

Internal Appraisal 2014

South Sudan

1. Brief Description of Process

The first draft of the internal appraisal was prepared by an external consultant using the APR and other supporting documentation submitted by the country. The draft was reviewed by the SCO and initial comments were provided to the consultant who then revised the draft appraisal. The revised draft was then circulated by the SCO to the internal appraisal group and partners at HQ and regional levels. The comments received were addressed by the SCO and final draft was circulated to internal appraisal group. The appraisal was finalized by the SCO and submitted to the GAMR team.

The South Sudan APR addresses 2013 fund utilisation for ISS and HSS grants. The Country has received ISS support since 2002 and HSS support since 2009.

2. Achievements and Constraints

A summary of 2013 EPI coverage is provided below:

The Country reports a decrease in the number of children reached with 3rd dose of DPT from 292,264 in 2012 to 257,228 in 2013. A number of reasons have been cited for this decrease: the non-implementation of outreach vaccination activities due to lack of funds caused by both austerity measures in Country and the non-release of ISS support due to TAP issues and delayed audit reports, and insecurity in some states and counties. Other reasons include necessity to divert resources to respond to measles outbreaks, interrupted fuel supply for CC in states due to lack of funds, and incomplete reporting due to conflict eruption in December 2013.

The Country reports that no coverage surveys were conducted in 2013. In the 2011-2012 surveys, administrative coverage was higher than survey data (possibly explained by low estimates of denominators used to compute administrative data as well as poor verification and quality check of numerators). No administrative data assessments have been conducted since 2012.

The APR reports that wastage has increased since 2012 but provides no explanation. The destruction of CC facilities and equipment as a result of the conflict may be the reason.

No sex disaggregated data has been collected to date on DTP3 coverage. The APR indicates that social mobilization, community awareness interventions and key messages have emphasized the need for boys and girls to have access to immunization services. In addition, efforts were made to involve women's groups in health interventions in counties with high numbers of un-immunized children. The Country reports an intention to collect sex disaggregated data in future but no strategies are described. Previous submissions to GAVI state that disparities in immunisation coverage based on socio economic indicators (wealth and educational status of mothers) are more significant in South Sudan than gender disparities.

The new GAVI HSS proposal, approved in November 2013 (for the 2014 – 2018), includes an objective on addressing coverage inequalities. Within this objective technical support should be provided to strengthen capacity to collect disaggregated data (for gender, wealth quintile, geographic region, and educational status of mother) at sub national levels. Strengthened disaggregated data will provide useful baseline and monitoring data for the new HSS grant equity indicators.

South Sudan is a WHO priority country for the development of a coverage improvement plan, according to the business plan with GAVI.

3. Governance

The ICC/HSCC (a joint committee) is embedded in the Health Sector Working Group, which provides oversight for the national health plan. Membership comprises representatives from Ministries of Health, Finance, Planning, and Information and World Bank, WHO, UNICEF, the NGO forum, Islamic Council, Council of Churches, and Juba South Sudan Red Cross. The HSCC/ICC met 3 times in 2013. Minutes are attached from the May meeting when 14 members met to endorse the 2013 APR submission. Membership lists do not indicate representation by province or state or how much voice CSO members have in overall discussions and decisions.

The May 2014 meeting minutes indicate active oversight of the EPI program by the ICC/HSCC. The meeting topics included 2013 EPI performance, endorsement of the GAVI APR, and introduction of pentavalent vaccine (this vaccine introduction is funded by GAVI and WHO, UNICEF and JSI are providing technical support for and the proposed launch in July 2014). The reasons for coverage declines were discussed and broader EPI program challenges (inadequate human resources, late release of remaining GAVI funds from MoF and the non-disbursement of GAVI funds due to non-submission of the 2009-10 audit report.) The minutes indicate that the 2009/10 audit reports have been submitted to GAVI (not yet approved by TAP).

A key meeting topic was the destruction of CC equipment in parts of the Country during the recent conflict. Reportedly UNICEF has earmarked US\$ 700 million to refurbish CC facilities and equipment once the situation normalizes, however the cost of running the generators has become a burden for UNICEF. The situation further underscores the need to build capacity of the MOH/RSS to manage the CC at all levels.

4. Programme Management

There is general instability on the ground in the country with 3 states in the north being difficult to access, in the other 7 states the government is trying to provide basic health services including immunization through collaboration with INGO partners. The UN is providing services in the 3 rebel controlled states with logistics support from the national government. Other development partners such as European Community, DFID, USAID, World Bank are each providing support in an area.

WHO and UNICEF are supporting the EPI program with rebuilding infrastructure, human resource development, capacity building transport, and cold chain etc.

As outlined above there have been delays in planned activities as a result of general instability and the release of funds from GAVI due to reporting non-compliance. The funds routed through WHO and UNICEF have been released on time. The Country's performance is mixed as a result, however the ICC is addressing challenges by meeting with government for continued EPI program support and striving to meet compliance requirements.

Management of the current HSS grant intended activities has been problematic, as funding tranches for the MOH/RSS have been delayed by tardy submission of 2009 and 2010 external audit reports. WHO and UNICEF have received their tranches on time, but not South Sudan's MOH/RSS.

5. Programme Delivery

South Sudan successfully conducted OPV, Measles and tetanus campaigns in 2014 even though targets weren't fully reached. Planned immunisation activities will continue to be affected by areas and incidents of instability in Country. The APR makes no mention of over or under-stocking of vaccines or of any other specific challenges related to vaccine management, and makes no requests for changes in vaccine presentation.

Injection safety: UNICEF provides syringes. The Country has no injection safety policy or plan. Given that UNICEF provides syringes, they are well placed to provide technical support for the development of an injection safety policy.

The Pentavalent vaccine shipment arrived in country on 21st May, and the country plans to launch in July 2014. All preparatory activities are underway. The country wants to use this as an opportunity to revitalise the routine immunization program.

6. Data Quality

This component of the APR is notably weak. It provides no explanation for why no coverage surveys were conducted in 2013, nor is there any reference to population data quality. In 2013, the country utilised GAVI support to train facility and county DHMIS personnel to strengthen data reporting through the county health department. Additional reporting improvement strategies include a training of vaccinators with emphasis on data quality, printing of data collection tools, and alignment of reporting from counties to states and to national level.

It is recommended that strengthening data quality be added to the Country's priority areas for 2014 and a coverage survey has been budgeted in the new HSS grant, as well as a SARA to be conducted twice.

7. Global Polio Eradication Initiative, if relevant

There is no reference in the 2013 APR on the integration of routine immunisation and polio; polio campaigns appear to be conducted separately. The country has submitted an expression of interest for the introduction of IPV in 2015. Given the current condition of cold chain facilities and equipment, the Country would struggle to manage IPV supply. The Country can be encouraged to describe any integration between RI and polio in future reports.

8. Health System Strengthening

A GAVI HSS grant of US\$ 5,335,000 was approved in 2009. The first tranche was disbursed in two payments: US\$ 1,725,910 in 2009 and US\$ 895,000 in 2010 through UNICEF and WHO, respectively (WHO, UNICEF and MOH are the three HSS grant recipients). UNICEF returned US\$ 13,256 in unused funds in 2011. In 2012 the second and last tranche of the HSS grant was disbursed in the amount of US\$ 2,579,440.

In the APR, the country requests US\$ 372,000 from GAVI as per the signed Aide-Mémoire. Given that GAVI has an outstanding liability of \$121,394 only, it is necessary that the liability related to this programme be increased by \$250,606 in order to be able to transfer the USD372,000 due to country.

The newly approved HSS grant is for the period 2014 – 2018 for a total of \$29,258,010.

The new HSS grant objectives for 2014 – 2018 are:

1. Scale up access to quality routine immunisation services and address coverage inequalities
2. Improve demand for immunisation services
3. Strengthen the capacity of the MoH for Cold chain and Vaccine Management
4. Strengthen the capacity of the MoH to provide stewardship

HSS activities going forward will need to include some rebuilding efforts where CC has been destroyed by conflict.

Overall, HSS grant progress has been good, with 16 of 21 HSS activities reported as 100% implemented (all UNICEF and WHO funded activities). One WHO activity has not yet started (provision of fellowships to two senior MOH/RSS staff in Health Policy/Planning/Health Economics at a reputable university – the MOH staff were unsuccessful in admission attempts). There is one activity that is 30% completed (technical support for an inventory of Health

Financing in South Sudan). Three of four activities not yet started are linked with GAVI funds not yet received by MOH/RSS (see below).

Key challenges: The delay in disbursement of funds to the MOH (the US\$ 372,000 referred to above) in December 2012 compromised the implementation of planned activities. The activities not implemented included hiring 10 logistics and supply experts and 10 social mobilizers, 1 per state, and provision of buffer stock of HMIS tools at central and state levels.

Due to changing priorities, some minor activity changes were made; for example, the MOH/RSS recommended training County Health Management teams given the current transition from humanitarian to development programming. Unit costs for most renovation activities increased from those planned in the initial proposal; therefore some targets were reduced to match the available budget. For example, two rather than five state vaccine stores were rehabilitated and six rather than 12 PHCCs housing CC storage were rehabilitated.

Key accomplishments: Rehabilitation of the Primary Health Care Centers housing the County cold chain stores contributed to scaling up sub national CC capacity ensuring efficacious vaccine availability in more fixed sites. Rehabilitation work at the national vaccine store created additional space that will support the introduction of Penta vaccine. Training of County Health Management Teams and Health workers increased their skills to plan and manage primary health care including immunization and integrated services. Training of State Director Generals and Directors of Health Planning included a module on planning, prioritization and financing of immunization services as part of broader health services delivery within the States.

Monitoring and oversight of HSS grant: The ICC/HSCC provides oversight for implementation of the GAVI HSS grant. Intermittent review meetings occur between MOH/RSS, WHO and UNICEF to monitor grant progress. The implementation of HSS activities are coordinated by State and County authorities. At State level monthly coordination meetings, chaired by state MOH/RSS, involve representatives from County Health Departments, local and international NGOs, CBO and FBOs.

The APR describes a need for strengthened capacity and increased involvement at State and County levels in monitoring grant implementation and a related need for more sustainable technical support at central, state and county level to maximize gains attained through GAVI HSS investment. In addition, carefully coordinated monitoring between all donors supporting HSS for the EPI program is essential to ensure support to build infrastructure and HR capacity is undertaken in the right sequence not leaving unintended critical gaps.

Reporting of results: Monitoring and evaluation data sources for the HSS grant include: activity implementation reports, monitoring field visit reports, onsite inspection of construction work and construction reports, contractor reports, financial utilization reports from PROMs (UNICEF) and GSM for WHO, UNICEF and WHO financial and accounting systems and spot checks, and supply procurement and distribution reports.

CSO involvement: The involvement of CSOs to date has been minimal. However, CSOs have a larger role included in the newly approved GAVI HSS proposal for South Sudan, focused on community mobilization and monitoring at county and HF levels in all States.

Use of technical assistance: The APR emphasizes the benefit and ongoing need for technical support from WHO and UNICEF country offices in mentoring and coaching key MOH/RSS officials at all levels, to enhance sustainability and ownership of key interventions initiated through GAVI HSS support. The Country also requests that MOH/RSS be supported to undertake capacity and training needs assessment in relation to monitoring and coordination of HSS support as a whole, to avoid duplication of efforts and maximize the use of resources.

The 2013 APR does not address the degree to which the Country's EPI human resource capacity has been strengthened by technical support. **Future reporting would benefit from a description of how leadership for the EPI program is increasingly being assumed by MOH.**

Technical support that is built into the new 2014 HSS grant for South Sudan is relevant for current and future activities.

Overall, the Country's planned use for remaining 2009-2013 HSS funds and newly approved 2014 HSS funds are in line with needs. Future APRs need to emphasize how sustainable strengthened capacity is being achieved by GAVI support and needs to include the submission of the national results/M&E Framework as requested by GAVI and the M&E framework that is part of the newly funded HSS proposal.

9. Use of non-HSS Cash Grants from GAVI

ISS: According to previous reports, GAVI ISS funds for South Sudan have supported improvement of micro -planning at County level including identification of facility catchment areas, scheduling of regular outreach activities, and County oversight of immunisation services.

ISS Funds received during 2013	US\$ 0
Remaining funds (carried over) from 2012	US\$ 644,810
Total Expenditures in 2013	US\$ 387,712
Balance carried over to 2014	US\$ 257,098

There was a delay in approval of remaining funds (by MoF) for activities in 2013, for reasons reportedly unknown to the EPI program. The two main reported activities under ISS funding in 2013 were supporting fuel supply for the States cold chain and supporting communication and supervision to the States by national level staff. Other planned activities have likely been disrupted by the conflict in December 2013.

The ISS funds of US\$ 1,378,320 have not been released due to pending audit issues.

10. Financial Management

The government is not funding routine immunisation vaccines.

The PFA (between GAVI and RSS) was signed in July 2013. The Country has historically had problems with timely completion and submission of external audit reports. The Country must make every effort to upgrade its ability to comply in a timely way with audit and other financial reporting requirements.

The GAVI FMA was interrupted due to conflict and has not been completed. GAVI is working with the consultant to finalize the report, after which it will be sent to the country for endorsement.

ISS fund management: The APR includes a detailed description: ISS funds are deposited into the Bank of South Sudan by the MOH/RSS, with knowledge of the MOF, and then transferred to a GAVI-specific account in the same bank by MOH/RSS request. Funds are requested by the EPI program after the ICC endorsement of an implementation plan that clearly articulates operational financing of priority program activities. Releases to the state MOH/RSS are based on the submission of detailed micro plans that are reviewed and approved by the ICC.

ISS funds are requested via written letter with attached approved ICC work plans that articulate the activity items for which funding is requested. The request is prepared by the EPI program manager, addressed to the MOH/RSS Undersecretary, through the Director General of Primary Health Care (who provides written approval before fund release is processed from the GAVI account).

HSS funds management: The HSS Grant is managed by 3 parties: WHO, UNICEF and MOH/RSS. Fund management depends on the financial rules and regulation of each party. Nearly 93% of the total HSS grant is managed by UNICEF and WHO (UNICEF - US\$

3,293,295[58%] and WHO - US\$ 1,969,705 [35%]). For the MOH/RSS HSS component, the ISS financial and accounting channels are used; however this component (US\$ 372,000) has not been disbursed for reasons mentioned above.

Challenges encountered: The second tranche of HSS funds to WHO (US\$ 1,012,055) and UNICEF (US\$ 1,567,385) were disbursed in September 2012. As a result, most activities scheduled in 2012 were deferred to 2013. To enhance coordination with activities under the second tranche of funds the Country requests that GAVI release the MOH/RSS HSS portion of funds (US\$ 372,000) and reiterates that two external audits were conducted in April and have been submitted.

South Sudan emphasizes that having HSS funds managed by 3 different agencies, with individual financial and accounting system, makes it impossible to produce one consolidated financial statement and report. No MOH/RSS financial statement has been submitted since these funds have not been received. The EPI program still envisages significant funding gaps in the medium term mainly due to shortfalls in government revenue. South Sudan will ask other partners to complement GAVI support for the foreseeable future.

11. NVS Targets

The Country plans to introduce Pentavalent vaccine in July 2014, funded by GAVI. The vaccine will be introduced in phased manner, starting with 7 states under government control and expanding to other states as the situation stabilizes. No details are provided in terms of planned coverage or targets for this new vaccine introduction. The Country does not request any changes in vaccine presentation(s) for future years and proposes no changes in 2014 targets despite lower DTP3 coverage in 2013. **The Country is encouraged to review 2014 Penta targets and ensure that they are feasible given 2013 coverage performance overall, and to review 2014 targets against 2013 performance.** GAVI in consultation with the country will make on-going adjustments to the targets and vaccine shipments. According to the VAR, 1 million doses were shipped to Juba (via Kenya) in May 2014. There are a further 400,000 doses planned for Oct 2014 which will be shipped depending on the roll out situation. For 2015 the planned quantity is around 1.8 million doses which will be checked before issuing the DL in July 2014.

The supply chain in Country is still very weak, particularly at peripheral locations where less than 40% of Counties have functional CC equipment and where facilities and equipment have been destroyed due to conflict. Strengthening the supply chain including CC capacity is critical to the success of future NVS funding. The newly funded HSS grant includes several strategies to strengthen this capacity.

12. EPI Financing and Sustainability

The total expenditure for immunization in 2013 was US\$ 9,221,856, out of which the government paid 2%, and partners supported the remainder (GAVI-4%, UNICEF-72%, WHO-22%).

UNICEF procures the traditional vaccines, cold chain and injection safety equipment etc.

GAVI funding support is reported on the national health sector budget. The country is trying to secure funding to fulfil its co-financing obligations for pentavalent vaccine and hopes to transfer the funds to UNICEF by July/Aug 2014.

The new HSS proposal states an intention that following resumption of oil production, MOH/RSS will lobby Ministry of Financial and Economic Empowerment to ensure funding to sustain immunisation services (revenue from oil constitutes 98% of total government revenue).

It must be recognized that South Sudan is a Fragile State, with one of the weakest economies in the world, little infrastructure, and near total reliance on donor support for the health sector. This fragility is further aggravated by on-going conflict and insecurity in certain areas. Sustainability will remain a major concern unless oil production resumes to strengthen the economy. The HSS

support focused on building sustainable systems will over time help to position the Country for vaccine self-financing (through focused activities like developing financial sustainability plan, advocacy for EPI allocations during budgeting process and supporting the country to Join Vaccine independence Initiative) if and when financial resources become available to MOH/RSS.

13. Renewal Recommendations

Topic	Recommendation
NVS	DTP-HepB-Hib, 10 doses per vial liquid, (introduction in July 2014) recommends the renewal of support in 2015, based on discussion with country on realistic targets. Country is encouraged to review 2014 Penta targets and ensure that they are feasible given 2013 coverage performance overall, and to review 2014 targets against 2013 performance.
HSS	To approve an increase of liability in the amount of US\$250,606 in order to be able to meet the US\$372,000 still due to country.

14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
Technical support	To strengthen capacity to collect disaggregated data	WHO/UNICEF/GAVI	2014/15
Technical support	The development of an injection safety plan	UNICEF	2014/15
Data quality	Ensure that strengthening data quality is included in Country's priority areas for 2014/15 and that a coverage survey be conducted as soon as conditions allow.	MOH/RSS EPI program	2014/15
HSS financial liability	Increase GAVI liability of first HSS programme (2009-2010) by US\$250,606.	GAVI Secretariat	2014
Integration of routine immunization and polio	Use 2014 Penta launch as opportunity to begin to monitor integration of routine immunization and polio campaigns.	MOH/RSS EPI/UNICEF	2014
HSS	Release of the remaining HSS funds approved for the current grant, in the amount of \$372,000, pending clearance of outstanding audit reports for 2009 and 2010 GAVI and alliance partners to support the South Sudan to develop a country tailored approach with an objective of strengthening immunization systems and service delivery in the current context (conflict situation).	GAVI Secretariat	2014
EPI Financing and Sustainability	Country to start allocating government funding to traditional vaccines and progressively increasing it	Country MoH and MoF	
	Country to secure funding for co-financing Pentavalent vaccine from 2014 onwards	Country MoH and MoF	