTHERN SUDAN.pdf Date/Time: 01.06.2011 13:12:36 Size: 1 MB		
8	File Type: Minutes of ICC meetings in 2010 *	File name: 2010 ICC meeting minutes.zip Date/Time: 01.06.2011 13:21:01 Size: 437 KB		
9	File Type: Financial Statement for HSS grant in 2010 *	File name: FINANCIAL STATEMENT OF GAVI ISS and HSS as at 31st Dec 2010_SOUTHERN SUDAN.pdf Date/Time: 01.06.2011 13:23:03 Size: 1 MB		
10	File Type: Financial Statement for HSS grant in 2010 *	File name: C:\Users\dngemera\Documents\Proposals and Reports\GAVI APR and JRFMay 2010\WHO Financial Statement_GAVI APR 2010.pdf Date/Time: 01.06.2011 11:48:15 Size: 4 MB		
11	File Type: Minutes of HSCC meetings in 2010 *	File name: C:\Users\dngemera\Documents\Proposals and Reports\GAVI APR and JRFMay 2010\ICC Meeting Minutes May 2010.pdf Date/Time: 01.06.2011 11:52:49		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	HSS as well	Size: 2 MB		
12	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc: 10th ICC Meeting that discussed and approved the 2010 APR	File name: Minutes of the 10th ICC 24th March 2011.doc Date/Time: 01.06.2011 12:44:07 Size: 95 KB		
13	File Type: other File Desc: Section 6.2 following a bug that deletes text on saving and logging off	File name: Management of ISS Funds (Section 6.2).doc Date/Time: 01.06.2011 13:45:34 Size: 29 KB		
14	File Type: Signatures of members of HSCC * File Desc:	File name: HSCC signitures.pdf Date/Time: 17.06.2011 07:55:42 Size: 193 KB		