

Joint Appraisal report 2019

The italic text in this document serves as guidance, it can be deleted when preparing the Joint Appraisal (JA) report.

Country	South Sudan
Full JA or JA update ¹	<input checked="" type="checkbox"/> full JA <input type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	15th – 17th October 2019
Participants / affiliation ²	MoH, WHO, UNICEF, JSI, CDC, HPF, IOM, AFH, Save the Children, CDC/AFENET, Gavi Secretariat
Reporting period	2018
Fiscal period ³	July 2018 – Sept 2019
Comprehensive Multi Year Plan (cMYP) duration	2018 – 2022
Gavi transition / co-financing group	<i>The country received a vaccine co financing waiver until 2020...</i>

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the vaccine renewal request include a switch request?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
HSS renewal request	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

2. GAVI GRANT PORTFOLIO

Existing vaccine support (to be pre-filled by Gavi Secretariat)

Introduced / Campaign	Date	2018 Coverage (WUENIC) - %	2019 Target		Approx. Value \$
			%	Children	
Penta	2015	49	69	489 540	9 538 063
IPV	2014	34	69	489 540	3 200 391
Measles SIA	2019	51			687 928
MenA SIA	2015	NA			5 359 504

Existing financial support (to be pre-filled by Gavi Secretariat)

Grant	Channel	Period	Total Grant Amount	Cumulative financing status @ June 2019		Compliance
				Disb.	Util.	Fin.
HSS 2	UNICEF, WHO, HPF3, IOM, CROWN AGENTS	2014 – 2021	46 844 541	45 133 334	22 273 348	

¹ Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, <https://www.gavi.org/support/process/apply/report-renew/>

² If taking too much space, the list of participants may also be provided as an annex.

³ If the country reporting period deviates from the fiscal period, please provide a short explanation.

MEN A SIA OP COSTS	UNICEF, WHO	2015 – 2019	3 810 939	3 810 939	3 810 939	
MCV SIA OP COSTS	WHO	2019 - 2020	2 138 363	2 138 363	-	

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future⁴

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	PCV RI	2020 ⁵	2021
	Men A RI	2020	2021

Grant Performance Framework – latest reporting, for period 2018 (to be pre-filled by Gavi Secretariat)

Intermediate results indicator	Target	Actual
Percent of districts or equivalent administrative area with penta3 coverage greater than 80%	60%	26%
Number of surviving infants who received the third recommended dose of pentavalent vaccine (penta3)	361,191	262,309
Number of surviving infants who received the first recommended dose of IPV	361,191	231,788
Comments		
New GPF for activities finalized in 2019; first reporting on tailored indicators expected in March 2020. New indicators will include reprogrammed activities and additional HSS Funds approved by IRC in 2019.		

PEF Targeted Country Assistance: Core and Expanded Partners at [insert date] (to be pre-filled by Gavi Secretariat)

Core Partners	Year	Approved excl PSC (US\$)	Disbursed excl PSC (US\$)	Utilised excl PSC (US\$)
CDC	2018	381500	381500	381500
	2019	713400	535050	0
UNICEF	2016	449994	313360	313360
	2017	462963	462963	455613
	2018	749954	749954.5	749954.5
	2019	882455	661841.25	366560.35
WHO	2016	560350	420262.5	396063
	2017	560402	497269.72	479403
	2018	597401.87	597401.4	597400
	2019	821402	616051.5	127070

⁴ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

⁵ This will be included in the Programme Support Rationale, Full Portfolio Planning. Implementation is subject to the next Gavi Board Decision regarding South Sudan vaccine co-financing status

Expanded Partners	Year	Approved (US\$)	Disbursed (US\$)
Dalberg Global Development Advisors	2018	107532	99988
	2019	107532	0
Independent Consultants (PEF)	2017	83987.5	49184
	2018	29206	46230
John Snow, Inc.	2017	678819	0
	2018	502513	628141
	2019	585367	228082.7
	2020	247552	0
KPMG LLP	2018	15776	15776
	2020	162807	0
University of Oslo	2018	15649	0
	2019	18850	0
	2020	9710	0

3. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

Max. 250 words

There have been great efforts to bring peace in the country, with the discussions of the revitalized peace agreement deal continuing culminating in formation of the Revitalized Transitional Government of National Unity (R-TGONU) on 12th November 2019. With the formation of the (R-TGONU), it is hoped that the humanitarian crisis and incidence of armed conflict will decline particularly in the conflict affected areas.

With high expectation of peace, self-organized spontaneous return from within and from the neighbouring countries has been taking place since end of 2017 to date (about 200,000 individuals returned to their homes).

Since the signing of R-ARCSS, 534,082 individuals have returned to their habitual residence of whom 210,199 (39%) came from abroad. Moreover, the returnee from Sudan has dramatically increased in the last couple of months⁶. In June-July 2019 alone, more than 25,800 South Sudanese refugees returned in a spontaneous or self-organized manner. The majority returning were women and children. There are dire needs for basic services including setting up of temporary vaccination posts at entry points and in places of return across the return locations where some are in IDP like situation⁷.

These trends are important indicators for need to prepare for quality equitable health and other humanitarian services.

The on-going outbreak of Ebola in neighbouring countries and the huge cross-border movement of the population places South Sudan at the risk of importation that could result in massive disruption of service delivery.

The Global Polio Eradication Initiative (GPEI) supports the country's communicable disease surveillance system, polio vaccine, laboratory networks, routine and supplementary immunisation programmes, human resource networks for health in the areas of coordination, surveillance, social mobilisation and disease outbreak responses. The polio transition plan developed in 2018 demands the continuation for these activities.

⁶ <https://displacement.iom.int/datasets/south-sudan-%E2%80%9494-mobility-tracking-round-5-baseline-idp-and-returnee-march-2019>

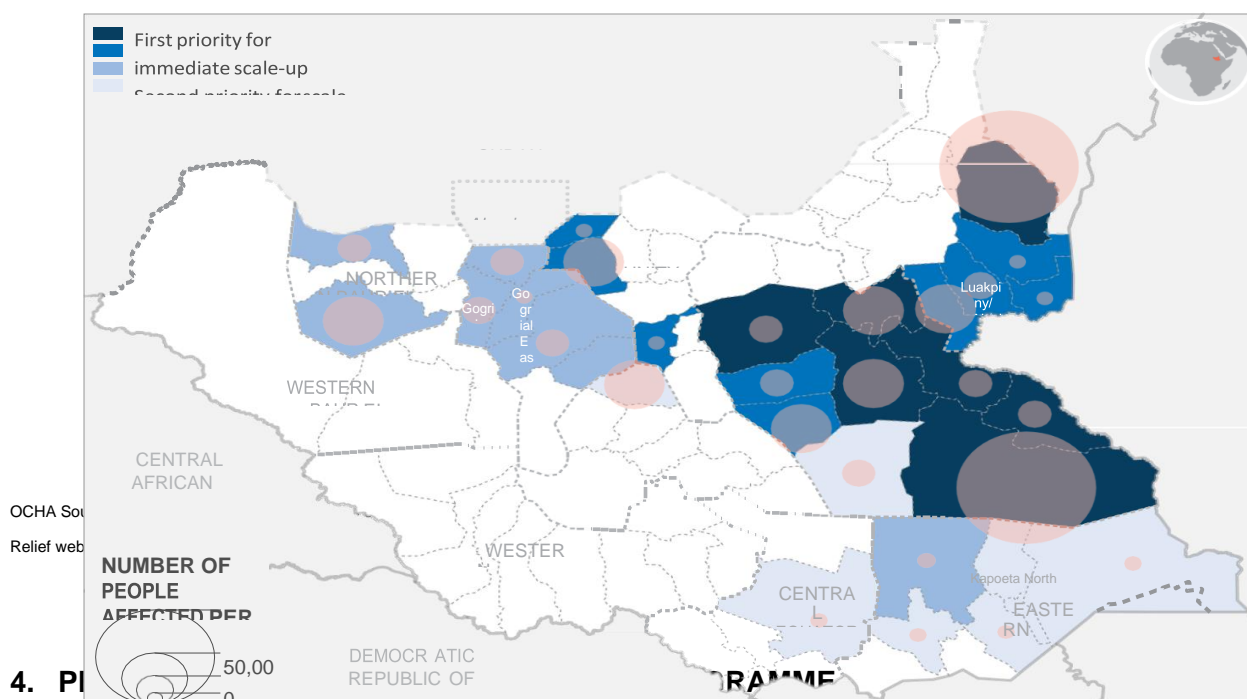
⁷ Spontaneous refugee returns coordination meeting, 15 August 2019

Discontinuation of the GPEI support without alternate funding will expose the country to the risk of losing the gains made so far in the immunization programme

Potential future issues (risks) Max. 250 words

1. Given the prevailing economic crisis and the austerity measure government has put in place to limit expenditure to its critical priorities to sustain the peace, there is no indication for government transition out of Gavi support within the interim period of implementation of Transitional Government of National Unity.
2. Improved access due to the prevailing peace following the formation of the government of national unity may result in more areas becoming accessible requiring additional operational costs to reach the previously unreached areas with a package of integrated curative and preventive services ...
3. Some of the parties expected to be involved in the formation of the government of national unity, may not accept the terms and go back to fighting. This will cause further population displacement thereby compromising already limited access to immunization services.
4. The country is at high risk of Ebola importation from neighbouring Democratic Republic of Congo (DRC), given the proximity, free movement of communities and weak health systems. The counties at high risk are conducting intensive risk communication, social mobilization and community engagement, screening, surveillance and vaccination of frontline health workers. These activities are likely to divert attention from implementing routine immunisation activities and further burden the already weak health systems.
5. The seasonal forecast of the National Meteorological Department reported above normal rainfall in South Sudan for the period June to November 2019. These torrential rains have caused serious flooding in many parts of South Sudan mainly in Jonglei, Unity, Upper Nile, Warrap, Lakes and Eastern Equatorial hubs. It is estimated that between 300,000 – 600,000 people have been displaced while some have been completely cut off by floods resulting from the heavy down pour. There has been destruction of infrastructure, farmland and crops and the affected communities have been isolated from critical services such as health facilities. The affected population is at risk of outbreaks of vaccine preventable diseases (VPDs) like measles, polio due to interruption of routine immunisation. Humanitarian emergency responses are on-going in these areas including measles and polio vaccination. (Include map)

Figure 1: Map showing counties heavily affected by floods



4.1. Coverage and equity of immunisation

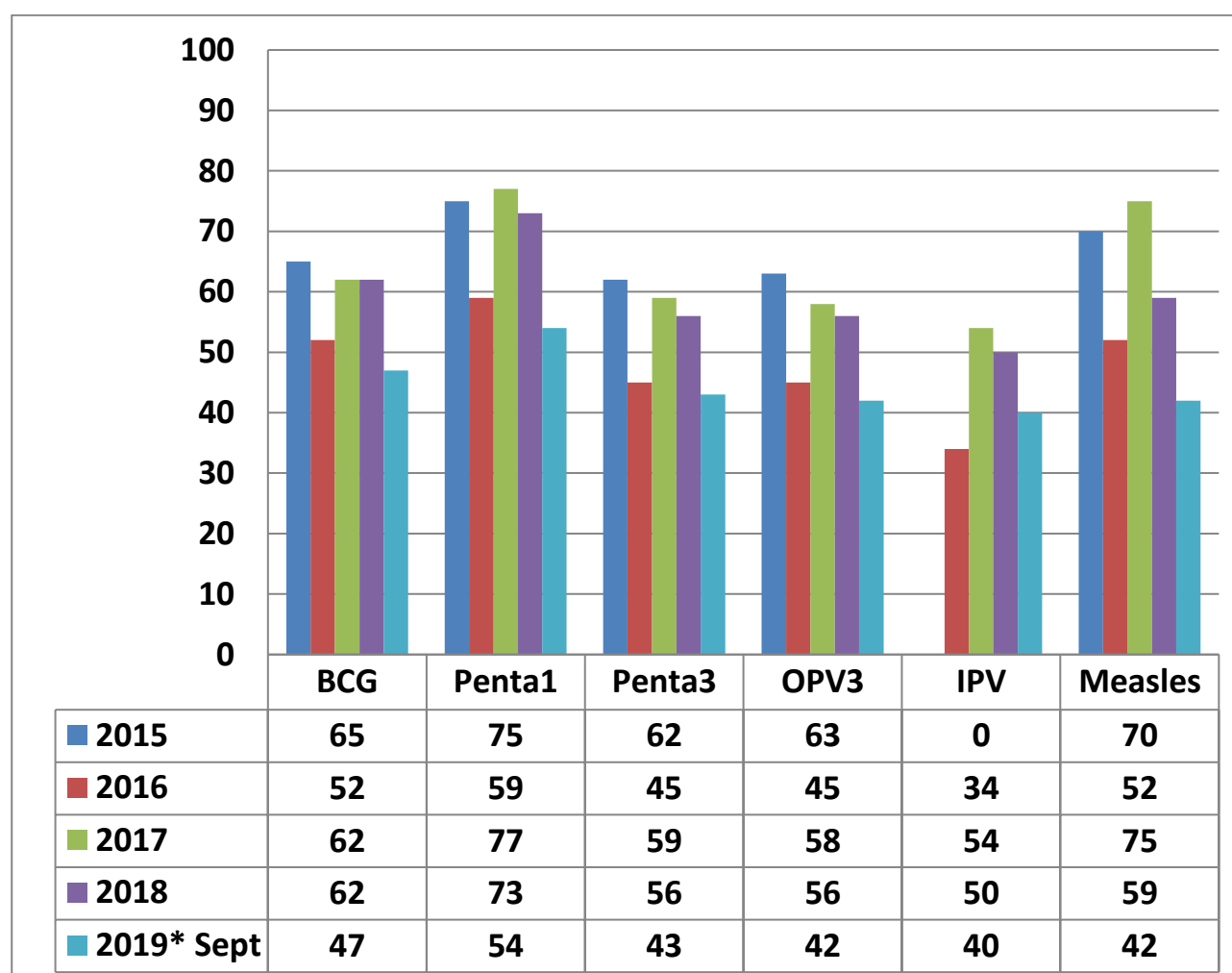
The country continued to implement vaccination services targeting children and women through fixed health facilities, targeted outreach services, and periodic intensification of routine immunization (PIRI). In the period under review (2018), 1120 functional (reporting) health facilities provided EPI services through fix and outreach sessions

During the same period, one round of PIRI with 3 pulses was conducted across the country to reach 40,798 children with Penta 3 and 48,379 children with measles vaccines respectively. In addition, rapid response mission (RRM) was used to deliver OPV, MCV and TT vaccination in hard to reach and conflict affected areas.

In 2018, the number of children who received the third dose of Penta-3 vaccines were 262,636 (56%) out of targeted 466,745 children

Figure 2 shows the administrative coverage trends for selected antigens for the period 2015 – 2018, with annualized coverage for 2019. This shows an increase in coverage for all antigens between 2016 and 2017 with a decline in coverage thereafter in 2017 to 2018. Findings from the 2017 EPI coverage survey, the recent KAP study and the sub-national supportive supervision suggest that inadequate number of trained vaccinators coupled with high turnover of vaccinators, access issues due to insecurity, challenges of last mile transportation of vaccines, low demand for services due to low level of knowledge regarding the importance of vaccines among the care givers, and distance to health facilities are the reasons for the declining coverage.

Figure 2: Trends in South Sudan immunisation Coverage for selected antigens from 2015 – 2019



*annualized Jan 2019 – Sept 2019

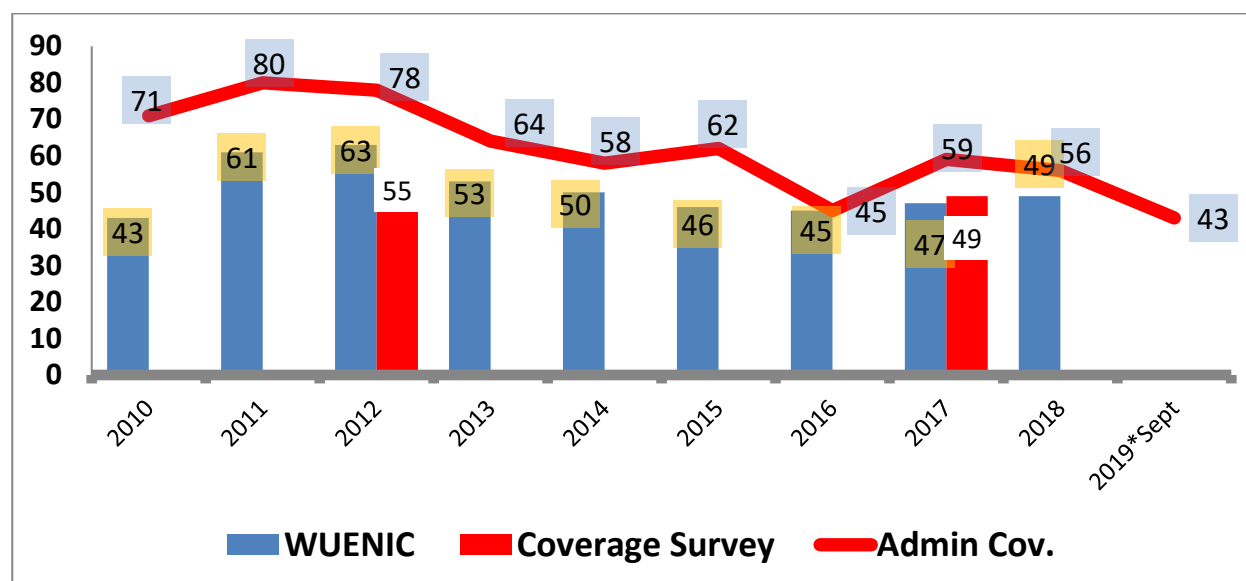
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Penta 3 Coverage

The administrative DTP/Penta 3 coverage was 56%, with 21/80 counties achieving coverage of $\geq 80\%$ in 2018, a slight decline compared to 2017, where the administrative Penta 3 coverage was 59% with 24/80 counties achieving coverage of $\geq 80\%$.

The 2018 WHO/UNICEF Estimate (WUENIC) for Penta 3 coverage was 49%. The WUENIC estimates for South Sudan were significantly revised upwards following the 2017 EPI Coverage Survey (historical Penta 3 coverages were stagnant around 25%).

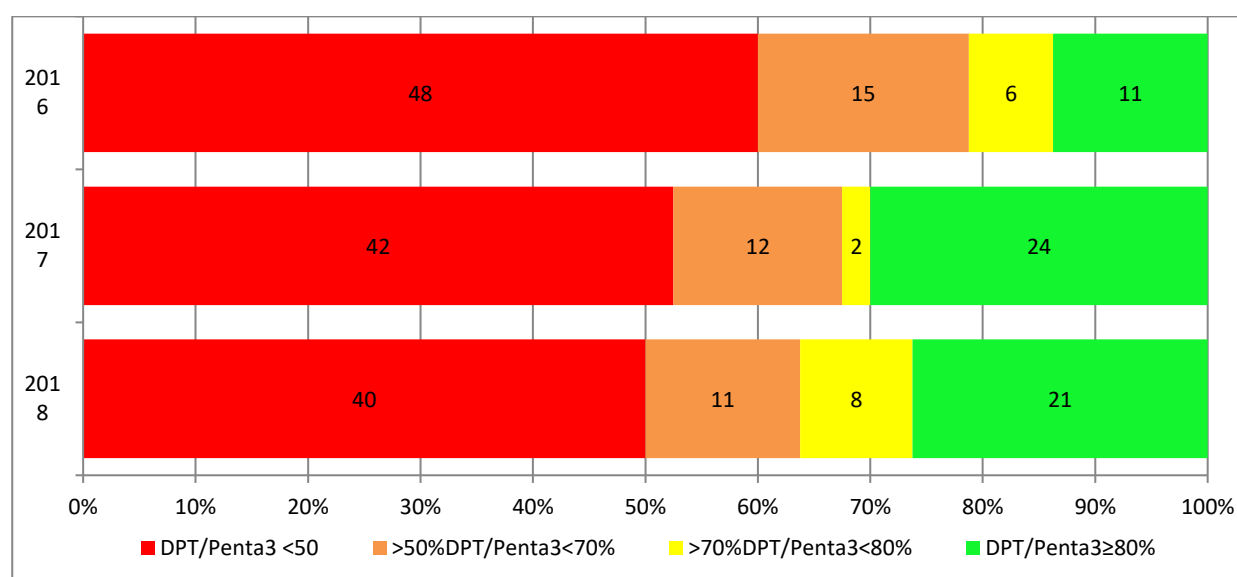
Figure 3: Trend in South Sudan Administrative DTP 3/Penta 3 coverage, WUENIC estimate by year from 2010 to September 2019*



*annualized Jan – Sept 2019

The number of counties with Penta 3 coverage $\geq 80\%$ declined from 24 in 2017 to 21 in 2018, and counties with Penta 3 $< 50\%$ decreased from 42 in 2017 to 40 in 2018. Instead, the trend from 2017 to 2018 shows an increase in number of counties between 70-80% coverage. However, unlike in previous years, many counties in relatively secure areas have reported coverage below 50% in 2019 so far. The increase in counties with very low coverage in 2019 could be a result of interruption of vaccination service occasioned by the reduction in number of vaccinators during end of HPF2 and protracted conflicts in some of the formerly safe states

Figure 4: Disaggregated Penta 3 coverage data by Counties, South Sudan 2016 to 2018



Performance by Operational State hubs

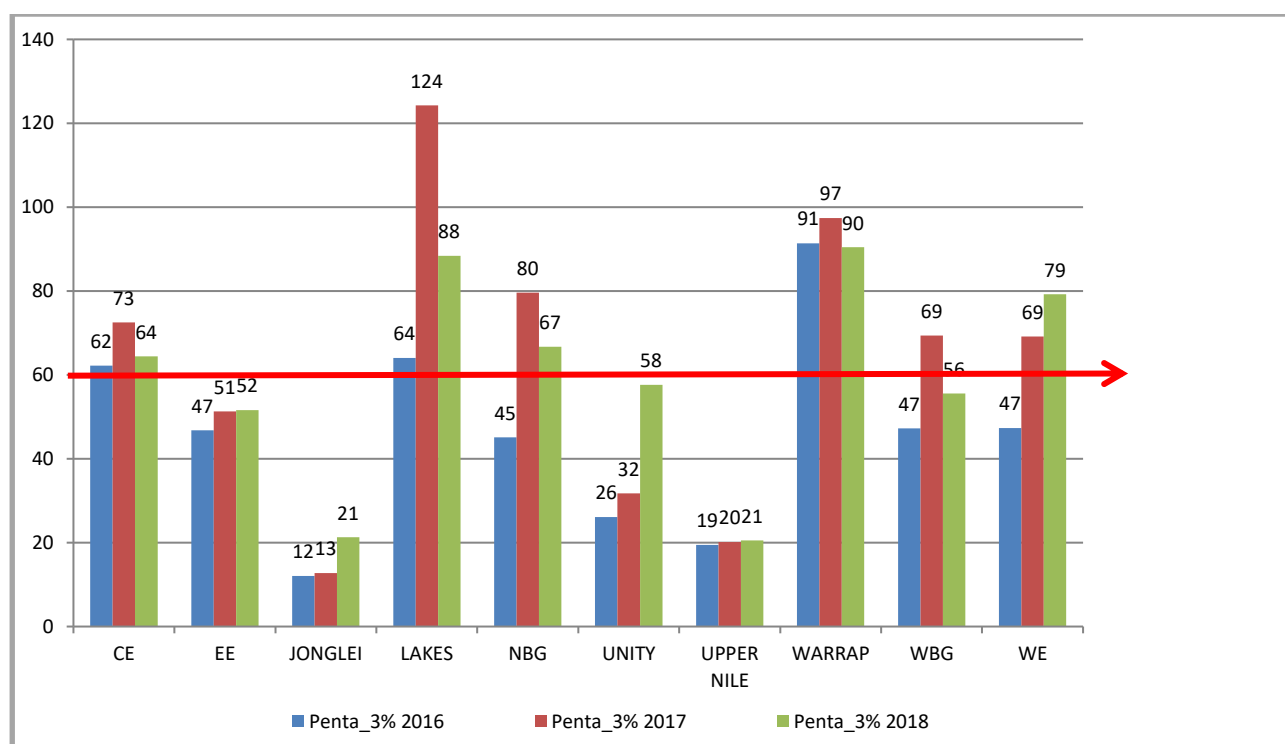
Health service delivery in the 10 South Sudan operational state hubs is supported through two main funding mechanisms; eight operational state hubs are supported by multi-donor (DFID, USAID, Sweden, and Canada)

funded Health Pooled Fund (HPF) including Gavi contributions, through 12 implementing partners (IPs) and; two state hubs by World Bank-UNICEF/Gavi partnership through implementing partners¹. In April 2019, the number of HPF supported health facilities in the 8 HPF supported operational state hubs reduced from 1,013 to 794 in the same geographical area though HPF endeavoured to retain all the available vaccinators.

Half of the states reported a low Penta 3 coverage (56%) in 2018 (Figure 5) compared to the administrative Penta 3 coverage of (59%) in 2017. Notably the three former conflict affected states reported an improved coverage in 2018 compared to 2017, the improved performance could be attributed to PIRI and RRM. Most of the lower performing counties are in the states with unpredictable security situation. In 2019, if the trend seen by September is to prevail to the end of the year, 7 state hubs would report coverage lower compared to 2018. Six (50%) of the 12 better performing counties are in the Western Equatorial operational hub. This achievement can be attributed to improvement in security in areas of greater Mundri, Maridi, Ezo and Tambura which were previously inaccessible due to insecurity. More than 60% of the lower performing counties are in the states that continue to experience chronic insecurity (Jonglei, Upper Nile, Central Equatoria, and Unity states) and sporadic insecurity (Warrap, Lakes and Eastern Equatoria) with reported incidences of vandalization of the cold chain equipment. The main causes for the chronically low vaccination coverage noted during supportive supervision and confirmed by coverage surveys and recent KAP survey are inadequate number of skilled vaccinators, High turnover of staff including vaccinators, access issues, challenges of last mile transportation of vaccines, low demand for services due to low level of knowledge regarding the importance of vaccines among the care givers and distance to health facilities, rude behaviour of vaccinators towards caregivers and fear of side effects of vaccination among others with limited outreach activities.

Fortunately, through the GAVI supported Fragility Emergency and Refugees (FER) funding opportunity, HPF will cover 466 health facilities in 32 counties (in the 8 former states), IOM will cover 27 health facilities and the World Bank/UNICEF 169 health facilities (in the two former states of Jonglei and Upper Nile). The implementing partners will be able to recruit and maintain an additional 1310 facility based and 216 mobile vaccinators to conduct outreaches and mobile immunization services and facilitate last mile vaccine distribution, in addition to routine facility-based vaccinations in order to address some of the bottlenecks impeding improvements in coverages.

Figure 5: Penta 3 coverage by Operation Hubs, South Sudan, 2016- 2019*



* Jan-September 2019 annualized

Penta 3 unimmunised children

In 2018, 204,109 infants across the country remained unvaccinated with Penta 3. Ten of the least performing counties harbouring more than a third (32%) of total unvaccinated children in South Sudan lie in

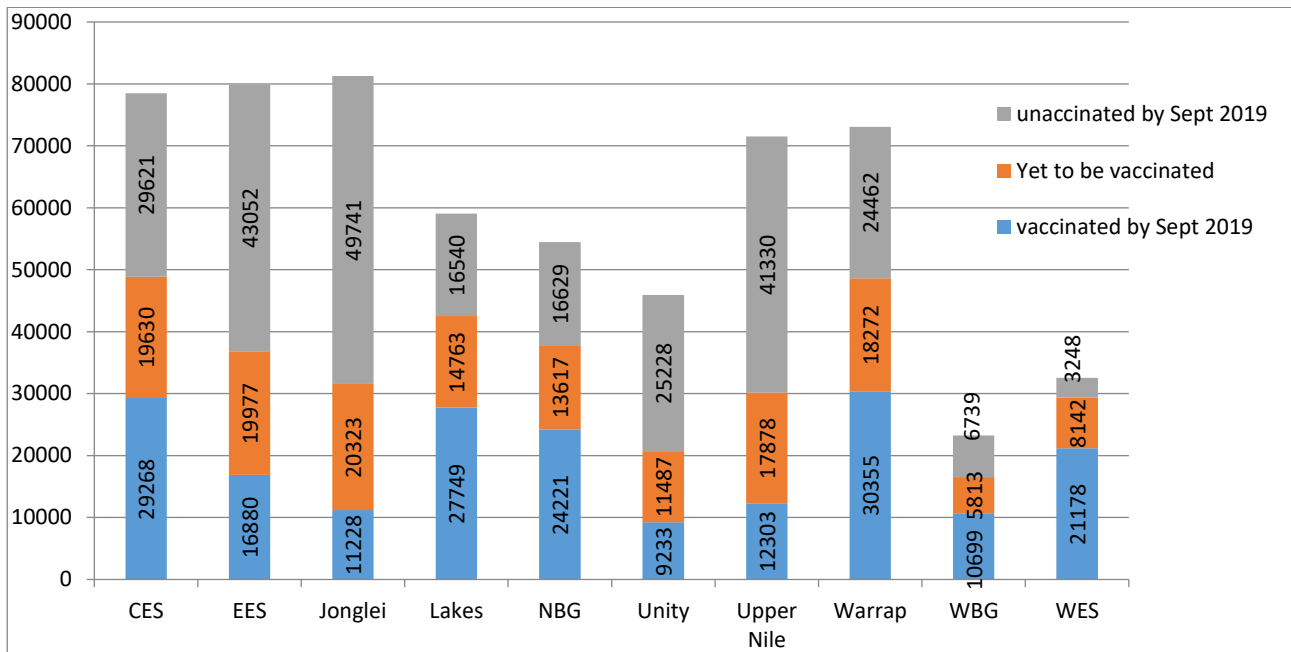
former Upper Nile state (Nasir County with the largest (11,034) children under vaccinated), former Central Equatoria State (Kajokeji county with 10,685) and Jonglei State (Uror county with 9,409 infants).

Table 1: Top 10 counties with the highest number of unvaccinated infants with Penta 3 in 2018

State	County	Target	# of children vaccinated with Penta3	Unvaccinated children	% of unvaccinated children in county	% of unvaccinated in country
UPPER NILE	NASIR	11,635	601	11,034	95	5
CENTRAL EQUATORIA	KAJO KEJI	10,723	38	10,685	100	5
JONGLEI	UROR	9,711	302	9,409	97	4
JONGLEI	AYOD	7,555	220	7,335	97	3
NORTHERN BAHR EL GHAZAL	AWEIL EAST	17,591	11151	6,440	37	3
CENTRAL EQUATORIA	YEI	11,057	4669	6,388	58	3
JONGLEI	PIBOR	8,068	1712	6,356	79	3
EASTERN EQUATORIA	KAPOETA EAST	8,895	2641	6,254	70	3
JONGLEI	SOUTH BOR	12,269	6029	6,240	51	3
UPPER NILE	MALAKAL	7,943	1860	6,083	77	3
No. of unvaccinated in top ten counties				76,224		35%
SOUTH SUDAN				** 204,109		35%

For the period Jan – Dec 2019, the number of un-immunised children for Penta3 stands at 193,114, without discounting for the number of displaced populations. Majority of the un-immunised children are in former Jonglei, Eastern Equatoria state, and Upper Nile operational hubs as shown in Figure 6 below. As in September 2019, 21,178 children have been vaccinated for Penta 3. For the country to achieve the desired 90% coverage, 368,542 children must be vaccinated between October and December 2019.

Figure 6: Number of vaccinated and un-vaccinated children with Penta-3 by state (Jan - Sep 2019)

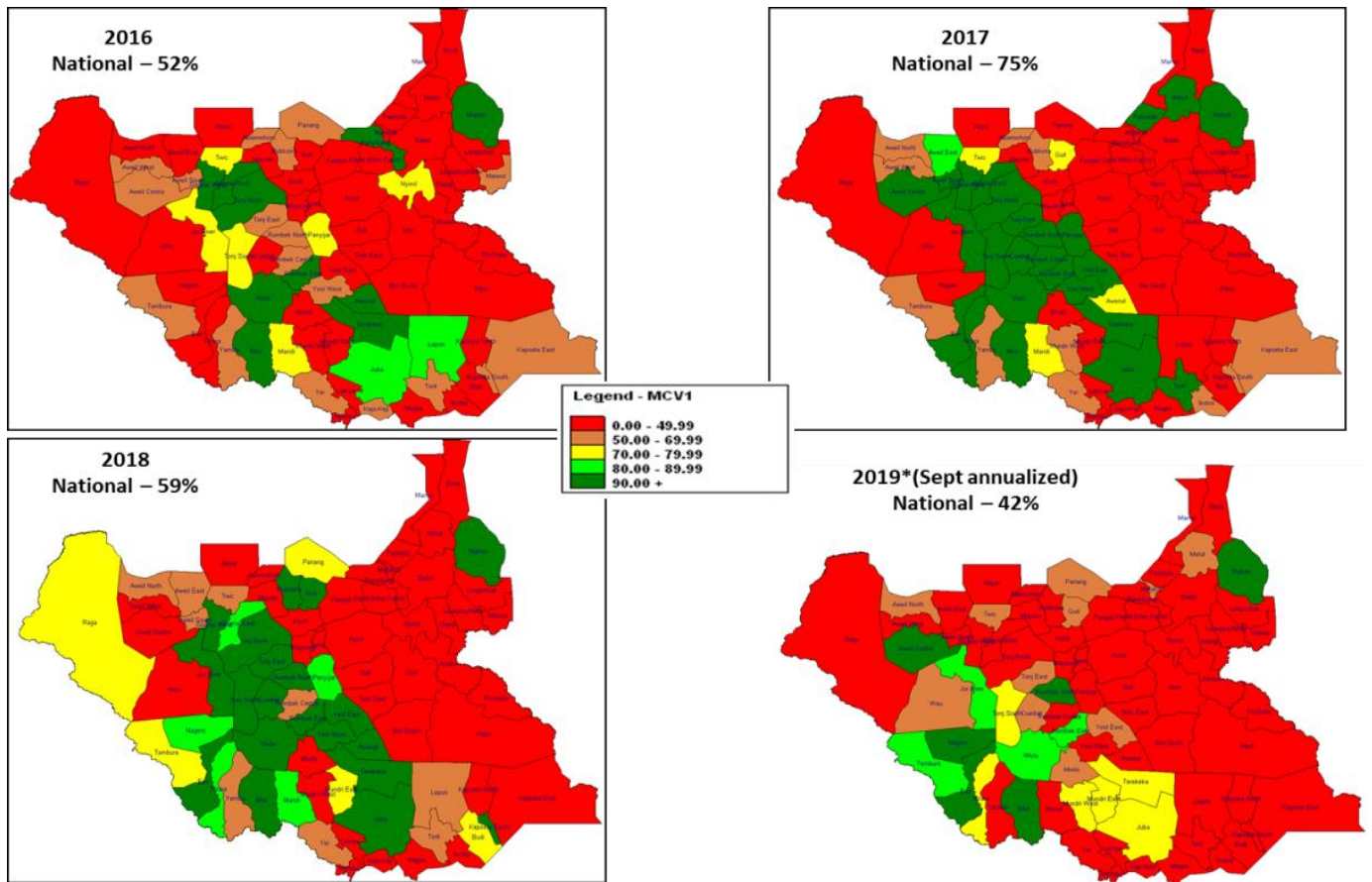


Measles Coverage:

Measles coverage remained low in most of the counties in 2018. Twenty out of 80 counties achieved coverage of $\geq 90\%$, while 40 counties reported MCV 1 coverage of less than 50% in 2018. On the other hand, in Jan-Sep 2019, only 6 counties have achieved MCV 1 coverage of 90% and above, while 52 counties have reported coverage below 50%. The persistent suboptimal coverage over the last 3 years, has resulted in the accumulation of susceptible children in the country causing sporadic outbreaks of measles in the operational hubs. In 2019, an average of 75 cases have been reported per week compared to 12 cases reported in 2018. As of September 2019, a total of 2,849 suspected cases, of which 242 have been confirmed by the laboratory and 27 deaths have been reported from 49 counties. Out of the 18 counties that have experienced measles outbreaks in 2019, 14 have been responded to by conducting reactive campaigns supported by different implementing partners. Additionally, Gavi has approved a phased, multi-age mass measles follows up campaign to interrupt the virus transmission and also provide an opportunity to strengthen routine immunization.

Figure 7: MCV1 coverage by county 2016 to 2019* (annualized Sept)

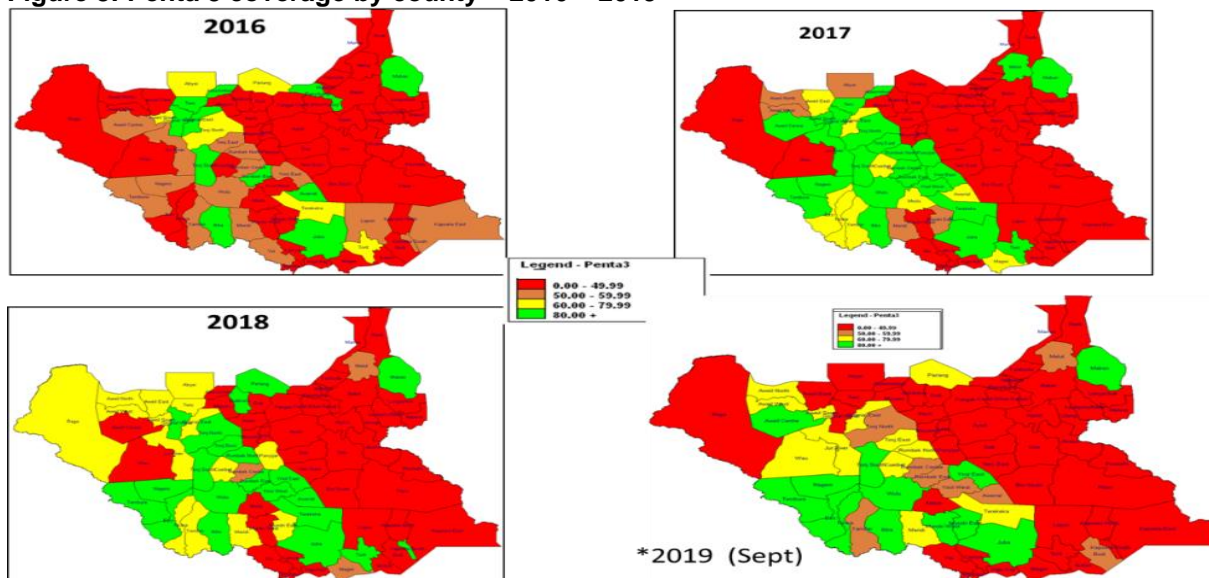
Joint Appraisal (full JA)



Equity:

Penta 3 coverage in South Sudan shows uneven trend over the past 3 years with persistent low coverage observed in former Jonglei, Eastern Equatoria, Upper Nile, and Unity state hubs. The recently approved additional funding from Gavi FER seeks to improve coverage in these areas and hence address the inequity.

Figure 8: Penta 3 coverage by county – 2016 – 2019*



*Data for Jan-Sep 2019

Table 2: Results against Grant Performance Framework targets (2018)

Indicator	Coverage 2017	Targets in GPF 2018	Results in 2018
Pentavalent 3 coverage at the national level (Penta 3)	59%	60%	56%
Measles containing vaccine (first dose) coverage at the national level (MCV1)	75%	60%	59%
Drop-out rate between Penta1 and Penta3	23%	18%	23%
Percentage of counties with Penta3 coverage \geq 80%	30%	35%	26.5%
Percentage of counties with Penta3 coverage \geq 70% to 80%	3.8%	49%	10%
Percentage of counties with Penta3 coverage between \geq 50% and $<$ 70%;	15%	18%	13.9%
Percentage of counties with Penta3 coverage below 50;	45%	11%	49%
IPV coverage at national level	54%	60%	50%
TT2+ coverage	49%	52%	44%
Timeliness	30% started in 2017	60%	48%
Completeness	84%	70%	90%

Source: cMYP target

4.2. Key drivers of sustainable coverage and equity

4.3. Immunisation financing⁸

The immunization programme is largely financed by external assistance (donors) with the key donors and partners being: GAVI, DFID, USAID, Canada, Sweden, World Bank, KfW, Rotary International, BMGF and Government of Japan. HPF and the World Bank support the government in the delivery of health care services (which includes immunization) through a network of implementing partners. Facilities that are not supported by HPF or the World Bank are supported by other partners (MSF, AAA, Caritas etc.) including faith-based organizations amongst others or directly by the government. UNICEF demand generation programming support integrated funding to support child health as holistic approach and thus utilizes funding from non-immunization partners to support immunization and other related programmes to ensure universal child health programming.

Vaccines and supplies forecasting exercise is conducted annually at the national level. Currently, six antigens are administered through the routine immunization services of the EPI Programme. BCG, bOPV, Measles and Td vaccines are procured by UNICEF using other funding sources while Gavi is financing the procurement of Pentavalent and IPV vaccines. Gavi gave a waiver on vaccine co-financing to South Sudan that will expire at the end of 2020. There is need for the country to start planning to meet some of the costs for vaccines through ICC and HSC advocacy and dialogue with MOFP, as part of the overall health financing dialogue for ensuring the sustainability and continuity.

Projection of annual vaccine and supplies requirement is conducted using target population-based estimations from the National Bureau of Statistics. Vaccination coverage and wastages targets for each antigen that are aligned to the cMYP and safety stock of 25% are used for calculating annual requirement. The net requirement is computed after removing projected end of year stock balance from the total annual requirement. For Gavi funded vaccines (Pentavalent and IPV), the net requirement is adjusted during vaccine support renewal application and approval processes.

Indicative prices for vaccines and related supplies shared by UNICEF supply division (SD Copenhagen) is used for estimating the total resource requirement. Each year, an average of \$3.32 million is needed for financing procurement of vaccination supplies for routine immunization.

⁸ Additional information and guidance on immunisation financing is available on the Gavi website <https://www.gavi.org/support/process/apply/additional-guidance/#financing>

The overall funding to the health sector in South Sudan is constrained, as evidenced in the first ever National Health Accounts (NHA) assessment conducted in 2018. This showed that, for the fiscal year (FY) 2016/17 the per capita expenditure was only 34USD compared to recommended 84USD⁹ per capita. For the financial year 2018/2019, government allocation to the health sector was only 1% of the overall government budget. A large proportion of this allocation went into wages and salaries, and the remaining was for supporting curative and hospital/tertiary care. This calls for more investments in health through domestic -sources.

WHO is supporting MOH and partners to improve planning and budgeting at national and sub national levels. A rapid financial assessment and health financing strategy is being developed through a bottom up participatory process that will outline key strategies and approaches that the government and partners can adopt and implement to improve health care financing including immunisation financing. Additionally, with funding from WHO and GFATM, national health assessment (NHA) is being institutionalized and will be conducted annually to show the status of health including immunisation financing in the country. The findings of the NHAs will be used for resource mobilisation, high level advocacy and dialogue and design interventions to improve healthcare in the country.

⁹ WHO

5. PERFORMANCE OF GAVI SUPPORT

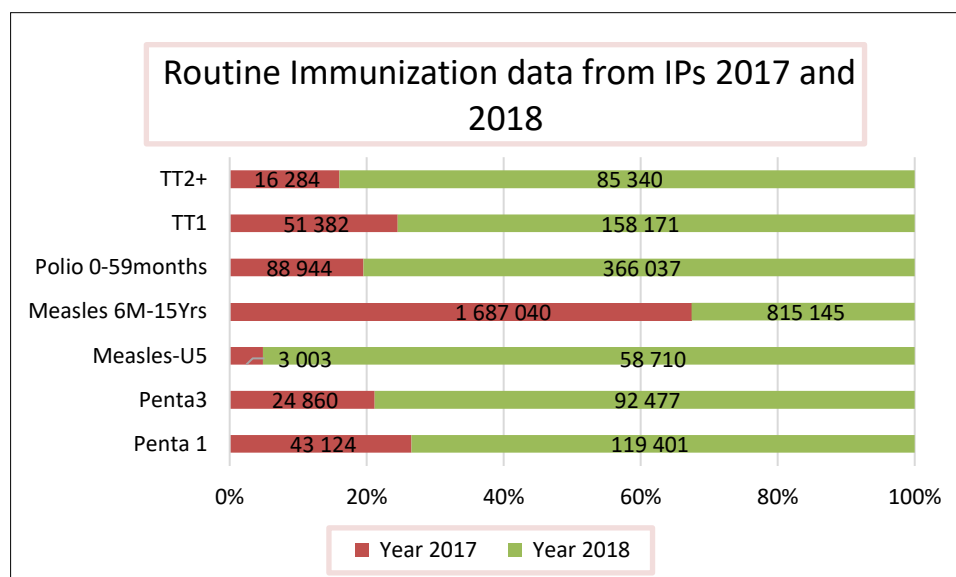
5.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	To scale up access to routine immunisation services and address inequalities in coverage
Priority geographies / population groups or constraints to C&E addressed by the objective	Nation wide
% activities conducted / budget utilisation	% Budget utilisation: WHO = 63% UNICEF = 91%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	
Brief background: Activity implementation status update:	
<p>1.1.1 Development and update of micro-plans (WHO):</p> <ul style="list-style-type: none"> The original fund allocation for development and updating of health facility micro plans was reprogrammed. It was proposed that the funds are used for capacity building of health workers on micro-planning will be used for the IIP training that includes a module on micro-planning. The EPI officers STOP, and EPI consultants have been supporting the health facilities to update the micro plans developed in 2018. Using data from ODK, for the period January to September 2019, a total of 6,790 visits were made to health facilities. During these visits 3,728 health facilities (54%) were found to have updated micro plans, although some facilities would have been visited more than once during this period. <p>1.2.1 Conducted & supported RI service delivery interventions (Mobile & outreach) (UNICEF):</p> <ul style="list-style-type: none"> Integrated outreach service supported through programme cooperation agreements (PCAs) with implementation partners (IPs) including AFSS, Health Link South Sudan, MAGNA, CUAMM, AMREF, ARC, Save the Children, EPF, IRW, UNIDOR, MSF, AAHI <p>1.3.2 Conduct accelerated service delivery interventions (PIRI) (UNICEF):</p> <ul style="list-style-type: none"> State C4D and MoH Health Promotion Officers at the field level has closely coordinated with SMOH, WHO and IPs in the process of developing integrated micro plan (vaccination + social mob activities). <p>1.4.1 RRM's contribution for additional vaccinators and operations (UNICEF):</p> <ul style="list-style-type: none"> Two vaccinators recruited for each RRM mission from January to 25 March 2019. The results of the vaccination activities are as under; <ul style="list-style-type: none"> Polio: 30,925 children 0-15 years vaccinated (3,850 <1 year and 27,075 from 1 to 15 years) Measles: 23,504 children 6 months- 15 Years vaccinated (2,323 from 6 months to 11 months and 21,181 from 1 to 15 years) Td: 9,974 childbearing age women vaccinated including 2,376 pregnant women. <p>1.5.1. IIP training (WHO):</p> <ul style="list-style-type: none"> In preparation for IIP training to the facility level health workers, national and state level training of trainers (TOT) was carried in November and December 2018. A total of 35 master trainers and 191 trainers were trained at national and state level, respectively. <p>Challenges:</p> <ul style="list-style-type: none"> The roll out of facility level Immunization in Practice was delayed due to funding gap. The original budget in the GAVI HSS grant was used for conducting national and state level ToTs. The cascade training will be done by HPF and UNICEF using the funds in FER in 54 counties where WHO will support training in the 26 counties not included in the FER. <p>1.6.1 Implementation of BHI in former Juba county (WHO) and</p> <p>1.6.2 Evaluation of BHI in former Juba country (WHO):</p> <ul style="list-style-type: none"> These two activities were put on hold following discussions with GAVI and MOH. Funds for evaluation of BHI were reallocated to SARA. The proposed re-programmed budget for the remaining funds does not include these activities. The two activities will no longer be implemented <p>1.7.2 Support strengthening of BHI Secretariat (UNICEF):</p> <ul style="list-style-type: none"> Repair of used vehicle donated by UNICEF for BHI, ICT material & internet support provided BHI Coordinator and M&E Officer recruited. Support to field monitoring visit provided. 	

1.8.1 Provision of healthcare including immunization, Vitamin A & Deworming:

- Currently ongoing, through PCAs with IPs (UNICEF):
- UNICEF supported provision of healthcare services, including immunization, vitamin A and deworming, through PCAs with IPs. In 2017, eleven IPs and thirty-nine IPs in 2018 were involved in the provision of immunization services. The results are shown in the figure 11 below;

Figure 11: Showing distribution of beneficiaries through RRM strategies by age in 2019



1.9.0 Supportive Supervision (national to state, state to county and county to health facilities) (WHO):

- The national level and the 10 former state hub EPI officers were provided with funds for supportive supervision to the counties and health facilities.
- MOH through WHO received exceptional approval from Gavi to use this budget to support Yellow Fever outbreak response in Sakure county, Gbudue State. The campaign took place 25 - 29 March 2019. A total of 26 teams were used for this vaccination campaign. Each team consisted of 2 vaccinators, 1 recorder, 1 social mobilizer and a crowd controller. These teams were distributed to the 5 payams based on the population as well as settlement patterns. For hard-to-reach areas, teams were made to move from one location to another. Before implementation, a State level ToT targeting State and County Supervisors was conducted in Yambio on Saturday 22nd March 2019. On Saturday 23rd March 2019 two trainings were conducted in two separate locations. Vaccinators and Recorders were trained in Nzara in the same venue but different rooms while crowd controllers and social mobilizers were trained in Sakure.
- Out of the targeted 19,578 people aged 9 months to 65 years, 19,981 were vaccinated giving coverage of 102%.

1.10.1 Assembly and transportation of bicycles and motorbikes to states and fees for tracking devices for vehicles (UNICEF):

- Assembling and handover of 460 Bicycles and 61 Motorbikes for EES, CES, WES, Lakes, Warrap, WBeG, NBeG, and 3 counties in Jonglei finalized.

1.11.1 Procurement of tracking devices for vehicles:

- Installation of Tracking Devices on 11 vehicles completed.

13.1. PIRI (WHO/MOH):

- Funds for PIRI implementation were disbursed to all states in April 2019, to implement the 1st PIRI round from April to June 2019 in selected areas in counties. The four EPI consultants and the WHO State EPI officers supported the state EPI teams to develop PIRI implementation plans. Due to the polio campaign being implemented in March and April, some of the selected counties could not start implementation of PIRI activities in April, hence implementation continued into July 2019.
- For the period Jan – Jul 2019, 38,767 out of 250,308 children received their 3rd dose of Penta through the PIRI activity. This accounts for 11% of the children vaccinated with Penta 3.

1.14.0 Running costs of EPI vehicles (WHO/MOH):

- Provided fuel and allowance for 3 vehicles and one motorcycle and allowances for two drivers.

1.14.1 Provision of 4 field operations quadbikes (UNICEF):

<ul style="list-style-type: none"> At the request of MOH and following approval from Gavi in August 2019, 4 quadbikes for 4 counties in Jonglei and U Nile (2 per state) have been ordered and are currently in pipeline. Upon arrival, the quadbikes will be assembled and handed over to respective counties/IPs. 	
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ¹⁰)	Implementation of pending and ongoing activities Implementation of FER activities
Objective 2:	
Objective of the HSS grant (as per the HSS proposal or PSR)	To Improve demand for immunisation services.
Priority geographies / population groups or constraints to C&E addressed by the objective	Nationwide
% activities conducted / budget utilisation	WHO = 24% UNICEF = 100%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	
Brief background: Demand generation interventions complemented the immunization efforts aiming at increasing the equitable vaccination coverage in South Sudan. UNICEF C4D and other demand generation stakeholders were key in the process of increasing the demand for and uptake of basic services as well as promoting the sustained behavioural change results for children. Moreover, it also plays a vital role in a longer-term social change creating humanitarian development nexus and addressing negative social norms, traditional gender roles and harmful practices, community empowerment and realization of human and child rights by strengthening community engagement through information sharing, dialogue and participation. However, the gains from these efforts do not match with the vaccination coverage rate due to poor or lack of service delivery and caregivers' negative experiences at health facilities as documented by the recent KAP study.	
Activity implementation status update:	
2.1.1 Sensitize broadcasters, reporters and media managers on EPI & advocacy (UNICEF): <ul style="list-style-type: none"> Media orientation kit prepared, radio broadcasters have been sensitized and 1,390 immunization messages has been repeatedly broadcasted through 32 radio channels. An orientation on RI and measles is scheduled for 4th quarter of 2019. 	
2.2.1 Support quarterly sensitization meeting for Boma Chiefs, VHC, TBA, HH, religious leaders (UNICEF): <ul style="list-style-type: none"> As part of routine community engagement activities, 11,232 meetings have been conducted through the integrated community mobilisers network. The programme has been able to initiate community dialogue process to promote awareness and enhance community ownership for immunization services, SIAs and multiple outbreaks responses. 	
2.3.1. Develop joint plans to support civil society conduct community mobilization for immunization services (UNICEF). <ul style="list-style-type: none"> Partnerships with three CSOs formalized, partners are active in 16 counties while routine community engagement and demand generation activities are carried out by ICMN directly through ministry of health and managed by UNICEF field offices. 	
2.4.1. Provision of megaphones (UNICEF/MOH): <ul style="list-style-type: none"> 2,914 batteries for megaphones were purchased to support community mobilization during PIRI, SIAs and other vaccination activities. KAP study indicates megaphones as a key source of information (19%) at the community level for information sharing and awareness generation. 	
2.5.1 Establish and support health unit management committees in PHCCs to provide oversight for immunisation services in each health facility in the counties (WHO/MOH) <ul style="list-style-type: none"> The concept note for implementation of this activity has been developed and implementation will be integrated alongside other health sector wide program planning activities. The funds will subsequently be re-allocated to support other priority interventions within the grant objectives based on the re-programming request submitted by WHO 	

<p>2.7.1. Develop and disseminate relevant media messages for print & electronic media including IEC material (Printing) (UNICEF/MOH)</p> <ul style="list-style-type: none"> A total of 56,180 posters, banners and flyers with antigen specific key messages on routine immunization have been produced and disseminated to 1,250 health facilities and vaccination points <p>2.7.2. Develop and disseminate relevant media messages for print & electronic media including IEC material (radio spots) (UNICEF).</p> <ul style="list-style-type: none"> Radio jingles and spots with key messages on immunization were produced and regularly disseminated through 36 radio stations. <p>2.8.1. Training of vaccinators and community mobilizers on social mobilization and health education (UNICEF).</p> <ul style="list-style-type: none"> 2,200 community mobilisers in 77 counties and 886 vaccinators in 44 counties were trained on HH/ community engagement and tracing of new-borns and defaulters as part of supportive supervision, Health workers and vaccinators are regularly trained on how to relate with caregivers and trace defaulters. <p>2.9.1 Conduct annual high-level advocacy event (WHO):</p> <ul style="list-style-type: none"> To raise awareness on immunization, the Ministry of Health had planned to launch the African Vaccination week in Bor. All the preparatory activities have been done and funds have been committed for the event, awaiting the confirmation of the dates by the Ministry of Health. <p>2.10.1. Support civil society drama group, youth group, women group mobilize for immunization (UNICEF):</p> <ul style="list-style-type: none"> A total of 8,481 youth and mothers forum meetings were conducted in 56 counties. <p>2.11.1 Sensitize national (*not higher than 21) and state legislative assemblies on importance of immunisation (WHO)</p> <p>2.12.1 Establish Governors' committee on EPI & conduct annual meetings and high-level advocacy events at the state level (including Governors, Ministers...) (WHO)</p> <p>2.13.1 Develop advocacy messages/briefs for governors & league of tables (EPI State performance) (WHO):</p> <ul style="list-style-type: none"> Quarterly bulletins have been printed <p>2.14.1 Incentives for social mobilizers towards routine immunization (UNICEF).</p> <ul style="list-style-type: none"> Through the GAVI funding 850 community mobilisers, payam and county supervisors are incentivized on a monthly basis. Their key role is to list newborn and under 1 years of age children, trace unimmunized/ defaulting children and link them with vaccination service points. 	
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance¹⁰)</p>	<p>Implementation of pending and ongoing activities Implementation of FER activities</p>
<p>UNICEF Actionable priorities for 2020</p> <p>In 2020, the Ministry of Health intends to develop a state level EPI communication plan in line with the EPI Communication strategy 2019-2023. The plan intends to revise and refine EPI messaging (in IEC materials, radio broadcast, inter-personal communication) to reach out to caregivers, taking into consideration gender norms and gender-based roles, as well as to community influencers such as community leaders, youth and women's groups to increase the vaccination uptake and to promote vaccination as a social norm. It also aims to strengthen the Ministry of Health's capacity to plan, implement, scale up and monitor quality demand generation activities that translate into a high number of fully protected children from vaccine preventable diseases.</p> <p>Population Focus: Having in mind the complexity of the South Sudan country context, the Ministry of Health, with support of partners, will develop state, country and community-context specific activities, focusing on social inclusion, equity and gender dimensions. Attention will be given to the urban poor, the returnees, internally displaced people (IDP), people living in Refugee camps, people living in hard to reach rural areas, those living in cattle camps and mobile population. Tailored interventions will be developed for each of these groups.</p>	
<p>Objective 3:</p>	

Objective of the HSS grant (as per the HSS proposal or PSR)	To Strengthen the capacity of the Ministry of Health for Cold chain and Vaccine Management.
Priority geographies / population groups or constraints to C&E addressed by the objective	Nation wide
% activities conducted / budget utilisation	WHO = 24% UNICEF = 81%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	
Brief background: Vaccine and cold chain management support to South Sudan aims at ensuring availability of quality vaccines at service delivery points and improving the efficiency of the immunization supply chain system. The support covers all the five key pillars of the immunization supply chain.	
Activity implementation status update: 3.1.1 Provision of incentives for the cold chain technicians at states level (UNICEF): <ul style="list-style-type: none"> Five state cold chain technicians have been deployed to Wau, Torit and Yambio while two former AFENET mentees have transitioned and are supporting cold chain activities in CES and Jonglei states. The process to recruit four additional cold chain technicians is at advanced stage and awaiting MOH endorsement. 3.1.2 Provision of incentives for cold chain technicians at national level (UNICEF): <ul style="list-style-type: none"> Salaries and field allowances for 4 CC Technicians (3 MOH, 1 UNICEF) are being provided 3.2.1 Develop and implement a logistics management information system at all stores (UNICEF): <ul style="list-style-type: none"> LMIS Tools have been revised to simplify the existing tools and briefing of national and state cold chain workers on the step-by-step procedures for using the forms has been conducted. 3.3.1 Train cold chain officers and facility staffs on LMIS (UNICEF): <ul style="list-style-type: none"> In 2019, 136 health workers were trained on EVM, LMIS and SOPs for vaccine and cold chain management, bringing the total since 2017 to 523 health workers. The training covered more than 70 counties in all the former 10 states. The remaining counties couldn't be reached due to access and insecurity issues. 3.4.1 Provision of LMIS materials (UNICEF): <ul style="list-style-type: none"> To date, SOPs and other EPI Data Tools have been supplied to all the 10 States. Computers were procured to pilot SMT in Rumbek, Wau and CES for improved LMIS. This will be rolled out to other states. 3.5.1 Conduct cold chain inventory data analysis (UNICEF): <ul style="list-style-type: none"> The cold chain inventory data collection was integrated with the SARA survey covering 1,323 health facilities. Out of the 1,323 health facilities, CCE information was captured for 783 health facilities where 542 (69%) health facilities had functioning refrigerators/freezers, 61 (8%) had non-functioning CCEs and remaining 160 (20%) health facilities lacked any form of CCEs. The inventory showed that 79% of the functioning CCE were installed in the last 5 years, while 6% (52 fridges) had passed expected CCE life span of 10 years - considered for replacement. An international cold chain consultant was hired to conduct the analysis, report write-up and preparation of a costed multi-year cold chain procurement and deployment plan. The draft report has been reviewed by the concerned technical working group, updated and endorsed by the ICC. The field supervisory activities by cold chain technicians and/or programme managers were used to obtain the CCE data for health facilities missed during the inventory process and the CCE inventory database is being updated accordingly. The information will be used to plan for improvement. 3.6.1 Procure & install refrigerators and freezers (20% CCEOP Co-financing) and operational costs (UNICEF): <ul style="list-style-type: none"> Country has shared the joint investment share/amount with UNICEF SD. CCEOP Year-1 has been fully implemented; MOH has already sent authorization letter to Gavi for transfer of Year-II CCEOP Joint-investment from SS Gavi HSS to UNICEF SD and the procurement of the equipment is in the final stages. 3.6.2 Procure & install temperature monitoring devices (UNICEF): <ul style="list-style-type: none"> More than 850 FT2 devices were procured and distributed to states, counties and health facilities to be installed in the cold chain equipment. 	

- 3.6.3 Conduct Cold Chain maintenance activities (UNICEF):
- Planned preventive maintenance activities taking place at all levels. Repair activities are done following reports of cold chain malfunction. From 2018 to end Sept 2019, a total of 91 CCE are installed, 101 CCE have been maintained and 80 have been repaired
- 3.7.1. Finalization of the national vaccine store design and detailed costing:
- Final costed design for the EPI Store complex has been shared with MOH for resource mobilization.
- 3.8.1 Construction of states CC stores (UNICEF):
- Standard cold chain store design for states and counties has been prepared and endorsed by MOH. Construction of cold chain store in Bentieu has started. Contracts for the remaining 3 stores in Kapoeta, Malakal and Aweil are already awarded, and construction work has commenced to be completed by September 2020
- 3.9.1 Provision of fuel for cold chain at state & county level (UNICEF):
- Fuel to national and state level cold chain stores is being provided on monthly/quarterly basis.
- 3.10.1 Solarization of state cold chain Stores (UNICEF):
- Solar powered CCE have been received and installation process is starting by the end of Nov 2019. The construction of superstructure for installing the solar panels is currently ongoing.
- 3.11.1 Deployment of long-term EPI/Cold Chain Advisor to MOH (UNICEF):
- International Cold Chain Advisor attached to MOH to support the planning and implantation of EPI Logistics activities at national and sub-national level.
- 3.12.1 Contribute to the deployment of 5 Health field officers (UNICEF):
- Five Health Officers have been deployed and are providing support to the state MOH in Upper Nile, WES, EES, WBEG and Lakes state.
- 1.13. 1 Support implementation of safe injection practices (WHO)
- This fund was to support functionality of existing incinerators. However, there is only one functional incinerator and options for injection safety support are being reviewed.
- 3.14.1: Support functioning of the AEFI Committee (WHO):
- Training of national and state AEFI committees in preparation for the measles campaign is on-going
- 3.15.1 Training on EVM and effective vaccine stock management (UNICEF)
- Integrated EVM training with LMIS is on-going. In 2019, 136 health workers were trained on EVM, LMIS and SOPs for vaccine and cold chain management, bringing the total since 2017 to 523 health workers.
- 3.16.1/3.16.2 Supervision & monitoring (UNICEF):
- Ongoing, UNICEF supports vaccine and cold chain management related supervisory visits. So far, 179 supportive supervisory field trips to various locations within the country have been conducted supporting vaccine and cold chain management activities and other EPI service delivery related activities.
- 3.17.1 Transportation of vaccines to state & counties (UNICEF):
- Vaccines and supplies for RI are being transported from NVS to 10 state hubs and over 30 counties using air on regular basis. Transportation from the state to county in the remaining counties and last mile distribution is done by HPF supported IPs in the 8 supported operational state hubs
- 3.18.1 Conduct annual EVM assessment (UNICEF):
- EVM Assessment finalized and Improvement Plan thus developed has been reviewed by the TWG and endorsed by ICC.
- 3.19.1 Recruit and fill 3 new staff (EPI, Cold Chain & M&E) for the new 22 states; and incentivise, existing Staff based on performance targets (WHO)
- Incentives are being paid for the existing EPI staff in the 10 state hubs. Recruitment has happened in 11 out of the 22 new states. Payment of their incentives will continue into 2020
- 13.19.2 Performance based incentive for EPI national staff (4 staff) (WHO):
- Incentives are being paid for 5 MOH staff
- 3.20.1 Support SS joint vaccine Independence initiative (WHO):
- Advocacy has been on-going through multiple forums for vaccine independence for South Sudan. However, given the challenges in financing of the health sector with only 1% of the government budget allocated to health, achieving vaccine independence will be a challenge in the current status.

Please include the total absorption capacity under WHO and under UNICEF

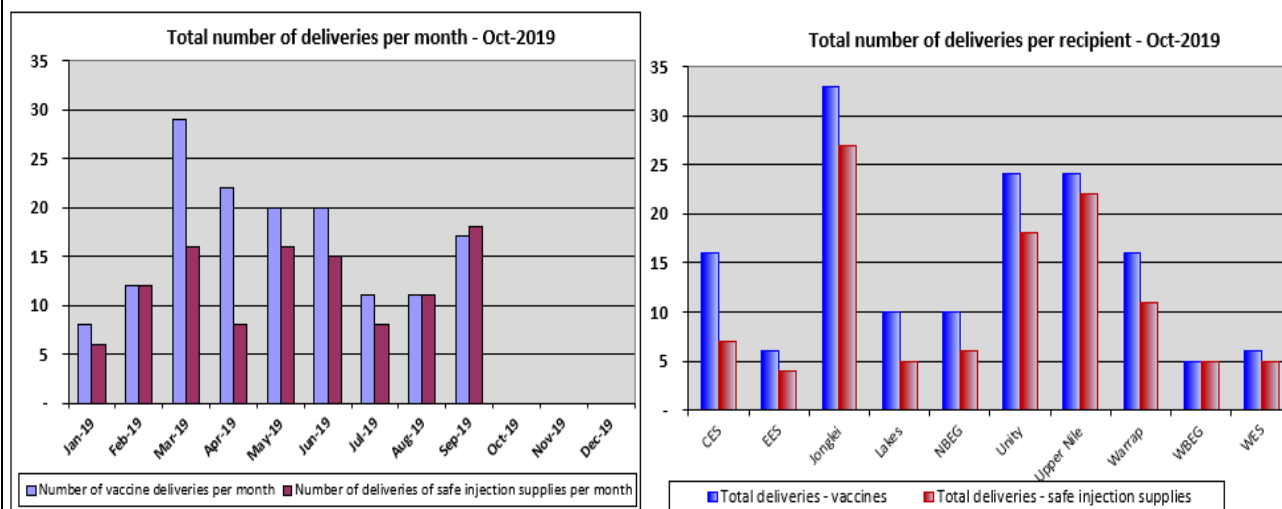
Highlight of key achievements:

a. Ensuring vaccine availability:

UNICEF successfully procured the required quantities of the antigens for SS EPI programme. Distribution of vaccine follows a pull system. The decision regarding the quantities and timing of dispatch is dictated by requests from receiving facilities. Vaccines are air transported from the NVS to 10 cold chain hubs and 33

counties in 3 conflict affected states on regular basis. Last mile distribution to health facilities is done by the Implementing Partners.

Figure 12: Showing distribution of vaccines from January to September 2019



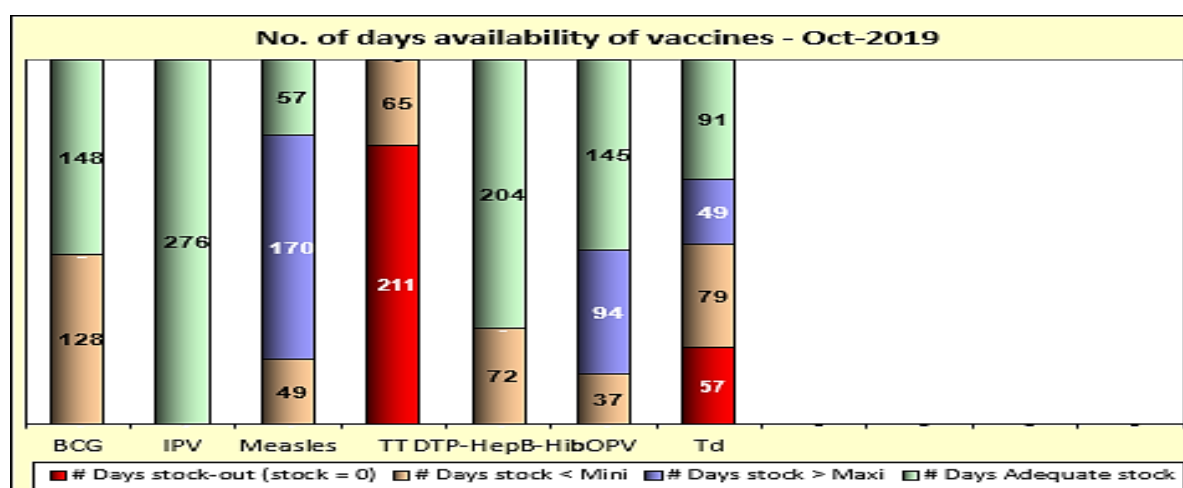
b. Improving LMIS and Stock Management Practices:

Automated Stock Management Tool (SMT) and ViVa Tool are used for managing and monitoring vaccine stock at national level. At sub-national level, however, manual recording and reporting tools are used.

UNICEF has supported the printing and distribution of vaccine control books, issue vouchers, temperature monitoring charts, and other LMIS Tools.

The stock level for all vaccines and injection supplies at National and State level is monitored closely, physical counts of stock balances at national and state level are conducted on monthly basis. State cold chain hubs are sending stock counts and vaccine utilization for each antigen to the national level on monthly basis. This close follow-up contributed to achieving zero stockout of vaccines both at national and state level.

Figure 13: Showing summary of vaccines stock visibility reported from January-October 2019



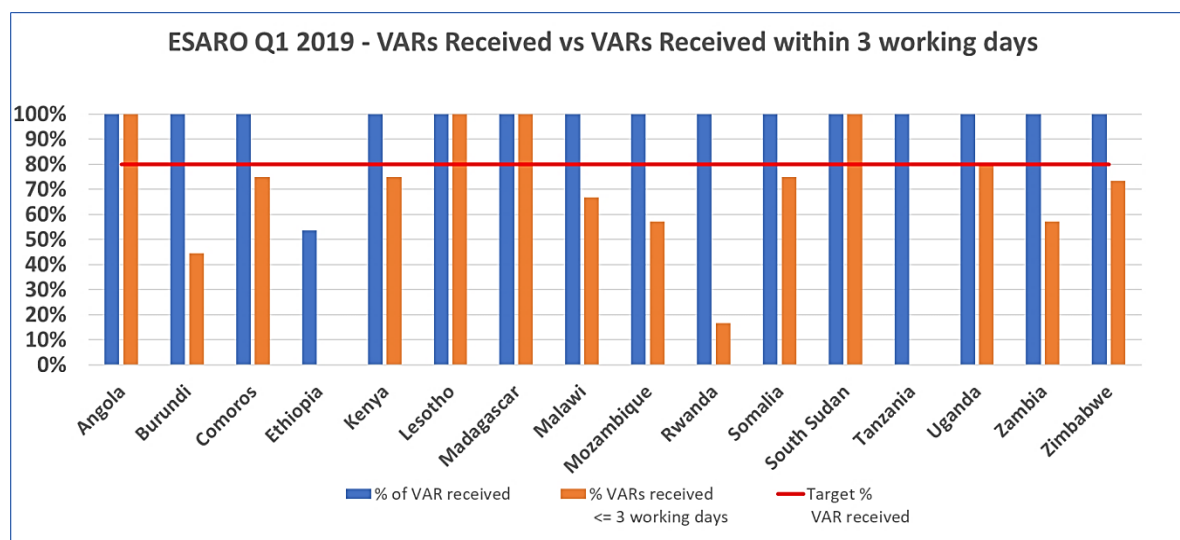
Aiming to improve the cold chain temperature monitoring practices, more than 850 Fridge-Tags devices were procured and distributed to all vaccine storage and service delivery points. Temperature monitoring chart is revised, printed and distributed to ensure cold chain temperature is monitored and recorded for ensuring vaccine potency. Findings from recently concluded SARA survey indicated that 44% of cold chain points at service delivery level have and were using 30-Day Temperature Monitoring Devices (FT2).

c. EVM Assessment and Improvement Plan:

Key recommendations from EVM Assessment conducted in 2012/2015 have been implemented at all levels of the immunization supply chain system. Over the last two years, multiple activities were conducted to improve

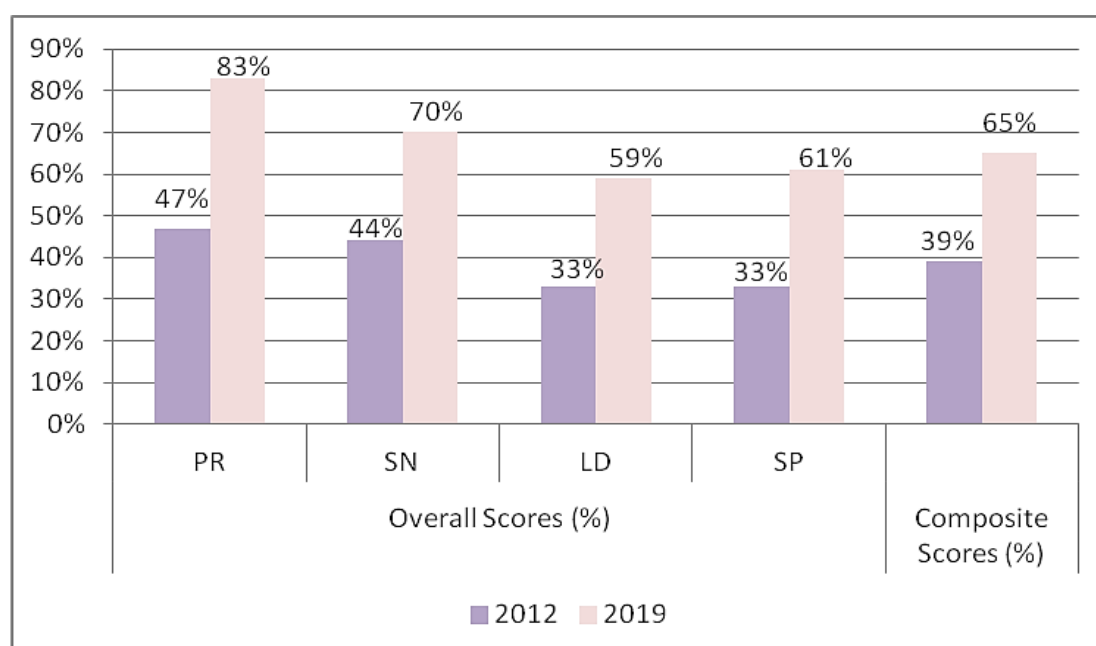
the vaccine arrival processes, geographical cold chain coverage, storage capacity enhancement, continuous temperature monitoring, stock management and building the capacity of healthcare work force. South Sudan has been scoring 100% in terms of vaccine arrival reporting, excelling its other regional cohorts.

Figure 14: Showing South Sudan Vaccines arrival reporting score in ESARO Q1 2019



Comprehensive EVM assessment was conducted in June – July 2019, to critically assess the strength and weakness of the immunization supply chain system against nine key performance areas. Overall, scores of the assessment show consistent improvement at all levels compared to the 2012 assessment. EVM global standard requires that countries attain scores of 80% and above in all criteria and at all levels.

Figure 15: Showing score of critical indicators from EVMA conducted in 2019



Major activities planned for upcoming period

Major activities planned for the upcoming period:

- Construction of 4 state cold chain stores in Bentiu, Kapoeta, Malakal and Aweil

(mention significant changes / budget reallocations and associated changes in technical assistance ¹⁰)	<ul style="list-style-type: none"> Solarization of 8 of the 10 state cold chain hubs, except Malakal and Juba Implementation of EVM Improvement Plan recommendations Implementation of Gavi CCEOP Year II Implementation of Gavi FER Plan
Technical Assistance Needs: Technical Assistance: An international cold chain advisor has been recruited and deployed to the Ministry of Health to provide technical support and guidance on activities related to immunisation supply chain management. He also provides 'hands-on' training to the national cold chain logistician and coordinates the activities of national and state level cold chain technicians. In addition, five field health officers have been recruited and are providing support to state MOH in Upper Nile, WES, EES, WBEG and Lakes states in delivering effective healthcare services including immunisation.	
Objective 4:	
Objective of the HSS grant (as per the HSS proposal or PSR)	To Strengthen the capacity of the Ministry of Health to provide stewardship
Priority geographies / population groups or constraints to C&E addressed by the objective	
% activities conducted / budget utilisation	WHO % budget utilisation = 47% UNICEF – % Budget utilized = 94%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	
Brief background:	
Activity implementation status update: 4.2.1 Renovation of old EPI office at MoH (UNICEF): The old EPI office has been fully renovated, furnished and handed over to MOH. In addition, furniture, printers, shelves/cupboards, and other office utilities were also procured and provided. 4.2.2 Contribution towards MoH operational costs (WHO): On-going activity 4.2.3 Procurement of generator for MoH (UNICEF): Activity line reprogrammed to construction of state vaccine store. 4.3.1 Conduct MLM training for EPI managers (Including induction of the new state EPI managers) (WHO): Induction training for the new EPI operation officers (3 per state) for 11 new states was carried out. The induction training of the officers for the remaining states will be carried out as soon as their recruitment is completed. Full MLM training of these officers will be carried out in 2020. 4.4.1/4.5.1 Include EPI in HTI curriculum and Train HTI tutors in EPI (WHO): Given that the HTI curriculum for 2019 had already been finalized by the Ministry of Health, it was agreed with the Directorate of Training and Professional Development that this activity be deferred to 2020, when the HTI curriculum can be reviewed to include EPI. Thereafter training of HTI tutors on EPI will take place. 4.6.1 Train Health workers in interpersonal communication (UNICEF): 816 Health workers from 31 counties were trained on interpersonal communication skills and client-oriented approach to caregivers and communities.	

¹⁰ When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

4.7.1	Review, disseminate & promote use of EPI Policy, guidelines, supervision checklists, job aids, etc (WHO):	A consultant has been hired to facilitate review of the EPI policy (on-going activity)
4.8.1	Conduct Leadership and Management Training for the 33 states (WHO):	Preparatory phase to conduct the leadership and management training for senior health managers to improve the overall management of health and immunization service delivery has commenced with technical support being provided to develop the training materials. The training will be implemented once the preparations are concluded with the Ministry of Health.
4.9.1	Conduct Data Management on the job training for National and State EPI Teams (WHO).	Activity was not implemented. EPI will work with the M&E department of MOH to plan for DHIS2 training at all levels in 2020.
4.10.1	Provision of ICT equipment for data management for 33 states (WHO):	ICT equipment that included 33 desktop computers, 33 printers, 7 laptops, 1 heavy duty printer and 40 external hard drives, were procured and handed over to the Ministry of Health. The equipment will be distributed to support DHIS 2 to roll out and improve data management and use for decision making to improve health service delivery including immunisation data at national, state, county and facility levels.
4.11.1	Conduct bi-annual data quality assessments (WHO):	The SARA survey for which a significant amount of funding was reprogrammed from other activities, included a module on Data Quality Review. The survey was conducted from the last quarter of 2018 to the first quarter of 2019. Another data quality assessment has been planned for quarter-1 of 2020 (based on the re-programming request submitted by WHO), however, preparations are on-going through discussions on the methodology and development of a concept note, detailed work-plan and budget.
4.12.1	Support Joint Health Sector Annual Review (WHO):	This activity is yet to be implemented and may be implemented in quarter-1 of 2020. Discussions are on-going with the Ministry of Health on this. A draft concept note, and budget have been prepared.
4.13.1	Produce annual performance report (WHO):	This activity is on-going; technical assistance through HSS and EPI teams and a lead consultant is being provided to develop 2018 HMIS and the annual health sector performance report.
4.14.1	Conduct annual EPI performance review (once for National and at State for counties twice a year) (WHO);	Two review meetings have been held involving the national and state EPI officers, and partners at both level
4.15.1	Conduct SARA Survey (WHO):	The SARA survey was completed in quarter 1 of 2019. Preliminary findings were presented to and validated by stakeholders in quarter 2 of 2019. The report of the survey is being finalised by end of October 2019. There has been delay in finalization of the report due to validation processes of some of the data in the field with South Sudan MOH and partners. This included detailed reasons for not being able to conduct the survey in the 597 facilities that were not visited.
4.17.1	Develop national health finance strategy (WHO):	The activity is ongoing with technical assistance being provided through WHO (Country Office, Regional Office and HQ) and a lead consultant to develop the health financing strategy.
4.18.1	Conduct consultative meetings (high level dialogue) for increased EPI allocations during budgeting process (WHO):	Given that high level advocacy on increased domestic financing to the health sector (including immunization) has been ongoing in multiple forums including the ICC and key multi-stakeholder forums, funding allocated for this activity was re-programmed for other priority activities.
4.19.1	Support to MoH teams at national and state levels for regional and global representation and learning forum (WHO):	MOH teams are being supported on an on-going basis to attend relevant regional and global forums. A high-level delegation led by Hon Minister and other DGs went to Ethiopia to hold consultative meeting and discussions on human resources development and international health. A team also went to West Africa (Ghana) to participate in annual meeting for medical councils where South Sudan was represented. The discussion included how to address challenges in HRH in Africa including South Sudan.
4.20.1	Develop Human Resources for Health (HRH) strategy for South Sudan (WHO):	The recruitment process for the consultant to support the development of the HRH strategy was completed. However, prior to development of the strategy, the country is required to conduct and National Health Workforce Accounts and Health Labour Market Analysis. Preparations for the

<p>implementation of these two activities are on-going through WHO support. Following their completion, the HRH strategy development will commence in quarter 4 of 2019 into quarter 1 of 2020.</p> <p>4.21.1 Support MOH to recruit C4D staff at national and state level by providing incentives (C4D Mentees) (UNICEF):</p> <p>The State EPI Communication Officers, under the guidance of the State EPI Managers and in coordination with C4D Officer in the respective field offices and partners, continue to support planning, monitoring and reporting of demand generation activities to promote immunization with a focus on low performing counties. Their core tasks include: developing routine immunization micro-plans, establish state level social mobilization and communication working group comprising communication focal points of implementing partners in the state, establish and maintain steady contact with radio stations/ media outlets operating in the state, advocacy with partners and coordination with key partners (Govt, UNICEF and WHO), religious/opinion leaders, influencers, CBOs, youth forum and women groups etc, to ensure high quality programme planning and implementation in the state, coach/ mentor the health workers on interpersonal communication skills and how to use the communication tools and trace/follow up the defaulting children.</p>	
<p>Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance¹¹)</p>	<p>Implementation of pending and ongoing activities</p> <p>Implementation of FER activities</p>
<p>Objective 5:</p>	
<p>Objective of the HSS grant (as per the HSS proposal or PSR)</p>	<p>Program Management</p>
<p>Priority geographies / population groups or constraints to C&E addressed by the objective</p>	<p>National</p>
<p>% activities conducted / budget utilisation</p>	<p>WHO - % budget utilisation = 75%</p>
<p>Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption</p>	
<p>Activity implementation status update:</p> <p>5.1.1 Support HSS core team (WHO):</p> <p>The support to the core HSS team of two national staff and one international professional is on-going.</p> <p>5.3.1 Conduct a midterm and end of term grant evaluation (WHO):</p> <p>The mid-term evaluation of the grant was not conducted; however, an end-term evaluation is planned in 2020 based on the re-programming request from WHO. The information from this evaluation will be valuable to document achievements, lessons learnt and challenges and inform EPI and HSS programming and for development of subsequent HSS grants,</p>	

<p>• Achievements against agreed targets</p> <p>The HSS grant is being used to support the immunization programme in entire country. In 2018, 262,309 children out of the targeted 361,191 received their 3rd dose of pentavalent vaccine. Children were vaccinated through fixed and outreach sessions from the facilities in addition to PIRI and RRM activities. Even with this support the targets were not reached that can partly be attributed to the issue of availability of skilled health workers to implement vaccination activities, poor accessibility due to insecurity and bad/absent communication infrastructure (road network) and low demand for services due to low community awareness.</p> <p>The additional funds received in the FER proposal will address health worker recruitment, retention, capacity building and the provision of vaccination services at both fixed and outreach sites as well as mobile vaccination sessions and focusing on nutrition programme's OTP sites for vaccination of the children visiting the OTP sites.</p>

¹¹ When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

Some of the activities in the HSS proposal no longer fit in the current status of the country and could not be implemented. UNICEF/MOH has already received approval for reallocation of the HSS funds while WHO is consulting MOH and will further submit the reallocation request for approval by 15th of December 2019.

- **Complementarity and synergies with other donor support**

The GAVI funding complements the funding available from Multi-donor funded Health Pooled Fund (DFID, USAID, Canada and Sweden) which is in the third phase of implementation from October 2018 and will end in October 2023. HPF supports provision of health services including immunisation in the health facilities through supporting stewardship at the county and health facilities, health care workers incentives including vaccinators, provision of equipment and drugs and other essential commodities, and data collection and reporting at the health facility. HPF also supports Boma Health Initiative in 23 Counties with plans to scale it up to 55 counties in 2020. The BHI is seen as a sound vehicle for awareness creation and demand generation, outreach and mobile services implementation and due/defaulters tracing.

With the GAVI funding, HPF through the 12 implementing partners (IPs), will scale up immunisation in 32 out of 55 HPF supported counties that have been performing poorly in immunisation. The support will target 466 of the 794 HPF supported health facilities to ensure:

- Daily routine immunization for five days a week
- Community outreaches for routine immunization
- Mobile immunisation services in the 32 counties
- Defaulter tracing of under-fives for immunization and counselling
- Mobilization of communities to attend mass outreach/mobile immunization or during NIDs and other SIAs
- Enhancement of last mile distribution of vaccines from State and County stores to the health facilities

- **Civil Society Organisation (CSO) participation** in service delivery and the funding modality

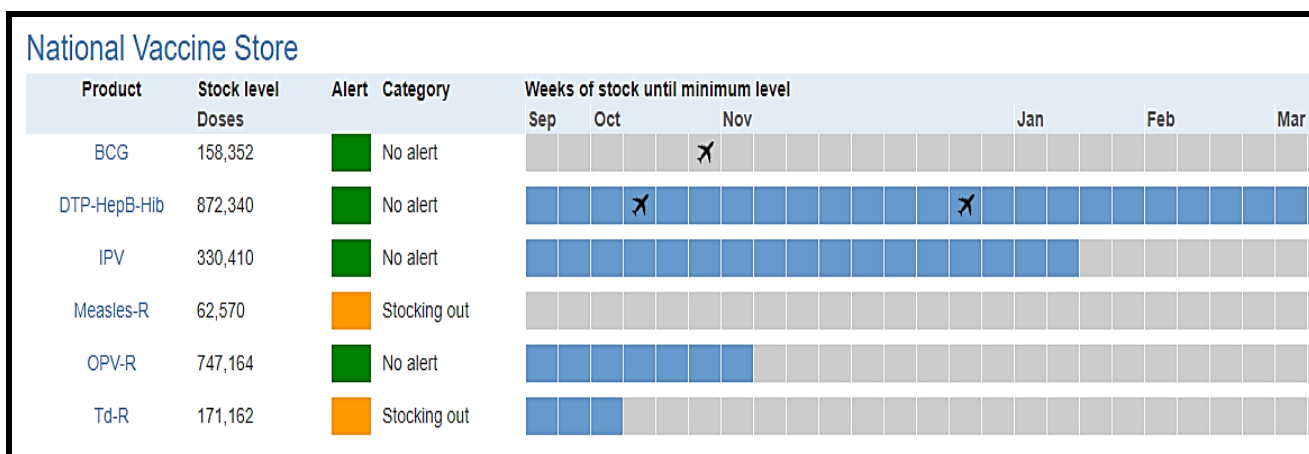
5.2. Performance of vaccine support

Gavi supported vaccines:

Gavi has been supporting South Sudan with the introduction and financing of Pentavalent and IPV vaccines. Gavi approved 800,500 doses of Pentavalent and 480,000 doses of IPV vaccines for 2018. For 2019, Gavi approved 2,253,000 doses of Pentavalent and 275,200 doses of IPV vaccines. In addition, Gavi granted waiver for NVS co-financing obligations for 2019 and 2020. IPV vaccine approved for 2019 is received in full quantity while around one million doses of Pentavalent vaccine are expected to arrive in country in the 4th Quarter of 2019.

The stock level for all vaccines and supplies at national and state level is closely monitored and there has been no incidence of vaccine stockout. ViVa Tool is used at national level for monitoring pipeline information.

Figure 16: Showing the Current ViVa Stock Projection by antigens as of October 2019



Vaccines and related supplies' forecasting for 2020 is carried out accounting projected consumption and the remaining balance by the end of December 2019.

South Sudan submitted request for vaccine support renewal for 2020 to Gavi in May 2019. The projected IPV and Pentavalent vaccine requirement has been adjusted accounting the supply and consumption trends and expected stock levels by the end of the year. Accordingly, expected renewal for 2020 is 121,858 doses for Pentavalent and 115,690 doses for IPV vaccine.

The country is working to improve monitoring of vaccine stocks at county level thereby improving visibility of utilization and monitoring wastage levels at all levels.

Measles Campaigns/SIA:

The country planned for a phased implementation of the Measles follow-up campaign. The campaign planned for quarter 4 of 2019 has been postponed to quarter 1 of 2020 due to unusually heavy rains which resulted in mass flooding across the country. The first phase implementation is scheduled for 4-11th February 2020 in 55 counties of the country while the second phase is planned for 11-17th March 2020. A national coordination committee has been established and has been meeting regularly. The SIA technical committee developed guidelines for micro planning and implementation of campaign activities. Micro planning was carried out at payam and county levels with close supervision of state and national level supervisors. The micro plans were merged at county and state level before submitting to the national level.

Vaccine, cold chain and logistics subcommittee carried out rapid cold chain assessment to assess the availability of the cold chain capacity at different levels for storage of the vaccines and related supplies for the SIAs. The required supplies for the campaign have been procured and received in the country. The vaccines and injection safety materials have already been received and distribution plans developed in the light of micro-plans developed at payam and county levels.

Advocacy, social mobilisation and communication subcommittee has developed detailed plans for engaging partners, civil society and religious organisations to disseminate key messages about the campaign. More than 2,500 social mobilisers are going to be deployed to create awareness at the community level. Key messages will be disseminated using multi prong media channels.

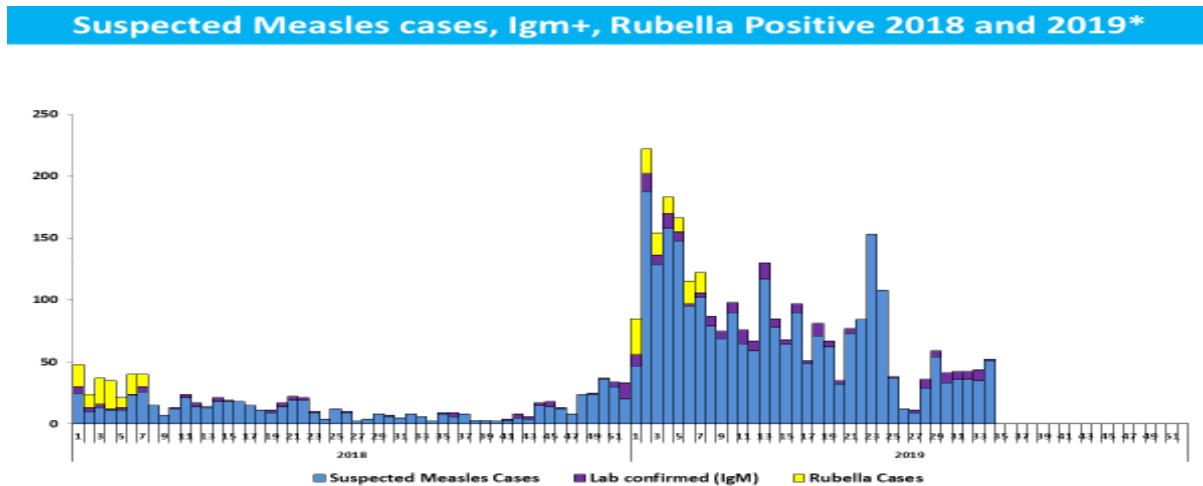
Adverse effects following immunization and waste management committee have been established; plans for risk management has been finalised, cascaded trainings are planned to develop adequate capacity to respond to AEFI events.

National TOT for implementation for the first phase of the campaign has been conducted and cascaded at the state level in the first week of November.

Situation analysis of Measles/Rubella

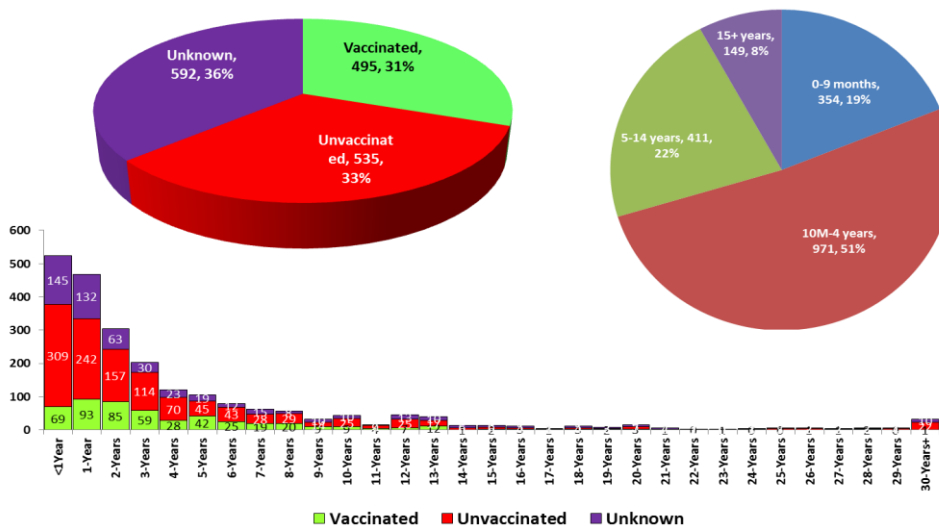
Measles outbreaks have continued to affect children. Fourteen outbreaks have already been reported in 2019. By September 2019, a total of 2,849 suspected measles cases were reported. Out of these, 242 were laboratory confirmed with 27 deaths (CFR=1%). The situation in 2019 is considered as the worst since 2011. The highest disease burden is among children under 5 years (Incidence Rate = 74.2 per 100,000 population) while incidence among children aged 5 to 9 years was 28.5 per 100,000 population. About 28 rubella cases have also been reported since the beginning of the year. The below epi-curve shows a 344% increase in the number of measles cases as compared to 2018.

Figure 17: Showing the distribution of suspected Measles and Rubella cases from 2018 to September 2019



Majority of the confirmed and epi-linked measles cases are less than 5 years (70%) and are not vaccinated or their vaccination status unknown (69%).

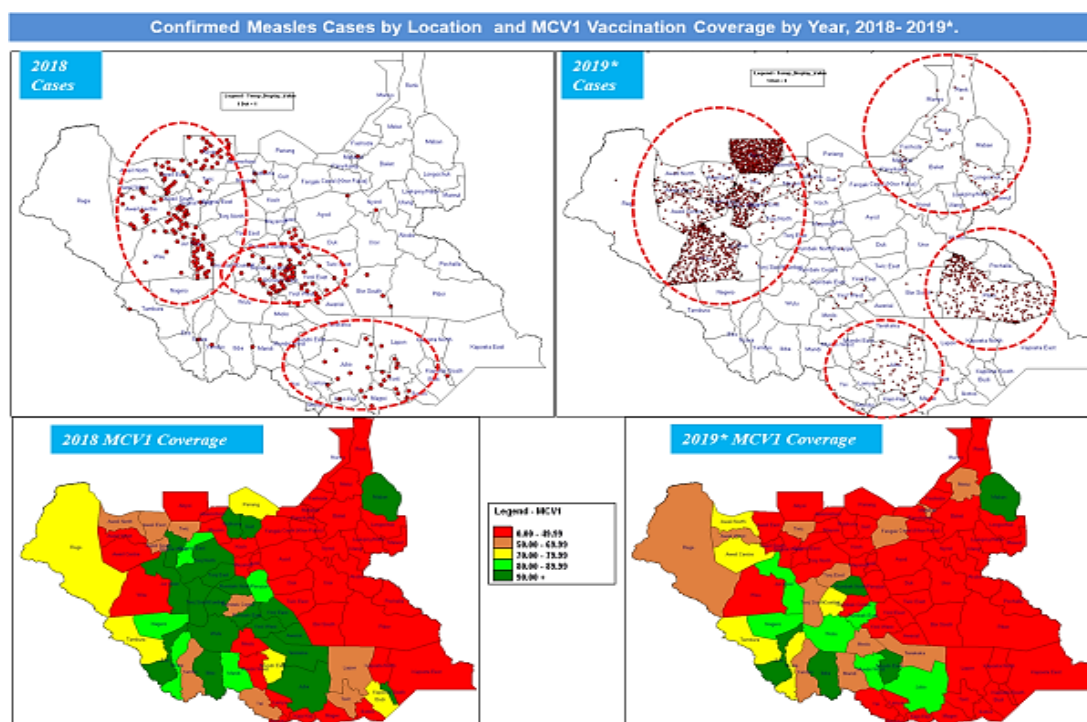
Figure 18: Showing the distribution of Measles cases by age cohort and vaccination status 2019



***Note:**

- Discarded plus & Missing age are excluded from the calculation

Figure 19: Showing the trend of measles coverage and outbreaks distribution by counties from 2018 to 2019 (July 2019)



As shown in the graphs above, counties that reported a higher MCV1 coverage reported measles outbreaks while outbreaks were not reported from counties with lower MCV1 coverage. This could be due to relatively better VPD surveillance systems in the counties with a higher MCV1 coverage. As of July 2019, 16 counties had reported measles outbreaks. With support from partners, 13 counties conducted reactive campaigns.

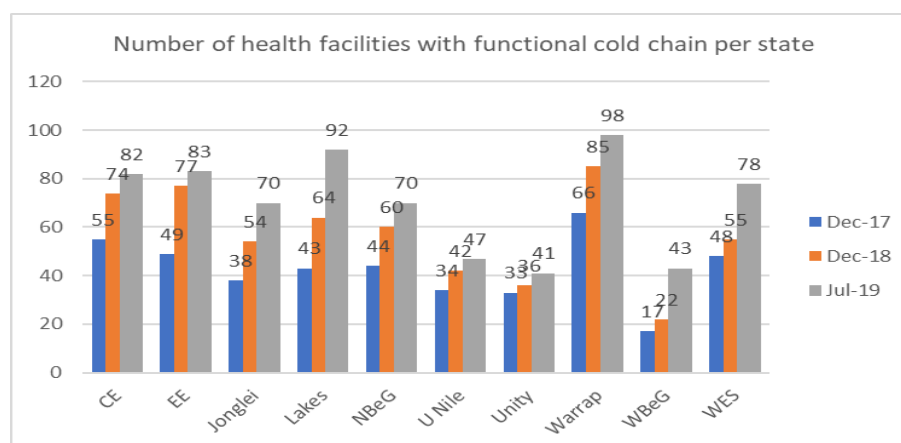
The Ministry of Health (MoH) and health partners in South Sudan reviewed the status of measles control activities in the country and developed a national measles strategic plan (2014 – 2020). The purpose of the strategic plan is to systematically guide the planning and implementation of measles control and elimination activities to reduce the disease burden and eventually achieve measles elimination. This includes a series of high-quality national measles campaigns targeting children (aged six to 59 months) to boost population immunity by providing an opportunity for second dose of measles vaccine every two years, the last measles campaign was conducted in 2017. The cMYP 2018-2023 has no plans to introduce MCV2 or MR vaccine in the coming years. The country is still struggling to reduce the burden of measles disease by improving the routine immunization coverage, which is still below 50%.

5.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

- **Performance** on five mandatory CCEOP indicators and other related intermediate results – achievement against agreed targets as specified in the grant performance framework (GPF) with discussion on successes, challenges and solutions for reaching targets;

Gavi approved South Sudan's Cold Chain Equipment Optimization Platform (CCEOP) proposal and informed the country through decision letter sent on 31st March 2017. As a requirement for year 1 disbursement, the country prepared and submitted to GAVI an Operational Deployment Plan (ODP) and Deviation Protocol. Two hundred sixty-eight (268) cold chain equipment were approved for the country for the first year of implementation (2018) which have been installed in two phases.

Implementation of year-I CCEOP contributed to the increase of cold chain coverage at service delivery points countrywide from 35% in March 2017 to 45% by the end of December 2018.

Figure 20: Showing distribution of cold chain equipment by state from 2017, 2018 and July 2019

The country's 20% joint-investment share for Year I and Year II CCEOP has been covered using resources in the Gavi HSS grant.

For 2019, South Sudan was eligible for the CCEOP Project support worth of \$2,645,080; of which Gavi paid \$2,116,064. The country has paid the difference of \$565,167.72 as joint investment portion from the HSS Grant. In line with this, the country team has prepared Operational Deployment Plan (ODP) that will benefit an estimated 220 health facilities with new and PQS standard solar fridges. The procurement process is in the final stages and equipment are expected to be installed by the 3rd quarter of 2020.

5.4. Financial management performance

The cash grants from Gavi are channelled through WHO and UNICEF. Below is the summary of the financial performance for each agency.

WHO:

WHO received cash grants from Gavi for HSS, TCA and Measles Follow up campaign the utilization rate is as shown in the table below. WHO, in consultation with MOH, will submit a request for a no-cost extension of the HSS grant as well as a request to re-allocate the balance of funds against the grant focusing on activities that are feasible over the next one year. The activities for the measles follow up campaign have been extended into 2020, hence, low utilization. The technical and financial reporting are in conformation to grant requirements.

WHO UPDATE ON GAVI GRANTS AS OF 8 NOV 2019					
Area of support	Exp date	Amount budgeted	Fund Utilized	Balance	Utilization rate
GAVI HSS	31-12-2019	7,902,877	5,214,657	2,688,220	66%
GAVI TCA	30-06-2020	616,051	430,550	185,502	70%
Measles Campaign	31-12-2020	2,138,363	300,672	1, 837,691	14%

UNICEF

UNICEF is the recipient of HSS, TCA and Measles FUP grants along with other partners. Financial utilization of the grants allocated to UNICEF is on track despite of context specific challenges in the implementation of the agreed activities. Recently, in discussion with the MOH and subsequently with Gavi team, the balance of the HSS grant has been reoriented to accommodate the programme needs in the light of recently conducted EVM assessment and cold chain inventory analysis based on data collected through SARA survey. The re-

allocation/realignment of the remaining funds ensures objective utilization of the funds as well optimal absorption of released funds by the time.

UNICEF, on behalf of MOH, has recently received the FER grant for a period of 18 months. The project is designed to address the financial needs and other requirements in conformation to SS EPI's chronic challenges of deficiency of skilled human resources, capacity of existing human resources, last mile supply distribution and supervision and monitoring of the field activities.

The half yearly and annual certified reports are shared by regularly. UNICEF also reports regularly on the Grant Management Requirements.

UNICEF - UPDATE ON GAVI GRANTS AS OF 30-09-19						
Grant reference	Expiration date	Purpose	Amount programmable	Amount Spent/committed	Balance	Utilization rate (%)
SC180268	30-06-19	TCA 2018	749,954.50	749,954.50	0.00	100
SC190114	30-06-20	TCA 2019	661,841.25	429,794.90	232,046.35	65
SC190119	19-02-21	Measles FUP	1,052,901.85	202,138.41	850,763.44	19
SC180398	30-04-20	HSS 2018	8,486,535.19	6,762,247.51	1,724,287.68	80
SC180398	30-04-20	FER	9,896,401.85	0.00	9,896,401.85	0
TOTAL			20,847,634.64	8,144,135.32	12,703,499.32	39

The financial reporting and other requirements are in conformation to grant requirements. The half yearly and annual certified reports are shared by regularly by both agencies.

The country received the Grant Management Requirements on 11th July 2019 which are being addressed.

5.5. Transition plan monitoring (applicable if country is in accelerated transition phase)

Not Applicable

5.6. Technical Assistance (TA) (progress on ongoing TCA plan)

Activity	Expected outcome	Partner	Update on implementation
1. Analyse the cold chain inventory assessment data within the SARA survey to determine the functionality of the cold chain system and develop a 5-year cold chain expansion plan.		UNICEF	1. Done. Report already shared.
2. Training and supervision of CC logisticians, assistants and technicians on CC and vaccine management and use of SOPs.			2. Implemented.
3. Distribution, installation and maintenance of CCEs.			3. Ongoing

Activity	Expected outcome	Partner	Update on implementation
4. Conduct Effective Vaccine Management (EVM) follow-up assessment and develop improvement plan			4. Done. Both report and IP shared
<p>1. Identify primary findings of KAP study and EPI coverage survey</p> <p>2. Facilitate a workshop comprising MoH, C4D and EPI implementing partners and CSOs to draft national communication strategy for routine immunization using evidence generated from KAP rapid assessment and EPI coverage survey.</p> <p>3. Conduct ten (10) state level workshops to disseminate national communication strategy for RI and develop state level communication plans</p>	<p>The study aimed to identify and systematically analyse knowledge gaps, cultural beliefs, behavioural patterns and practices that may facilitate acceptance and utilization or create barriers to demand of child immunization.</p> <p>Based on the findings of the KAP study the national demand promotion strategy will be developed which will act a guiding tool to reach out to people with messages.</p>	UNICEF	<p>1. Done - A Comprehensive report on caregivers' perspective on the KAP towards immunization has been finalized, disseminated and validated through a national level workshop attended by all major EPI stakeholders</p> <p>2. Done - National Demand Generation Strategy has been finalized with the involvement of all major EPI stakeholders keeping in mind the evidence generated through the KAP survey and EPI coverage survey.</p> <p>3. Ongoing - State wise workshops to disseminate the national communication strategy for routine immunization and develop the state communication are planned for Jan-March 2020</p>
To cover the travel costs and per diem for MoH/EPI mentors, project advisor, 3 regional officers who will support the Technical Advisor to provide on-going mentoring for the 48 state-level mentees.	It is planned that by June 2020, all 48 officers in training will have achieved 100% of their required deliverables in their core area of immunization; supportive supervision, micro plan development, VPD surveillance, data management, communication for EPI	CDC	<p>Implemented as planned. Capacity of the officers in training to supervise and mentor county and frontline health workers enhanced. The following are some of the deliverables of the officers in training and the regional mentors</p> <p>1. Supportive supervision conducted in 18 counties and 410 health facility visits. During these visits, the officer conducted on-the-job training of the county teams and the frontline health workers.</p> <p>2. 46 new facility micro plans developed, and 82 facility level micro plans revised</p>

Joint Appraisal (full JA)

Activity	Expected outcome	Partner	Update on implementation
			<p>during supportive supervisory visits. Implementation of the micro plans could be improved through involvement of the implementing partners from the onset of micro plan development. In 8 facilities where the implementing partners were involved, implementation has been smooth.</p> <p>3.18 quarterly performance feedback bulletins (state to counties) shared by data officers in 6 states. Use of the bulletin could be improved. Currently no feedback is happening to the facilities from the counties due to capacity gaps among the county M & E officers.</p> <p>4. Officers in training co-facilitated in 60 different trainings at state and county levels. The officers co-facilitated in the IIP trainings, Interpersonal Communication (IPC) trainings, polio SIA trainings etc.</p> <p>5. Officer regularly monitored vaccine utilization on 36 sentinel health facilities across the country.</p> <p>6. Recruitment of new EPI officers in 12 states.</p> <p>7. Induction of the first batch of 33 new EPI officers</p> <p>8. Surveillance officers supported overall efforts to detect and investigate vaccine preventable diseases (VPDs). They conducted 296, 282, and 204 active surveillance visits in 126 high priority, 69 medium priority, and 64 low priority facilities. Mentees efforts contributed to about 33% and 6.5% of the all measles and AFP cases reported and investigated in the country. 4 out of the 8 cases of neonatal tetanus were reported by the officer in training from Northern Bahr el Ghazal and Western Bahr el Ghazal.</p> <p>9. Communication officers participated in 43 radio talk shows in 6 states aimed at</p>

Joint Appraisal (full JA)

Activity	Expected outcome	Partner	Update on implementation
			sensitizing the communities on routine immunization and SIAs. 10. Two cold chain technicians embedded in UNICEF as part of national team, frequently visit different states to install new/maintain equipment, regularly perform preventive maintenance services at the national vaccine store (NVS). The team have installed 6 new equipment, repaired 19 equipment, sensitized/trained 38 health workers on preventive maintenance.
For the EPI capacity-building project (ECB), the mentees learnings primarily occur through on-the-job training, ongoing formal mentorship and the "all mentees quarterly workshops". The "all mentees learning workshop" will be held each quarter in Juba from Jan 2019-June 2020 (total of 6 workshops).	It is planned that by June 2020, all 48 mentees in the states will have achieved 100% of their required deliverables in their core area of immunization; supportive supervision, micro plan development, VPD surveillance, data management, communication for EPI	CDC	Implemented as planned. As at September 2019, 3 workshops conducted. The deliverables are as stated above.
Provide technical support to the South Sudan Ministry of Health to develop and disseminate standard operating procedures (SOPs) for routine immunization and vaccine-preventable disease (VPD) surveillance data management as part of implementation of the national data quality improvement plan.		CDC	Implemented as planned. The SOP development is ongoing. The first draft of the SOPs will be presented to the data quality team for their inputs by end of October. The final products (SOP and Job aids) will be completed by mid-December 2019. Thereafter, training of vaccinators and other health workers shall be incorporated in the IIP and Mid-level managers' trainings.
1 CDC staff to provide TA for 30 days to ensure high quality preparation, implementation and monitoring for measles follow up SIA planned in QTR 4 2019		CDC	
Support EPI workplan development, and implementation. Conduct review meetings at national and in the 10 state hubs		WHO	EPI work-plan available at national level and 10 State Hubs (Jan – Dec 2019) 2 EPI review meetings were held (January & August 2019) The state hub level host integrated hub meetings (at least monthly) these include EPI Ongoing implementation at state level where funding was made available; a number of activities remain unfunded

Joint Appraisal (full JA)

Activity	Expected outcome	Partner	Update on implementation
Support the 10 state hubs to micro-plan and implement PIRI activities		WHO	Funding made available was only for 1 round of PIRI which was completed (activity took place from April to July 2019). PIRI activity report is available. WHO will not meet November 2019 milestone as there is currently no identified funding for the 2nd PIRI round
Maintaining functionality of the Rota-virus sentinel surveillance and measles surveillance laboratory		WHO	There are 2 rotavirus sentinel surveillance sites in South Sudan of which one site has not collected samples since April 2019. Data included in the Joint Appraisal Report
Support functionality of SSITAG roles		WHO	Quarterly meetings not held due to no quorum in place. Only one meeting held in September 2019. Meeting report is available.
Support functionality of National AEFI Committee and State Focal Points		WHO	The first meeting took place together with refresher training on AEFI from 29 to 31 October 2019. There have been recent changes in the Chairmanship.
TA to support roll out of DHIS 2 and analysis of EPI variables		WHO	The staff function is not filled but WHO polio-funded data manager is overseeing work on integrating EPI programme data in DHIS2/HMIS. In 2020 this staff function can be filled as GPEI continues to ramp-down in South Sudan
Support the planning and implementation of 2019 Mass Measles Vaccination Campaign		UNICEF	Ongoing – UNICEF in collaboration with MOH, WHO and other partners is actively participating in preparatory activities. Measles vaccine and injection supplies are procured and ready for distribution. National and state level communication plans including risk communication plan has been developed; communication materials have been printed and ready for distribution. Social mobilization and communication activities are on track.
Support the planning, training, monitoring and supervision, and post-campaign evaluation of the measles follow up campaign		WHO	Phased campaign implementation: Planning is on target (86% readiness)

Activity	Expected outcome	Partner	Update on implementation
			Measles international consultant on board since mid-June 2019; national consultant yet to be filled; GAVI funded consultants supporting preparations Campaign has been postponed to Feb and March 2020

JSI SS TCA 2019–2020 Activity implementation update.

PURPOSE of JSI' PEF/TCA: Provide Technical Assistance to the MOH in LMC to implement Gavi Health System Strengthening project (HSS) and now Health System Strengthening/Fragility Emergency and Refugee policy Grant.

JSI Started TCA in 2013 during the preparation for introduction of Pentavalent vaccine. In 2017 when JSI had one staff in country under the PEF TCA, Gavi and in-country members recommended JSI to recruit three additional staff. The recommendation was implemented in 2018/2019 TCA with the following TA position 100% supported under PEF/TCA

S/No	Positions	Roles and Responsibilities
01	SIT Advisor	Coordination, management support and TA team lead
02	HSS Technical Officer	Support implementation and monitoring of HSS/FER activities
03	Com. Technical Officer	Immunisation communication support, CSOs coordination
04	Finance & O. Officer	Finance, operations and functionality of EPI, HE and DGs Office

Objectives of JSI's PEF/TCA 2019-2020

Objective 1: Strengthen immunization program leadership, management, and coordination at National & State level

Objective 2: Support the MoH in scaling up and promoting the use of RED Strategy for delivering immunization services

Objective 3: Support the MoH in coordinating South Sudan's civil society organizations platform

Objective 4: Support the MoH in coordinating, monitoring and tracking the implementation of Gavi's Health Systems Strengthening and Fragility, Emergency and Refugees activities
JSI maintained the 4 positions in the 2019-2020 PEF/TCA to implement the following objective

Implementation of the Objectives

JSI, in Close collaboration with other partners, supported MOH in development of National & 10 state hubs' EPI annual work plans. The state EPI annual work plans are aligned to the national EPI work plan. JSI drafted the annual workplan and coordinated consolidation of partners inputs. The implementation of annual work plan was monitored through review meetings that brought all the state EPI managers from state hubs to the national level. JSI's

technical assistance to MOH on the review meeting focused on the review design, coordination and co-facilitation and was complementary to the operational support (funding, logistical support, venue arrangement and co-facilitation) provided by WHO for the review. JSI will continue to support states in monitoring recommendations and action points implementation.

In addition to the supportive supervision to the states to monitor the implementation of the state EPI annual work plan, JSI leveraged the support of existing partners' TA in the states to ensure the states provide quarterly reports to the national MOH to review their workplan on quarterly basis to report achievements, challenges and way forward to the national level. National level developed M&E framework meant to act as data base for monitoring implementation of annual work plan. However, most states were not able to monitor their inputs and process indicators. Three out of ten (3/10) states provided their quarterly state EPI reports on inputs and process indicators whereas the rest could not monitor their inputs and process indicators.

Besides daily support to the former EPI Manager, JSI supported the MOH in coordinating the recruitment process of the new EPI manager in collaboration with other partners (MOH, WHO, UNICEF, CDC /AFENET). On the satisfaction of Gavi, the EPI manager has assumed his office. JSI also supported MOH in coordination of partners during Gavi's quarterly monitoring visits to South Sudan and during annual JA meetings.

JSI also supported the national MOH in strengthening functionality of coordination platforms/mechanism (ICC, EPI TWG, immunization Supply Chain WG, Data Working Group, ASCM working group, RI-Task Force, HSS review, review meetings, and SSITAG meetings).

ICC, EPI TWG ACMN/BCC TWG TORs were updated, SSITAG standing ministerial order of 2016 (lost members returned) were issued. ICC held its first meeting in the first quarter of 2019 to review and endorse the measles follow-up campaign, EPI coverage survey report and annual workplan. The planned ICC meetings for the 2nd and 3rd quarter of 2019 could not be held due to busy schedule of senior management of MOH. EPI technical working group (TWG) meetings were held regularly bi-weekly to plan, monitor, update and review EPI activities. Health system strengthening (HSS) committee meetings were also held quarterly to review, update plans and realign budget allocations. The role of JSI was to create a forum for discussion and participate in discussions, ensure minutes are captured action points are followed and implemented accordingly. RI-Task force and ISC TWG could not hold meetings due to common membership of same members.

At sub-national level eight of the ten (8/10) states (WE, EE, CE, Warrap, WBG, Unity, NBG & Lakes) have been holding regular EPI TWG meetings on monthly basis and need based adhoc meetings for addressing the emerging urgent issues. Functionality of the state coordination meetings is monitored during supportive supervisory visits. The means of verification (MoV) include meeting attendants list, minutes of the meeting etc. The team supported WE, CE, Warap and WBG states in revising TORs for their state EPI coordination bodies and membership. Efforts will be focussed on the remaining two states (former Upper Nile & Jonglei) to ensure they start their regular meetings to discuss issues of RI.

JSI, in collaboration with WHO & other partners, supported MOH in planning coordinating and co-facilitating immunization in practice (IIP) TOT, induction of 33 EPI officers in the new states using HSS funds. However, only few trainings took place due to other competing priority activities. The resource constraints and competing priorities delayed implementation of some trainings like IIP training for vaccinators which are now planned to be covered under

FER grant. JSI will continue to support MOH in following-up and supporting the rescheduled training sessions.

Revision of the RED/REC guidelines was initiated, and the chapters have been updated. The revised guidelines will be finalized jointly with the partners and the micro-planning tools, PIRI & RRM as a new strategy will be added in the guidelines after consensus building. Through supportive supervision, the state EPI teams were guided on reviewing the health facility micro-plans, re-establishment of outreach (OR) and implementation of community linkages approach for demand generation in states visited (WBG, Jonglei, Warrap, WE & Lakes). Revision and adaptation of the REC/RED guide will be prioritised in the coming quarters as this is the bases of REC approach implementation to reduce equity gaps.

JSI provided technical assistance (TA) to the MoH on implementation of Gavi HSS activities by tracking timeliness/schedules, status and implementation challenges using the HSS activity tracker. Monitoring and updating the HSS Grant Performance Monitoring Framework, TCA and Gavi funded asset tracking tool remained the main areas of focus. In addition to ensuring availability of data to partners for informed decision making to improve routine immunization program.

All 2019 Gavi HSS activities were incorporated in the EPI annual workplan and their implementation was monitored using the tracking tool and regularly held HSS review meetings jointly with the MoH and partners on quarterly bases. It is through these HSS meetings that budget reviews and realignments are discussed and agreed on with new timelines mutually agreed for implementation. Together with data team, the GPF target for 2019 and Gavi HSS supported physical asset and HR list were updated in July and October 2019.

The team has developed concept note for identification and engagement of CSO partners, but the activity has been delayed due to other competing priorities. Currently, there is no substantive cohesive platform to engage the CSO platform members. Gavi CSO section lead has provided guidance on the CSOs constituency support during the JA meeting.

JSI, supported MOH in drafting the TORs, timelines, deliverables and request for hiring a consultant by WHO to review South Sudan EPI Policy and recommend the changes aligned with global milestones. WHO hired the consultant 3rd draft is under review and revision by the partners and MOH for finalization and endorsement by ICC and senior management of MOH.

Finalization of the updated South Sudan version of Immunization in Practice (IIP) guidelines has been delayed. However, the existing form of simplified IIP guidelines for training vaccinators is being used for the capacity building activities.

Next plan under PEF/TCA 2019/2020

- Continuation of the unfinished business of TCA 2019/2020 aiming at completing the activities by March 2020 will be the focus of the team. Development, implementation and monitoring of national and Sub-national EPI Annual Workplan for 2020, Aligning the subnational plans to national annual work plan, planning, coordinating and cofacilitating the bi-annual review meetings in 2020.
- Monitoring and tracking inputs and process indicators for annual EPI Workplan at all levels and updating the GPMF
- Continue strengthening coordination platforms (SSITAG, ICC, EPI TWG, ACSM/BCC TWG, HSS review meeting & Data Working Group) at national level and establishing linkages between national and subnational coordination structures.

- Co-facilitating all trainings using Gavi HSS grants and keeping records of all trainings conducted.
- Finalize the RED/REC guidelines, facilitating the training on the guidelines and ensuring the quality implementation and close monitoring of implementation status of REC/RED approach.
- Support in dissemination of EPI policy to ensure adherence to the Policy.

Proposed New activities in 2020-2021 TCA

In accordance to Gavi's ongoing review on new model for coordinating the HSS/FER, following activities are proposed for 2020-2021 TCA:

1. Introduce adaptive leadership and management in the MOH to improve work planning, knowledge management, data harmonization, decision making, and accountability. Specifically:
 - a. Holding quarterly leadership and management retreats and peer reviews
 - b. Establishing quick resolution teams (alpha teams and red teams) to quickly resolve coordination and implementation bottlenecks.
2. Support EPI Manager to steward Gavi HSS/FER/NVI partners through;
 - Supporting orientation and mentorship of the new EPI manager and all 66 new state officers in coordination and program management in line with new coordination structure.
 - Ensure orientation process for new staff during any HR transition.
1. Maintaining the functionality of coordination platforms, monitoring, planning and facilitating review meetings and JA.

2. P. DATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal¹² and any additional significant Independent Review Committee (IRC) or HighLevel Review Panel (HLRP) recommendations (if applicable).

Prioritised actions from previous Joint Appraisal	Current status
<p>1. Despite the increase in Penta3 coverage from 45% in 2016 to 59% in 2017, there remain a high number unvaccinated population especially in the conflict affected states of Unity, Jonglei, Upper Nile, and Central Equatoria.</p> <p>A mixed strategy focusing on rapidly reaching populations over a short time in the 45 low performing counties should be implemented. The strategy should aim at:</p> <ul style="list-style-type: none"> • Re-establishing regular outreach sessions through proper micro-planning and operational support for counties that are relatively stable; • Continue to conduct three rounds of PIRI in highly-populated counties with weak routine system, strengthen fixed and outreaches approaches in stable counties, • Establish & Implement Routine Immunisation Control Room targeting the former three Conflict affected states (Unity, Jonglei, Upper Nile), • Maximize opportunities for distribution of supplies to conduct Rapid Respond Missions in specific hard-to-reach locations. 	<p>- Implementation of the FER will ensure re-establishment of the outreach and mobile vaccination strategies.</p> <p>- One round of PIRI has been implemented in 2019. More rounds will be implemented as funds get available.</p> <p>- Not done</p> <p>- Rapid response missions are linked to WFP missions and it may be difficult to influence where the missions are carried out.</p>
<p>2. Weak capacity on vaccine supply and cold chain management; Weak last mile delivery.</p> <p>Agreed country actions:</p> <ul style="list-style-type: none"> • Post EVM training follow-up and on-job mentoring 	<p>Ongoing</p>

¹² Refer to the section "Prioritised Country Needs" in last year's Joint Appraisal report

<ul style="list-style-type: none"> • Procure computers and printers and rollout SMT at State and County level. • Conduct review meeting to evaluate the effectiveness of SMT and EVM • Recruit, train, and deploy additional three cold chain technicians to state hubs for cold chain management at State, County and Health facility levels. They will be embedded within the State Ministry of Health and be supervised by State EPI managers. • Conduct temperature mapping and monitoring studies to identify gaps and take measures to improve vaccine storage/handling practices. • Conduct systematic assessment of vaccine wastage and utilization rates. • Finalize CCE Inventory and develop multi-year plan to improve the functionality and coverage of cold chain system at counties and health facilities. • Solarisation of state and county cold chains to reduce heavy dependence on fuel to power cold chain generators • Conduct EVM Assessment and develop multi-year (continuous) improvement plan • Conduct supportive supervisions, support improvement of coordination to aid last mile vaccine and supplies delivery 	<p>Ongoing – three computers and printers are procured and distributed to state cold chain. SMT will be rolled out after training the users.</p> <p>Ongoing – six cold chain technicians are already deployed to respective cold chain hubs. Recruitment of additional four is currently in progress. Done – temperature mapping and monitoring studies finalized, recommendations used for improving EVM performance</p> <p>Ongoing – vaccine wastage monitoring in 3 states and limited facilities ongoing. But, lack of consistent reporting and quality of reports need to be improved</p> <p>Done – CCE information however was captured for 783 health facilities only. Out of these, 542 (69%) health facilities had functioning refrigerators/freezers, 61 (8%) had non-functioning CCEs, while the remaining 160 (20%) lacked any form of CCEs</p> <p>Ongoing – CCE are already procured; construction of solar mounting structures has started.</p> <p>Done – EVMA carried out at NVS, 8 state cold chains, 14 county cold stores and 15 health facilities. EVM implementation plan was developed. Awaiting approval by ICC</p> <p>Ongoing – supportive supervision activities still ongoing</p>
<p>3. Demand generation</p> <p>Agreed country actions:</p> <ul style="list-style-type: none"> • Develop context specific strategies and demand promotion action plan that fits the situation of communities (urban, rural, cattle camps, POCs etc.). • Revitalize or create coordination mechanism among CSOs at state, county and facility level 	<p>Done - This has been developed as part of the bottleneck analysis evidenced by the national KAP study results. This South Sudan National Demand Generation Strategy has been developed and currently supporting EPI program implementation that focuses on improving coverage. The national demand generation strategy focuses on urban, rural, displaced, returnees, pastoralist communities.</p> <p>Ongoing - As a co-lead of Behavioural Change Communication working group at national level, demand generation partners have ensured creating 8 state level working groups supporting the SMOH in coordination with C4D and State health promotion officers. However, more focus is now on county and facility level</p>

<ul style="list-style-type: none"> • Focus on prioritised low performing counties and population with high dropout rate and unimmunised children. • Train, coach and incentivize health workers based on performance. • Strengthen accountability to the communities- religious leaders and community leaders to be part of micro-planning, implementation and monitoring. • Create harmonized defaulters tracing and re-linking and follow up mechanism • Review and tailor IEC materials toward community and frontline HW information needs and ensure appropriate use, through regular supportive supervision and strengthened end-users monitoring. Create mobile platform to remind caregivers with child vaccination dates • Promote two-way dialogue with caregivers and communities using radio. 	<p>that needs to be improved in terms of linkage between mobilization and service delivery teams</p> <p>Ongoing - Defaulter tracking was instilled across all low performing states to improve coverage</p> <p>Done - 850 mobilisers trained and working across all 10 states.</p> <p>Done - 2200 religious leaders supporting in influencing communities towards vaccination service uptake.</p> <p>Ongoing- Defaulter tracing, re-linking and follow-up mechanism developed</p> <p>Done - Developed communication materials, spots, jingles in diverse languages to support demand generation activities.</p> <p>Ongoing - Strengthened SMOH capacity on demand generation by building capacity of 12 national/state level health promotion officers and radio talk shows, spots and jingles are being broadcasting on regular basis</p>
<ul style="list-style-type: none"> • 4. Data: • Agreed country actions: • Training and re-training of State, County and Health facility staff on effective data management • Institute Data Quality Self-assessment especially at service delivery level • Comprehensive on-the-job EPI mentorship for state level mentees will continue and be provided by mentors from the state, region and national level. • Quarterly workshops reinforce and complement the mentoring process and provide the mentees another learning opportunity to share experiences and showcase their work. 	<p>Partially done – Training of state staff during the IIP ToTs trainings, on the job trainings during supportive supervision</p> <p>Partially done – Officers in training are conducting periodic data quality assessments and assisting facilities develop data improvement plans. However, follow up has been irregular due to limited capacity at county level to follow up on the implementation of the plans. There is need to train county officer on how to conduct DQSA.</p> <p>Ongoing – refer to the TCA report by CDC-AFENET</p> <p>Ongoing – refer to the TCA report by CDC-AFENET</p>
<p>5. Disease Surveillance</p> <p>Agreed country actions:</p> <ul style="list-style-type: none"> • Government to identify VPD focal points at state, county and facility levels • Training, supportive supervision and provision of tools 	<p>- The states and counties already have IDSR focal persons. Discussions are on-going to integrate VPD surveillance and IDSR</p> <p>- On-going</p>

<ul style="list-style-type: none"> Continue supporting Rotavirus sentinel surveillance sites 	
<p>6. Insufficient number and skilled EPI staff at the state level; Inadequately trained EPI staff at state level</p> <p>Agreed country actions:</p> <ul style="list-style-type: none"> Comprehensive on-the-job EPI mentorship for state level mentees will continue and be provided by mentors from the state, region and national level. Quarterly workshops reinforce and complement the mentoring process and provide the mentees another learning opportunity to share experiences and showcase their work. Sixty-six recruited, trained and mentored EPI staff for the new 22 states. 	<p>Repeated</p> <p>Repeated</p> <p>Ongoing: 18/22 states have completed recruitment. Recruitment of 9 additional officers for Central Upper Nile state (Malakal), Southern Liech state (Bentiu) and Abyei has been completed, though not in the original plan (not part of the 22 new states). 33 state officers have been inducted on their roles and responsibilities. Induction for the remaining officer is scheduled for November 2019.</p>
Additional significant IRC / HLRP recommendations (if applicable)	Current status
NA	

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 7 below).

NA

3. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned for the next year and requested modifications to Gavi support:

The country received additional funding of \$16.5 million from Gavi under FER policy. The funding brings in new partnerships with Health Pooled Fund (HPF)/Crown agents as the related TA for immunization and IOM. Below is a summary of key activities that will be implemented over the coming period:

Objective 1 - Strengthening of Immunization Services

- Training of vaccinators including Mobile teams on Immunization in Practice Modules
- Provide salaries/incentives/allowances for vaccinators
- Provide transport allowances to vaccinators for outreach activities
- Monthly salaries for 44 EPI Officers and 3 regional coordinators

Objective 2 - To strengthen the capacity of the Ministry of Health for Cold Chain and Vaccine management

- Support last mile supply delivery to health facilities
- Provide salaries for cold chain technicians

- Procurement and installation of cold chain equipment (fridges, arktek, cold boxes, vaccine carriers, fridge-tag)
- Transportation of vaccines from NVS to State CC Hubs
- Last Mile transportation from State hubs and Counties to the health facilities
- Provide fuel for cold chain stores, national, state and county

Objective 3 - Strengthening of community Mobilization Network Linkages

- Redeployment of community mobilizers and linking them up with functional health facilities and strengthen the referral link between community and health facility,
- Strengthen coordination between community mobilisers and vaccinators in order to synchronize the demand and supply side to enhancing the coverage
- Refresher training of community mobilizers to address the issues identified by the KAP study
- Refresher training and hands on support to vaccinators on communication with caregivers
- Customized communication messaging with mothers/caregivers during house to house counselling and community engagement activities to priorities immunization for children
- Fine tune IEC and Radio messaging in local language as per the finding of KAP study and create broadcast story lines, serial drams on need for immunization
- Continue and strengthen defaulter tracing and rigorous follow up with the caregivers
- Capacity strengthening on gender-sensitive programming
- Strengthen community-based monitoring and accountability mechanisms

Objective 4 - Strengthening the supportive supervision and monitoring on EPI service delivery

- Train all IPs and relevant County Health team members on SS, M & E
- Provide Daily Subsistence Allowances, Transport for supportive supervision at State level (32)
- Conduct quarterly capacity building workshops
- Organize quarterly coordination meetings in 54 counties

Objective 5 - Improving data management

- Print and distribute data tools
- Conduct training on DHIS 2 for county EPO, M & E officers, and IP M & E Officers
- Provide computers and internet bundles to ECB Officers
- Provide airtime for state and county health workers
- Procure filing cabinets and equip CHDs

This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance¹³.

Key finding / Action 1	Weak coordination at national and state level with weak linkages between existing platforms
Current response	<ul style="list-style-type: none"> Established EPI coordination mechanisms (ICC, EPI TWG, SSITAG & ASCM) with TORs including for Sub-Committees. State EPI Coordination Committees established in 8/10 operational state hubs, 23 new states yet to establish State EPI coordination committee. EPI TWG has a representative in health cluster and vice versa to strengthen linkages between the two coordination platforms.
Agreed country actions	<ul style="list-style-type: none"> Improvement of the coordination structure and linkages with other relevant platforms for shared outcomes Document coordination framework for all levels in EPI policy Adaptation of the new coordination system (6 Thematic coordinators) Introduction of adaptive leadership and management in the MOH to improve work planning, knowledge management, data harmonization, decision making, and accountability of the new model of coordination recommended in FER operationalization plan

¹³ The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. The TA menu of support is available as reference guide.

	<ul style="list-style-type: none"> ○ Hold quarterly leadership and management retreats and peer reviews ○ Establish quick resolution teams (alpha teams and red teams to quickly resolve coordination and implementation bottlenecks)
Expected outputs / results	<ul style="list-style-type: none"> ● Improved coordination with transparent information sharing and accountability at all levels ● New states establish coordination mechanism for strengthened decision making
Associated timeline	<ul style="list-style-type: none"> ● Starts by January 2020
Required resources / support and TA	<ul style="list-style-type: none"> ● The existing TA
Key finding / Action 2	Poor access and utilization of immunisation services
Current response (existing)	<ul style="list-style-type: none"> ● Support to the Health Facilities with micro-plan development/update in an adhoc manner ● Training of EPI workers on Immunization in Practice which did not take place.
Agreed country actions	<ul style="list-style-type: none"> ● Recruit, train, retain and supervise health workers for EPI with FER funding support ● Support development of micro-plans targeting the 54 Counties with the FER funding ● Ensure that the 26 counties (not included in FER) maintain the Penta 3 coverage of at least 80%. ● Provide supportive items (Megaphones, Bicycles) for outreach and mobile services. ● Finalization of REC strategy and wide dissemination down to the health facility level to ensure equitable immunization services reaching the communities with community participation and ownership in implementing and supervising the services delivery.
Expected outputs / results	<ul style="list-style-type: none"> ● The number of vaccinators increased to at least 2 per HF. ● Immunization services delivery days increased to five days per week in the supported health facilities across the country. ● Integrated equitable immunization services delivered with reduced missed opportunities e.g. Integration of Immunization services in Nutrition OPT sites, community involvement and ownership.
Associated timeline	<ul style="list-style-type: none"> ● Recruitment of EPI health workers with effect from November 2019. ● Training of health workers on IIP with effect from December 2019. ● Micro-plan should be ready January 2020 after the training in December 2019. ● Structured supportive supervision throughout the project implementation period.
Required resources / support and TA	<ul style="list-style-type: none"> ● Technical focal points to coordinate the activities. ● Facilitation of the training and micro-plan development (GAVI partners) ● Incentives (HPF, IOM, AFENET, UNICEF) to hire, train and retain the vaccinators ● Supportive supervision (AFENET) to ensure quality of the services being provided.
Key finding / Action 3	Weak capacity for disease surveillance and data management at county and facility
Current response	<ul style="list-style-type: none"> ● Development of SOPs and job aides ● On job training through supportive supervision
Agreed country actions	<ul style="list-style-type: none"> ● Dissemination of VPD surveillance SOPs and Job aides (Printing, distribution and orientation/training). ● Integrate VPD surveillance with IDSR ● Institutionalize data quality assessment and planning at subnational levels (with a focus on county level).
Expected outputs / results	<ul style="list-style-type: none"> ● Improvement in verification factors and quality indices. ● Improved identification, reporting and investigation of VPDs

	<ul style="list-style-type: none"> More counties meeting minimum surveillance indicators for measles
Associated timeline	<ul style="list-style-type: none"> Dissemination and training (March – June 2020), Institutionalization (Quarterly)
Required resources / support and TA	Funds for printing and dissemination of SOPs and quarterly Data Quality Self-Assessment (DQSA)- CDC, WHO
Key finding / Action 4	Weak evidence-based communication and social mobilisation strategy and activities responsive to gender mainstreaming, inclusive, equitable, accountable and sustainable aspects of immunisation
Current response	<ul style="list-style-type: none"> Engage more CSOs to support EPI Development of communication strategy 2018/2019 Evidence based programming through triangulation for information (EPI, KAP, SARA, ICMN) Development of social map for implementation of SIAs and RI
Agreed country actions	<ul style="list-style-type: none"> State level communication plan to be streamlined as per national communication strategy. Data manager for improving evidence generation to track evidence on intermediate changes in immunisation seeking behaviours Evidence generation study on the behaviour of vulnerable population i.e. returnees, refugee, IDPs, pastoralist and urban poor populations which will inform our base line social profile/behaviour dynamics around vaccination. Transition plan beyond 18 months for national & state communication officers (Build local capacity for programme sustainability) <ul style="list-style-type: none"> Strengthening capacity of communication officers to do gender sensitive planning Quarterly communication Monitoring to track behaviour change outcomes Strengthening linkages of community mobilizers to the health facility Strengthen community ownership/feedback for EPI services Coordination mechanism to be set up at state level Streamline defaulter tracing mechanism by community mobilizer
Expected outputs / results	<ul style="list-style-type: none"> Increase in coordination at state level among various actors. Planning based on field evidences. Linkages of mobilisers with health facility established.
Associated timeline	18 months
Required resources / support and TA	<ul style="list-style-type: none"> 12 MOH EPI communication officers supported by UNICEF from other funding sources Organize a national evidence generation workshop in Juba to understand the behaviour pattern of vulnerable population towards immunization and develop demand generation strategies, with special focus on FER supported counties
Key finding / Action 5	Vaccine stock-out and poor accountability at counties and service delivery points
Current response	<ul style="list-style-type: none"> Stock management, stock visibility and wastage monitoring Transportation of vaccines from states to counties and to health facilities is costly
Agreed country actions	<ul style="list-style-type: none"> Monthly reporting of stock balances and wastages by county implementing partners Work with HPF/WB IPs and initiate monthly stock balance, utilization and wastage monitoring for counties and health facilities (Scale up from the current state level) Engage newly recruited cold chain assistants (through HSS, FER) for recording and reporting the vaccine stocks, utilization and wastage rates. Develop automated mobile applications for stock recording and reporting. Distribution route mapping for the seven HPF supported states and identify feasible delivery routing

	<ul style="list-style-type: none"> Implement the EVM Improvement Plan at all levels
Expected outputs / results	Improved stock management, stock visibility and wastage monitoring at national, state, county and health facility level.
Associated timeline	2019 – 2021
Required resources / support and TA	<ul style="list-style-type: none"> Funding from HSS, FER (UNICEF, HPF) Additional resources needed for development of stock and cold chain management applications

Based on the above action plan, please outline any specific technology or innovation demand that can be fulfilled by private sector entities or new innovative entrepreneurs.

NA

4. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

- Does the national Coordination Forum (ICC, HSCC or equivalent) meet the Gavi requirements (please refer to <http://www.gavi.org/support/coordination/> for the requirements)?
- Briefly describe how the Joint Appraisal was reviewed, discussed and endorsed by the relevant national Coordination Forum (ICC, HSCC or equivalent), including key discussion points, attendees, key recommendations and decisions, and whether the quorum was met. Alternatively, share the meeting minutes outlining these points.
- If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners, or other stakeholders.

During the Joint appraisal meeting of 2018, Ministry of Health together with Gavi and partners proposed and agreed 2019 joint appraisal meeting to take place in October 2019. The JA date was confirmed in June 2019 by MOH in collaboration with in country partners and Gavi for 15th to 17th November 2019.

The MOH nominated a JA committee under the chairmanship of the Director General Primary Health Care. The EPI manager coordinated the JA process. The committee members were drawn from partners (WHO, UNICEF, JSI, CDC AFENET, IOM and HPF) and structured in the hierarchy of the chairperson (DG), secretary (partners) and members.

The committee coordinated by EPI manager, developed timeline, agenda and list of participants for developing the draft JA report and organized and facilitated the JA meeting from 15th to 17th October 2019.

The partners including MOH, Gavi, WHO in-country and IST/HQ, UNICEF in-country and ESARO, Access for Humanity, CORE Group, JSI, CDC, USAID, HPF, IOM, DFID and others attended and contributed during the JA meeting. During the meeting, the draft JA report was discussed by sections. Key achievements were outlined, activities that were not completed, key bottle necks impeding immunisation service improvement were identified, critical solutions and TA needs to address the issues were discussed.

The Draft JA report was submitted to Gavi country support team for review and feedback on 15th November 2019. Ministry of Health called for Inter-Agency Coordination Committee for Immunisation (ICC) meeting on the 12th December 2019. The Committee endorsed the JA report with revision of certain sections. The revised JA report was resubmitted and finally endorsed by ICC chaired by Dr. Samson Paul Baba with MOH, WHO, UNICEF HPF, DEFID, JSI, IOM CDC/ AFENET, CORE Group in attendance on 17th December 2019. The final report was then submitted to Gavi High level Review committee.

PLEASE INCLUDE THE JA DATES FOR 2020.

Please attach the FPP dialogue and key milestones as discussed during JA. This has to be endorsed with JA report

Please include the annual EPI calendar. This should be part of the high-level review panel documents

ANNEX: Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal. **It is important to note that in the case that key reporting requirements (marked with *) are not complied with, Gavi support will not be reviewed for renewal.**

	Yes	No	Not applicable
End of year stock level report (due 31 March) *	✓		
Grant Performance Framework (GPF) * reporting against all due indicators	✓		
Financial Reports *			
Periodic financial reports			
Annual financial statement			
Annual financial audit report			
Campaign reports *			
Supplementary Immunisation Activity technical report			✓
Campaign coverage survey report			✓
Immunisation financing and expenditure information			
Data quality and survey reporting	✓		
Annual data quality desk review			
Data improvement plan (DIP)			
Progress report on data improvement plan implementation			
In-depth data assessment (conducted in the last five years)			
Nationally representative coverage survey (conducted in the last five years)			
Annual progress update on the Effective Vaccine Management (EVM) improvement plan			
CCEOP: updated CCE inventory		✓	
Post Introduction Evaluation (PIE) (specify vaccines):			✓
Measles & rubella situation analysis and 5-year plan	✓		
Operational plan for the immunisation programme		✓	
HSS end of grant evaluation report			✓
HPV demonstration programme evaluations			✓
Coverage Survey			
Costing analysis			
Adolescent Health Assessment report			
Reporting by partners on TCA			

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.

- Operational plan for the immunisation programme for 2020 will be updated in January 2020
- Updated CCE Inventory will be available by end of November 2019.

- Full Portfolio Planning country proposed scenario

ⁱ Gavi additional HSS funds were disbursed in Oct 2019