



## **Application Form for Gavi NVS support**

Submitted by

**The Government of South Sudan**

**for**

Measles follow-up campaign

## **Gavi terms and conditions**

### **1.2.1 Gavi terms and conditions**

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

#### **GAVI GRANT APPLICATION TERMS AND CONDITIONS**

##### **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

##### **AMENDMENT TO THE APPLICATION**

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

##### **RETURN OF FUNDS**

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been used for the programme(s) described in its application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

##### **SUSPENSION/ TERMINATION**

Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

##### **NO LIABILITY**

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

## **INSURANCE**

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

## **ANTI-CORRUPTION**

The Country confirms that funds provided by Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

## **ANTI-TERRORISM AND MONEY LAUNDERING**

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

## **AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country. The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

## **CONFIRMATION OF LEGAL VALIDITY**

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

## **COMPLIANCE WITH GAVI POLICIES**

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

## **USE OF COMMERCIAL BANK ACCOUNTS**

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

## **ARBITRATION**

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

## **Gavi Guidelines and other helpful downloads**

### **1.3.1 Guidelines and documents for download**

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

## **Review and update country information**

### **Country profile**

#### **2.1.1 Country profile**

Eligibility for Gavi support

Eligible
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Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

24 June 2013

Country tier in Gavi's Partnership Engagement Framework

2

Date of Programme Capacity Assessment

No Response

## 2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

What was the total Government expenditure (US\$) in 2016?

NOT AVAILABLE

What was the total health expenditure (US\$) in 2016?

NOT AVAILABLE

What was the total Immunisation expenditure (US\$) in 2016?

NOT AVAILABLE

Please indicate your immunisation budget (US\$) for 2016.

NOT AVAILABLE

Please indicate your immunisation budget (US\$) for 2017 (and 2018 if available).

NOT AVAILABLE

### 2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From

2017

To

2022

Your current Comprehensive Multi-Year Plan (cMYP) period is

2012-2016

Is the cMYP we have in our record still current?

Yes

No

If you selected "No", please specify the new cMYP period, and upload the new cMYP in country documents section.

From

2018

To

2022

If any of the above information is not correct, please provide additional/corrected information or other comments here:

The current cMYP is under review by the country technical team , pending endorsement by the ICC and be deseminated

### 2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

The country customs regulation require submission of the requested vaccines documents for inspection prior to arrival to the country, and the Ministry of Health requests for tax exemption from the Ministry of Finance to allow free clearance of the vaccines .

## 2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The National Drug and Food Control Authority (WHO -certified). The contact person is Dr Maper Dut; e-mail: maperdut@gmail.com and Phone: +211956295335.

## National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

#### IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	911,500	855,944	870,378	884,163	897,328

#### Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	160,100	345,486	352,162	411,298	479,924
Gavi support (US\$)	486,000	945,843	941,297	902,318	852,942

#### <b>Summary of active Vaccine Programmes</b>

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	160,100	345,486	352,162	411,298	479,924
Total Gavi support (US\$)	1,397,500	1,801,787	1,811,675	1,786,481	1,750,270

Total value (US\$) (Gavi + Country co-financing)	1,557,600	2,147,273	2,163,837	2,197,779	2,230,194
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## Coverage and Equity

### 2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

The coverage and equity analysis is included in the 2017 Joint Appraisal Report section 3.1 and 3.2



## Country documents


### 2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

### Country and planning documents

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	<b>Country strategic multi-year plan</b> Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	<a href="#">SS cMYP 20182022 May 302018draft_31-05-18_23.31.15.doc</a>
	<b>Country strategic multi-year plan / cMYP costing tool</b>	<a href="#">2018.05.30SD cMYPCostingToolV3.9.4 draft_31-05-18_23.31.46.xlsx</a>
	<b>Effective Vaccine Management (EVM) assessment</b>	<a href="#">SSNational EVM External Assessment report20172018_31-05-18_15.36.29.doc</a> <a href="#">EVMA report South Sudan 2012_01-05-18_23.45.41.pdf</a>
	<b>Effective Vaccine Management (EVM): most recent improvement plan progress report</b>	<a href="#">RoSSEVM Improvement Planprogress report20162017_31-05-18_15.37.10.doc</a> <a href="#">Implementation status of EVM IP SSApr 10 2018_03-05-18_10.33.10.xlsx</a>

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✓	<b>Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators</b>	2018.05.01SS Imm VPD Info System and Data ass reportdraft_31-05-18_23.35.31.docx
✓	<b>Data quality and survey documents: Immunisation data quality improvement plan</b>	2018.05.01South SudanDraft DQIP5 4 18_31-05-18_23.38.07.xlsx 2018.05.01SS Imm VPD Info System and Data ass reportdraft_31-05-18_23.36.58.docx
✓	<b>Data quality and survey documents: Report from most recent desk review of immunisation data quality</b>	2018.05.01SS Imm VPD Info System and Data ass reportdraft_31-05-18_23.38.40.docx
✓	<b>Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation</b>	2018.05.01SS Imm VPD Info System and Data ass reportdraft_31-05-18_23.39.49.docx
✓	<b>Human Resources pay scale</b> If support to the payment of salaries, salary top ups, incentives and other allowances is requested	RoSSNew Salary Structure20162017_31-05-18_15.41.19.pdf Top up incentives for National level EPI Staff_03-05-18_20.42.56.pdf

## Coordination and advisory groups documents

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✓	<b>National Coordination Forum Terms of Reference</b> ICC, HSCC or equivalent	<a href="#">RoSSTORs for ICC 2017_31-05-18_15.42.28.doc</a>
✓	<b>National Coordination Forum meeting minutes of the past 12 months</b>	<a href="#">Combined ICC Minutes_01-05-18_21.20.28.pdf</a>

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## Other documents

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<b>Other documents (optional)</b> Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.	<b>No file uploaded</b> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Quick KAP Survey was conducted in last quarter of 2017 pending analysis and report finalization. Sara survey is planned for this year 2018</div>
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## Measles follow-up campaign

### Vaccine and programmatic data

#### 3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations. Measles follow-up campaign

Preferred presentation	M, 10 doses/vial, lyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	M, 5 doses/vial, Lyophilised

Is the presentation licensed or registered?

Yes  No

Required date for vaccine and supplies to arrive

31 May 2019

Planned launch date

1 October 2019

Support requested until

2020

### 3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

The country accepts WHO pre-qualified vaccines. Does not need separate licencing in the country.

### 3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes

No

If you have answered yes, please attach the following in the document upload section:\* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.\* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

## Target Information

### 3.2.1 Targets for campaign vaccination

Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.

Please describe the target age cohort for the measles follow-up campaign:

From 6 weeks  months  years

To 59 weeks  months  years

	2019	2020
Population in target age cohort (#)	1,841,260	698,855
Target population to be vaccinated (first dose) (#)	1,841,260	698,855
Estimated wastage rates for preferred presentation (%)	10	10

### 3.2.2 Targets for measles routine first dose (M1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2019	2020
Population in the target age cohort (#)	480,215	494,468
Target population to be vaccinated (first dose) (#)	374,568	395,575
Number of doses procured	420,000	450,000

## Co-financing information

### 3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles follow-up campaign

	2019	2020
10 doses/vial,lyo	0.31	0.31

Commodities Price (US\$) - Measles follow-up campaign (applies only to preferred presentation)

	2019	2020
AD syringes	0.04	0.04
Reconstitution syringes	0.04	0.04
Safety boxes	0.47	0.47
Freight cost as a % of device value	0.02	0.02

### 3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

	2019	2020
Country co-financing share per dose (%)	2	2
Minimum Country co-financing per dose (US\$)	0.01	0.01
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.01	0.01

### 3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles follow-up campaign

	2019	2020
Vaccine doses financed by Gavi (#)	1,982,800	752,600
Vaccine doses co-financed by Country (#)	61,000	23,200
AD syringes financed by Gavi (#)	2,025,400	768,800

AD syringes co-financed by Country (#)		
Reconstitution syringes financed by Gavi (#)	224,900	85,400
Reconstitution syringes co-financed by Country (#)		
Safety boxes financed by Gavi (#)	24,775	9,400
Safety boxes co-financed by Country (#)		
Freight charges financed by Gavi (\$)	66,894	25,390
Freight charges co-financed by Country (\$)	2,059	782

	2019	2020
Total value to be co-financed (US\$) Country	20,500	8,000
Total value to be financed (US\$) Gavi	768,000	291,500
Total value to be financed (US\$)	788,500	299,500

### 3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

	2019	2020
Minimum number of doses financed from		

domestic resources		
Country domestic funding (minimum)	128,520	137,700

### 3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

There is on going discussion between the country and Gavi for waiver of the co-financing

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

July

The payment for the first year of co-financed support will be made in the month of:

Month	January
Year	2019

### Financial support from Gavi

#### 3.4.1 Campaign operational costs support grant(s)

Measles follow-up campaign  
Population in the target age cohort (#)

1,841,260

Gavi contribution per person in the target age cohort (US\$)

0.65

Total in (US\$)



1,196,819

Funding needed in  
country by

31 January 2019

### 3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Total amount - Gov. Funding / Country Co-financing (US\$)

32114

Total amount - Other donors (US\$)

927332

Total amount - Gavi support (US\$)

2420780

Amount per target person - Gov. Funding / Country Co-financing (US\$)

0.01

Amount per target person - Other donors (US\$)

0.24

Amount per target person - Gavi support (US\$)

0.95

### 3.4.3 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Not Applicable (Not NVS application)

### 3.4.4 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

The operational costs will be transferred to WHO and UNICEF. The funds should be in-country by the 1st week of February 2019

### 3.4.5 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Two international consultants -Communication (1), Planning and Implementation (1). will be required to support planning and implementation of the measles campaign. These will be included in the Gavi TCA One TA plan for 2019.

## Strategic considerations

### 3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

The rationale for the request is included in the Campaign Plan of Action -section 3

### **3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)**

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The measles plan aligns with the program objectives and strategies as outlined in the cMYP section 3

### **3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)**

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request. If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The ICC and NITAG (SSITAG), do exist and are aware of this application. However, due to time constrain, endorsement meeting was postponed due to travel of the chairman (Hon. Minister of Health) to attend WHO regional meeting. The document will be presented to ICC in May 2018

### **3.5.4 Financial sustainability**

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

The Government is considering the transition, when the economy of the country improves

### **3.5.5 Programmatic challenges**

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

The programmatic challenges that need to be addressed for successful implementation are included in the Campaign Plan of Action - sections 4.5, 7.3, and 11

### 3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.

Not Applicable

### 3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

Not Applicable

### 3.5.8 Indicative major measles and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles-rubella follow up campaign, etc.).

In the draft cMYP 2018-2022, the country's objective is measles control. The plan is to have a measles follow up campaign targeting children 6 - 59 months in two phases in 2019 and 2020. There is also plan to improve of routine infant immunization coverage including measles coverage. The aim is to increase access and utilization of immunization services by increasing the number of service delivery stations and using innovation vaccine delivery strategies. See CMYP 208 - 2022 Section 3

## Report on Grant Performance Framework

### 3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

#### Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in

your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.

2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.

3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

### Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.

2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to [countryportal@gavi.org](mailto:countryportal@gavi.org).

## Upload new application documents



### 3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

### Application documents

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	<b>New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist &amp; activity list and timeline</b>	<a href="#">2018.05.31.SS Measles FUP CampaignPlan of Action20192020final_31-05-18_21.56.13.docx</a>
	If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.	
	<b>Gavi budgeting and planning template</b>	<a href="#">2018.05.31SS MFUP Budgeting and Planning2019Gavi template_31-05-18_21.56.53.xlsm</a>

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**Most recent assessment of burden of relevant disease**

If not already included in detail in the Introduction Plan or Plan of Action.

[DRAFT South Sudan Health Sector Strategic Plan20172022 DEC15\\_31-05-18\\_22.03.03.docx](#)

**Campaign target population (if applicable)**

No file uploaded

Already included

**Endorsement by coordination and advisory groups**



**National coordination forum meeting minutes, with endorsement of application, and including signatures**

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1

[2018.05.10ICC Meeting attendance 2May102018\\_31-05-18\\_22.11.26.jpg](#)

[2018.05.31MFUC Application Ministers Signatures\\_31-05-18\\_22.11.55.pdf](#)

[2018.05.10ICC Meeting attendance 1May102018\\_31-05-18\\_22.11.10.jpg](#)

[2018.05.10ICC Meeting MinutesMFUP CampMay102018\\_31-05-18\\_22.07.25.pdf](#)



**NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

[2018.05.10ICC Meeting MinutesMFUP CampMay102018\\_31-05-18\\_22.12.48.pdf](#)

**Vaccine specific**



**cMYP addendum**

[SS cMYP 20182022 May 302018draft\\_31-05-18\\_22.15.05.doc](#)

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Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

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**Annual EPI plan**

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

[2018.05.31SS 2018 AWP for EPI draft\\_31-05-18\\_23.10.55.docx](#)

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**MCV1 self-financing commitment letter**

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

[2018.05.15SS New Vaccines RenewalSignature Page\\_31-05-18\\_23.13.25.pdf](#)

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**Measles (and rubella) strategic plan for elimination**

If available

[Measles Strategic PlanSouth Sudan\\_03-05-18\\_13.05.02.pdf](#)

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**Other documents (optional)**

**No file uploaded**

## Review and submit application

### Submission Details

### Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

#### Active Vaccine Programmes

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	911,500	855,944	870,378	884,163	897,328

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	160,100	345,486	352,162	411,298	479,924
Gavi support (US\$)	486,000	945,843	941,297	902,318	852,942

**Total Active Vaccine Programmes**

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	160,100	345,486	352,162	411,298	479,924
Total Gavi support (US\$)	1,397,500	1,801,787	1,811,675	1,786,481	1,750,270
Total value (US\$) (Gavi + Country co-financing)	1,557,600	2,147,273	2,163,837	2,197,779	2,230,194

**New Vaccine Programme Support Requested**

Measles follow-up campaign

	2019	2020
Country Co-financing (US\$)	20,500	8,000
Gavi support (US\$)	768,000	291,500

	2019	2020
Total country co-financing (US\$)	20,500	8,000
Total Gavi support (US\$)	768,000	291,500
Total value (US\$) (Gavi + Country co-financing)	788,500	299,500

**Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)**



	2018	2019	2020	2021	2022
Total country co-financing (US\$)	160,100	365,986	360,162	411,298	479,924
Total Gavi support (US\$)	1,397,500	2,569,787	2,103,175	1,786,481	1,750,270
Total value (US\$) (Gavi + Country co-financing)	1,557,600	2,935,773	2,463,337	2,197,779	2,230,194

## Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Dr. Anthony Laku	EPI Manager	+211927349634	lkirbak@yahoo.com	
Dr Lydie Maoungou Minguiel	Immunization Manager	+211920526516	lmminguiel@unicef.org	
Dr Sylvester T.o. Maleghemi	SIA Coordinator	+211921647856	maleghemis@who.int	

Please let us know if you have any comments about this application

No Response

## Government signature form

The Government of South Sudan would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles follow-up campaign

The Government of South Sudan commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

*We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.*

*We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).*

*We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.<sup>1</sup>*

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<sup>1</sup> In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

**Minister of Health (or delegated authority)**

Name

Date

Signature

**Minister of Finance (or delegated authority)**

Name

Date

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

**Minister of Education (or delegated authority)**

Name

Date

Signature