**South Sudan**

**PEF Targeted Country Assistance (TCA) Narrative**

**for 2022-2025 Multi-Year Planning**

Use this template to create a narrative that contextualises your TCA plan for the planned duration and how the support that you are requesting from Gavi will help you reach your immunisation goals.

*(Populated by Gavi)*

|  |  |  |
| --- | --- | --- |
| **Total Envelope** | **Indicative allocation per 2022** | **%** |
| $10,790,076 | **2022** | $1,999,175 | 18.52% |
| **2023** | $2,930,300 | 27.16% |
| **2024** | $2,930,300 | 27.16% |
| **2025** | $2,930,300 | 27.16% |

1. **Key objectives for the EPI program and known gaps/bottlenecks (0.5 page)**

|  |
| --- |
| ***1.1 Please note any country context that is significant to understanding the country's vision and request for Gavi TCA support. What specific effects do these factors have on the national immunisation programme?*** |
| **Country context**South Sudan remains a fragile country with a weak health system. The few and interspersed health facilities are inaccessible to most of the population, especially in those areas where coverage has been very low. Further compounded by ongoing conflict, and seasonal flooding, which all lead to difficulties in accessibility throughout the country. Over many years, the government’s investment in health and immunisation was below 3% of its GDP. However, the health sector allocation for 2020/2021 jumped to 10 percent. Though the increased budget is a notable shift, significant discrepancy between what is allocated and what is received was reported in the previous budgets.The EPI program is managed and implemented as an integral component of primary health care (PHC) under the stewardship of the Director General of Primary Health Care. While the management of vaccination services is spearheaded by the Ministry of Health, vaccination service delivery is outsourced to non-government agencies that are contracted by the government to implement a basic package for health and nutrition (BPHN) across the country. Eight states are supported by multi-donor HPF3 that includes FCDO, USAID, Sweden, and Canada, and a contribution by GAVI with a focus on Health Systems and Immunization Strengthening). HPF3 uses implementing partners that combine development, humanitarian and health partners (HPF used Crown Agents as the operational fund Manager) The CSO or implementing partners under HPF/Crown Agents are 10. UNICEF is the second fund manager covering the two conflict states with financial support from the World Bank and Gavi. A total of 1008 out of 1400 health facilities offering immunization services are supported through IOM, UNICEF and HPF3 (with 796 under HPF, 191 under UNICEF & 21 under IOM), and hence GAVI support continues to leverage existing systems. While the government supports up to 20%. The 392 facilities are supported either by the government (orphaned) or partners, not in the UNICEF/HPF 3 funding mechanism. To support MOH and complement multi skills at the field level the key implementing partners (UNICEF and HPF3) are receiving strategic support from JSI, AFENET, and others. Other CSOs, mainly Save the Children, Cordaid and MSF are also supporting the immunization programme using their own sources of funding and have achieved reasonable vaccine coverage. **General objectives of the program (specific objectives are listed in the next section)**By 2025 or earlier:* Increased vaccination coverage – the country will achieve and sustain a Penta 1 coverage of at least 95% (reduce zero-dose children to less than 5%) and at least 80% vaccination coverage in every county.
* Reduced morbidity and mortality due to VPDs by 50% compared to the 2020 level.
* Ensured equitable access to quality vaccines.
* Strengthened systems for vaccination service delivery
* Introduction of new vaccines (PCV and Rota)
* Roll out of measles campaign
* Ongoing support to potential outbreaks such as measles, OCV, IPV and yellow fever
* Assured financial, technical, and political sustainability of vaccination programmes

**Known gaps** Leadership Management and CoordinationInadequate coordination of EPI services especially at subnational levelsLeadership has been undermined by the complex political and technical context in the country. The multiplicity of donors & partners and the lack of a consistent mapping of funding and activities have limited the capacity of the MOH to exert leadership and might impact their accountability towards reaching unreached communities. Even though coordination at national level has improved in the last two years, partly due to the full functionality of the coordination platforms (EPI Technical working group and the interagency coordination committe) and the incentives to the national EPI team, the linkage between the national and subnational levels remains weak. Coordination of sub-national partners is significantly weak because of low motivation, high turnover of government staff due to poor working conditions, and low salaries leading to high attrition rate. Government staff are sometimes not paid for months and others often leave their position for higher-paying opportunities with UN agencies, donor agencies, private sector, or NGOs. Inadequate capability to manage EPI services, especially among the county EPI officers affects the supervision of EPI services. Although through the AFENET mentorship program, the 8 national and 44 state officers were trained/mentored, it is evident that the inadequate capability of the county teams (the immediate supervisors of the frontline health workers), significantly reduces the impact of their efforts as most supervisory action points remain not implemented. The covid pandemic response (i.e., covid vaccination) has diverted the focus of MOH management team from routine immunization further compounding the coordination challenges especially at subnational levels. Service Delivery & DemandInadequate mapping and reach of disadvantaged populations A broad partnership involving CSOs (see annex 1 below) in service delivery and demand generation: Capable partners (HPF3/Crowne Agents, UNICEF (these two as fund managers supporting PHC), IOM & other IPs), operating in the country, have supported last mile delivery of vaccines to populations of humanitarian concern including internally displaced populations, mobile populations as well as to conflict-affected and hard-to-reach locations. Even with this support, only 44% of the population have access to health services. Some populations e.g. urban poor, nomads, fishing populations, and populations in the mountains are not reached with services regularly. Fragmented demand generation effortsThe Boma health initiative – The MOH flagship programme for community engagement is expanding and is a potential vehicle for reaching the missed populations and zero-dose children. However, inadequate coordination of BHI, health promotion, and EPI services could reduce the impact of the expansion of the BHI. Parallel partner supporting demand initiatives create missed opportunities for better harmonization of demand generation efforts. However, this issue is being addressed through the FPP process, where MOH is in the process of streamlining its demand activities. Immunization supply chainInadequate vaccine accountability at state, county, and health facility levelsThe country does not have a clear immunisation supply chain strategy. Coordination of iSC activities is largely partner-based, with weak evidence of capacity-transfer over time. HR deployment is relatively weak due to their capacity and incentives policy; there is a lack of dedicated cold chain personnel at county and HF levels, leading to inadequate cold chain maintenance at HF levels. Vaccine supply management is erratic at the HF level because the flow of vaccines towards health facilities and the flow of data on vaccinations and vaccine consumption is not regular and supplies may not be accurately planned based on consumption. Health facilities’ vaccine and cold chain Logistic Management Information System (LMIS) is hardly updated with poor availability and use of vaccine stock records and request forms.Data and surveillance: Inadequate use of data for decision makingBecause of capacity gaps among the frontline health care workers and the county teams, the use of data for decision-making is poor. Vaccinators and their supervisors have not understood the value of data. Continuous use of the data to identify missed populations and communities with large numbers of zero-dose children has not been fully embraced by the vaccinators and county teams. Other contributing factors include inadequate use of updated data tools due to low awareness among vaccinators on how to use data-related tools. inconsistencies in the reported data. Of note, not all data especially from unsupported facilities is getting into the DHIS2. |

1. **Current TA needs of your immunisation system (1-2 pages)**

***Please provide the planned allocation of PEF TCA towards investments areas and high-level objectives. Gavi-supported investment areas and a menu of objectives are available for reference in Gavi’s*** [***Programme Funding Guidelines***](https://www.gavi.org/news/document-library/gavi-programme-funding-guidelines)***. The country can plan for the remaining duration of their current HSS grant.***

*(Please feel free to add lines as needed)*

|  |  |  |
| --- | --- | --- |
| **High-level Plan** | **Budget (USD)** | **%** |
| **2022** | 1,999,175 | 18.52% |
| Service delivery | Design and implement tailored strategies that address the identified barriers to reach zero dose, missed, and under vaccinated populations. To maintain the current immunisation coverage  | 799,670 | 40 |
| Health Information Systems and Monitoring & Learning | Enhance data quality and use especially at the sub-national level through integrated data sources and targeted decision making tools | 199,917.5 | 10 |
| Demand Generation and Community Engagement | Expand the community engagement networks in harmonized and evidence based manner | 399,835 | 20 |
| Governance, Policy, Strategic Planning, and Programme Management -Programme Coordination and support to EPI | Strengthen program performance monitoring and management at national and subnational levels | 199,917.5 | 10 |
| Supply chain | Design & build a resilient and efficient supply chain that can ensure reliable and predictable supply at all levels of the health systems | 399,835 | 20 |
| **2023** | **2,930,300** | **27.16%** |
| Service delivery | Design and implement strategies that address the identifed barriers to reach zero dose, missed, and under vaccinated populations  | 1172120 | 40 |
| Health Information Systems and Monitoring & Learning | Enhance data quality and use especially at the sub-national level through integrated data sources and targeted decision making tools | 293,030 | 10 |
| Demand Generation and Community Engagement | Expand the community engagement networks in harmonized and evidence based manner | 586,060 | 20 |
| Governance, Policy, Strategic Planning, and Programme Management -Programme Coordination and support to EPI | Strengthen program performance monitoring and management at national and subnational levels | 293,030 | 10 |
| Supply chain | Design & build a resilient and efficient supply chain that can ensure reliable and predictable supply at all levels of the health systems | 586,060 | 20 |
| **2024** | **2,930,300** | **27.16%** |
| Service delivery | Design and implement strategies that address the identifed barriers to reach zero dose, missed, and under vaccinated populations | 1,172,120 | 40 |
| Health Information Systems and Monitoring & Learning | Enhance data quality and use especially at the sub-national level through integrated data sources and targeted decision making tools | 293,030 | 10 |
| Demand Generation and Community Engagement | Expand the community engagement networks in harmonized and evidence based manner | 586,060 | 20 |
| Governance, Policy, Strategic Planning, and Programme Management -Programme Coordination and support to EPI | Strengthen program performance monitoring and management at national and subnational levels | 293,030 | 10 |
| Supply chain | Design & build a resilient and efficient supply chain that can ensure reliable and predictable supply at all levels of the health systems | 586,060 | 20 |
| **2025** | **2,930,300** | **27.16%** |
| Service delivery | Design and implement strategies that address the identifed barriers to reach zero dose, missed, and under vaccinated populations | 1,172,120 | 40 |
| Health Information Systems and Monitoring & Learning | Enhance data quality and use especially at the sub-national level through integrated data sources and targeted decision making tools | 293,030 | 10 |
| Demand Generation and Community Engagement | Expand the community engagement networks in harmonized and evidence based manner | 586,060 | 20 |
| Governance, Policy, Strategic Planning, and Programme Management - Programme Coordination and support to EPI | Strengthen program performance monitoring and management at national and subnational levels | 293,030 | 10 |
| Supply chain | Design & build a resilient and efficient supply chain that can ensure reliable and predictable supply at all levels of the health systems | 586,060 | 20 |

|  |
| --- |
| ***2.1 Please reflect and describe your immunisation system's current TA needs as they are aligned with investments made by Government, Gavi and bilateral/multilateral donors. Your answers shall provide the context of and rationale for the requested TCA support from Gavi.* *Please explicitly note the duration of the requested support.*** |
| Inadequate coordination of EPI services especially at subnational levelsTechnical assistance embedded in the DG PHC to coordinate the CSOs contracted by the two fund managers i.e., Health Pool Fund and World Bank-UNICEF, liaising with the directorate of international development in the MOH, periodic mapping of other partners and donors supporting EPI at all levels with a special focus on subnational levels. Embedded TA to mentor/on-the-job training of the national and state EPI focal points/managers on strategic planning, coordination, and monitoring of the implementation of EPI activities. Inadequate mapping and reach of zero dose children and missed populations The technical assistance will support the subnational MOH to use data and other available evidence to identify the areas with large numbers of zero dose children and missed populations and assist with micro planning to reach the populations. Local partners with comparative advantage working with the disadvantaged populations will be engaged either directly or as a sub-contractor. The special populations to be targeted include; the urban poor, fishing population, nomadic population, IDPs and refugees, mountainous populations, and cross border populations. The roles will include; supporting the counties to identify the missed populations and zero dose children, in consultation with the community, assisting the facilities to develop micro plans, help counties to tailor REACH strategies, monitoring the implementation and impact of the REACH activities in the micro plans, and reporting on progress. Inadequate vaccine visibility at state, county, and health facility levelsDevelop and oversee the implementation of a supply chain strategy that reflects the context of South Sudan. Adapt and make the commodity module in the DHIS 2 interoperable with the SMT. Reinvigorate the integrated supply chain (iSC) technical working groups at all levels and develop a simple tool for collecting information and maintaining data on the availability and functionality of cold chain equipment. The consultant will work closely with the MOH iSC manager to be hired to ensure knowledge and skills transfer in 3 years. Gavi and the government of South Sudan are co-financing the procurement of Penta and IPV. UNICEF and her donors are procuring the BCG, Td, OPV, and measles vaccines in the maternal and child immunization schedule. Problem statement and justification for the Technical assistance: Vaccines are expensive commodities that need close monitoring. Avoidable wastage should be minimised while overstocking and stock out should be avoided through proper forecasting and planning. The monitoring of stock levels at the national level is done manually and electronically using the automated stock management tool (SMT) and VIVA tool. The SMT expansion to the ten states is underway but not completed. Currently, at the county levels, manual (paper-based) monitoring is done using the standard template that captures information on stock at the beginning of the month, stock receiving during the month, the current stock (physical counts), and the number of doses affected either through freezing, expiry, breakage or label detached captured in the tools. At facility levels, the vaccinator is expected to report stock utilization in the monthly performance report. However, due to inadequate numbers and skilled health workers, vaccine utilization and wastage monitoring are weak, especially at county and health facility levels. Coupled with poor forecasting, facilities have often over- stocked or experienced stock-outs of vaccines and supplies. An inventory of the cold chain equipment was last conducted as a component of the SARA survey in 2017-18. Since then the inventory has not been updated.Inadequate use of data for decision makingThe technical assistance will support the EPI M&E team to routinely update the roll of facilities offering immunization services, designing and updating tools, and develop an EPI dashboard at national and subnational levels to facilitate correct interpretation and use of EPI data. The dashboard will form part of the accountability framework for the EPI program and feed into the AF for the directorate of primary health care. Also, the consultant will assist the EPI program to develop EPI score cards to be discussed in the quarterly county review meetings and monthly facility-community (BHI) engagement meetings. The consultant will be embedded in the MOH to continuously build the capacity of the MOH EPI M&E team.Fragmented demand generation effortsAbout 56% of the population in South Sudan live beyond a radius of 5km from a health facility. An expanded BHI offers an opportunity to reach this population and could be instrumental in reaching missed populations and zero-dose children. However, as currently structured and implemented, the linkages between BHI and EPI program are weak. The BHW focus majorly on curative services; allocating a small proportion of their time to track defaulters and create demand for EPI services. The country through Gavi support is investing to expand the BHI focussing on counties and areas with large numbers of zero dose children. The BHI will be tailored to function in urban areas and reach disadvantaged populations such as nomads and fishing populations as well as areas that are less than 5 km from the fixed facility.Technical assistance will be embedded in MOH to customise the BHI to meet the unique demands of the EPI program and support the MOH to harmonise the BHI and the other partner-led initiatives. Specifically, the TA will support the MOH to model the BHI to function among nomadic communities, the urban poor populations, fishing populations, and the PoCs. He/she will cultivate and encourage cross communication, joint planning, monitoring, and collaboration among the three concerned departments i.e., BHI, the department of health promotion, and EPI. In addition, the TA will build the capacity of the MOH communication officers at national and sub-national levels and help with the coordination of partners in the area of risk communication and community engagement. The TA will also help in reducing fragmentation and scaling demand promotion efforts that streamline and integrate health services including immunisation.   |
| * 1. ***How will the requested TCA support advance Gavi's 5.0 mission per the country's context with focus on:***
* ***identifying and reaching zero-dose and consistently missed children and communities;***
* ***improving stock reporting and vaccine management at sub-national level;***
* ***enhancing strong leadership, management and coordination, including use of data for decision-making;***
* ***introduction and scale up of vaccines;***
* ***programmatic sustainability.***
 |
| Engaging local partners with the comparative advantage of working among the disadvantaged populations will assist the country to identify and reach the missed children and communities. Specifically, the country will engage partners with a demonstrated track record of working among the fishing, mountainous, pastoralist/nomadic, cross-border population, IDPs, and refugees. Harmonization, adaptation, and expansion of the Boma health initiative to counties and areas with large numbers of zero dose children and improved collaboration among the three separate but intertwined departments at all levels of MOH will provide the much-needed linkage between the EPI and the communities. The community-facility performance score cards, the easy-to-use dashboard linked with the EPI accountability framework, the regular updating of the roll of facilities providing EPI services will improve program accountability and encourage the use of data for decision making. The scale up of the SMT from national to county levels and the adaptation of the DHIS commodity management module to make it interoperable with the SMT coupled with regular supportive supervision by the EPI officers will improve stock reporting and vaccine management at the sub-national level. In addition, the development of an easy-to-use systematic cold chain inventory tool to collect quarterly data on the functionality of the cold chain will improve the visibility of the cold chain investments by Gavi and other donors. The requested TCA will be used for the introduction of the new vaccines (Rotavirus, Pneumococcal, and the second dose of measles containing vaccine). To ensure technical programmatic sustainability, all requested TCA will be embedded in the MOH to work alongside the MOH focal points for knowledge and skills exchange. |
| ***2.3 How will you use new vaccine introductions and campaigns planned during this period to further strengthen the areas indicated under question 2.2?***  |
| The requested TA will support the new vaccines introduction and the planned campaign. Traditionally, the additional resources linked to new vaccine introduction have created opportunities to engage with the country leadership, engage with the community, create momentum for improved uptake of the existing vaccines, and strengthen the components of the EPI program. South Sudan is planning to conduct a follow-up measles campaign in 2023 and introduce the second dose of measles vaccine, pneumococcal, and rotavirus vaccines in the five years of this plan. Local partners with experience working among the disadvantaged communities will be engaged directly or as subcontractors to manage the measles campaign. The multi-antigen “measles” campaign will be conducted in 33 counties with the largest numbers of measles zero dose children while data on missed populations and zero dose children will be collected in the remaining 47 counties. The collected data will be used to plan for the PIRI type of activities in the 47 counties to close the vaccination gap soon after the measles campaign. Further, the post-campaign evaluation will be used to identify the areas with zero-dose children for attention through the routine immunization. Demand generation activities leading to the measles campaign will be tailored to promote routine vaccination (specific messages to encourage caregivers to complete the vaccination schedule). In addition, vaccinators’ capacity for vaccine administration, storage, documentation, measles surveillance, and community engagement will be strengthened during the training before the campaign. Training and supervision for vaccine & logistics management including vaccine accountability during the campaign are opportunities to further build on the iSC system. The requested TA will support the country to prepare for the introduction of the new vaccines. The local partners will be used to create demand and implementation of the new vaccines among the disadvantaged populations. The meticulous bottoms-up micro planning for new vaccines, the training for frontline health workers, Boma-health workers, the EPI officers who conduct mentorship for the frontline health workers, the revision of the recording and reporting tools, revision of surveillance tools and the data elements in the DHIS 2, are additional opportunities to build the capacity of the EPI program in South Sudan. |
| ***2.4 Describe how the TCA support will help re-establish routine immunisation services and any other COVID-19 related recovery activities.*** *Please indicate any COVID-19 related reallocation that may have occurred for previous TCA funds (if applicable); does this reallocation remain relevant for this proposal.* |
| Fortunately, the additional support from Gavi (TCA & CDS) and other donors mitigated the detrimental effects of covid pandemic and covid vaccination on routine vaccination (including TA). South Sudan's approach to covid vaccination is two prongs; mass vaccination and routine vaccination using fixed facilities and periodic outreach and mobile clinics. To preserve the RI, Additional TA and HRH were recruited to support covid vaccination. However, since the evolution of the covid pandemic is not clear, the country is taking careful steps to integrate the covid vaccination into routine immunization. The requested TCA will therefore support covid vaccination as an integrated component of the routine immunization. |
| ***2.5 Describe how the TCA support will identify and/or overcome already known gender-related or other barriers to immunisation activities. Please respond to how each partner can help address this.*** |
| As stated earlier, only 44% of the South Sudan population has access to health services. Geographical inaccessibility is therefore the main challenge facing EPI services. Long distances have been cited in many reports as an overwhelming barrier to accessing EPI services in South Sudan. Although child care is a responsibility of the female caregivers, the decision-making and economic power in most communities in South Sudan are with the male caregiver/heads of the family. An overwhelming majority of vaccinators and the Boma health workers are male. Low literacy levels and low motivation among female have been cited as possible reasons for the few female serving as health workers. Focus group discussions conducted to understand the low uptake of covid vaccines among females identified the male–dominated services as a barrier to accessing services. Lack of knowledge (importance of vaccination services, when and where to get services, fear of side effects of vaccines) are contributors to the low uptake of vaccination services. Conflict resulting in the displacement of communities coupled with the high economic inflation rates makes vaccination a lesser priority to the caregivers. Inconvenient working hours for the urban poor and caregivers with other demanding livelihood priorities are barriers to vaccination.The requested TA will support the expansion of the Boma health initiative focusing on areas with large numbers of zero-dose children.In addition, the TA will assist MOH to identify gender-related barriers and develop gender responsive strategies for them. The community dialogue meetings, the monthly facility-BHW meetings, and the quarterly Boma health committees-facility meetings will provide opportunities to better understand the needs of the community, identify barriers, and jointly plan to overcome them. The local partners have extensive experience working with disadvantaged communities. The country would leverage its community competency to overcome the barriers to immunization services. Timely, complete, and quality data, use of dashboards (improved interpretation of data during performance review meetings), and use of score cards at the facility and the community level will improve the capacity of the county health teams and the BHWs to identify missed communities and areas with large numbers of zero dose children for attention. iSC TCA will help design a comprehensive vaccine supply strategy (including an effective vaccine visibility platform) that will address among other things the last mile delivery to minimize stockouts (and overstocking) of vaccines that result in missed opportunities for vaccination.  |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| The requested TCA support is based on the proposed Gavi’s investments in the Full Portfolio Planning Theory of Change (FPP ToC) and Workplan. Only TCA that addresses the gaps identified in the situation assessment was prioritized. Priority was given to interventions that will have the greatest impact in terms of reaching more children and women, especially in areas with large numbers of zero-dose children. The best combination of TCA to achieve the program objective was prioritized. |

1. **Partner diversification (0.5 page)**

|  |
| --- |
| ***3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners and CSOs) to support the activities implementation? (Refer to the*** [***PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning***](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gavi.org%2Fnews%2Fdocument-library%2Ftca-guidelines&data=05%7C01%7Cegormley%40gavi.org%7C990571ac9fe3410660a008da24644b30%7C1de6d9f30daf4df6b9d65959f16f6118%7C0%7C0%7C637862310415669979%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=B6%2B91FguaNH9utCfM9aMPU3flVqbPk%2Bgx%2BlgiutijH0%3D&reserved=0) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| World Health Organization, United Nations International Children’s Emergency Fund, International Organization for Migrants, Health Pooled Fund, Crown Agent, African Field Epidemiology Network , John Snow Inc, Access For Humanity |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** |
| In South Sudan, PHC services including EPI services are implemented by a network of local and international CSOs (see annex 1 below). The CSOs are contracted by either the Health Pooled Fund (HPF) or UNICEF to provide EPI services in 1008 health facilities. Also, community engagement activities are implemented by the same CSOs. Additional local partners with demonstrated experience working among the disadvantaged populations will be engaged directly or as a subcontractor to support service delivery and/or community engagement activities. However, of note, the country is already dealing with too many partners, posing serious challenges to coordination.   |
| ***3.3 Please note the allocation of TCA to Local Partners (only) and describe the approach you will use to comply with the recommendation of allocating 30% of TCA to Local Partners over the course of 2022-25.*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* |
| Allocation to local partners will be on an incremental and staggered basis to allow monitoring of performance of the local partners. Over the period 2022-2025, the allocation to exisitng and new local partners will have reached 30%. |
| ***3.4 Please note the allocation of TCA to CSOs only (either Global or Local Expanded Partners) and describe the approach you will use to comply with the requirement of allocating 10% of combined TCA, EAF and HSS ceilings for CSO implementation (e.g. if less than 10% of TCA funding is allocated to CSOs, please indicate how this will be compensated through the allocation of HSS and EAF funding to CSOs).*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* |
| As mentioned above 80% of funcitioal health facilities receive support from implelenting partners who are cooridnated under HPF (796 health facilities) and UNICEF(191 health facilities). In the South Sudan, if the current approach of providing PHC interventions is maintained, the allocation of 10% to CSOs is already achieved and surpassed. Over 60% of the FPP funds will be utilized by the CSOs. See list of CSOs under UNICEF and HPF as Annex. |

1. **Lessons learnt from past TA experience (0.5 page)**

|  |
| --- |
| ***4.1 Please explain how the TCA plan will build on previous performance, lessons learned, and best practices of TCA activities from your previous TCA plan, including contributions to the national programme and knowledge/skill building, and how this has been taken into account in this TCA planning and prioritisation.***  |
| 1. The requested TCA will build on and improve the outputs of the previous TA plans. In the past TCA plans, agencies with comparative advantage and demonstrated results were engaged to assist with the program; In Oct 2009 IOM was contracted to assist with reaching the internally displaced populations in the six protection of civilian sites and integrated IDPs in the neighboring communities. The Health pooled fund and UNICEF subcontracted CSO to provide services among the urban populations in Juba & Wau and remote populations in Jonglei & Upper Nile states. This TCA request proposes to expand and improve the service provision among these disadvantaged populations. While some progress has been realized in the two populations, reaching the fishing population in Jonglei and the Upper Nile and the nomadic populations has not been satisfactory. The country is proposing to engage a partner with experience in providing health services among the nomadic and fishing populations.. Previous TA plan invested in embedded TA in the EPI office to build in house capacity to steer the program. Notably through this support, the EPI team led by the EPI manager has developed yearly annual operational plans that have guided the EPI program, strengthened the capacity of the EPI manager to monitor the implementation of the annual work plans and provided feedback to the partners. The biannual national and state EPI performance review meetings have happened. In the previous TA plans, an EPI program accountability framework was developed. The above best practices could be improved further in the coming TCA. For instance, to further improve the EPI program stewardship and oversight, the EPI team with support from embedded TA will use the new AF to monitor the implementation of EPI plans. CDC and WHO developed a data quality improvement plan and provided assistance to train subnational M&E officers on the use of DHIS 2. Though the collection of routine EPI service delivery data has improved in recent years, the use of data remains limited, and there is little capacity to use data for health systems improvements. To further improve data management, the country proposes to engage TCA to build the capacity of the EPI team on the use of data for decision making by developing simple EPI performance dashboards and regular score cards that will be used at the facility and community levels. AFENET has supported to build the capacity of 32 counties in five states to develop facility level microplans; using the community centred approach; institutionalized quarterly county performance review meetings in 32 counties, and strengthened state led mentorship of counties and frontline health workers. These best practices should be taken to scale across the country. The use of Stock management tools (SMT) and Vivo for stock management at the national level and the recent decentralization of the SMT to state levels have significantly improved vaccine visibility at national and state levels. The country plans to further decentralize the vaccine accountability efforts to county and health facility levels. The SMT will be scaled up to all county stores and improve on the monthly reporting of stock levels at the facility level through the DHIS 2. While embedding staff in previous plans developed Government capacity, there is room for improvement. All TA assistance will be embedded in MOH to ensure knowledge transfer to the MOH counterparts.
 |

1. **Alignment of the One TCA plan with future Gavi planned investments (0.5 page)**

|  |
| --- |
| ***5.1 Please list all planned upcoming Gavi investments (e.g. new vaccine support, CCEOP) that would require TA support within the planned period, including Full Portfolio Planning process and describe how the TCA plan will be aligned with the ongoing and/or planned investments made by Gavi.*** |
| The planned Gavi investments in the planned period (2022-2025) are;1. Full Portfolio/HSS Strategy implementation
2. Measles campaign
3. CCEOP
4. New vaccines introduction
5. Outbreak response

As stated earlier on, the requested TCA will accommodate the assistance needs based on the investments by years. For instance, the country will engage a consultant for pneumococcal and rota vaccines introduction in 2024 when the vaccines will be introduced. The duration of the assistance will vary based on the scope of work. Of note, the country would prefer to use sustained (long term) embedded TA to support more than one Gavi investments rather than using short term consultant. |

1. **TCA Monitoring (1 page)**

|  |
| --- |
| ***6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that information be used to adjust and improve programme implementation? How frequently are data reviewed and used and who will be responsible to ensure that review and learning occurs?*** |
| In the previous TA plans, the country conducted ALL partners' quarterly performance review meetings chaired by the Director General of Primary health care to monitor and track the implementation of the TCA plan. The partners presented their achievements based on the agreed milestones and indicators in the PEF-TCA plan. The achievements were compared against performance data in the DHIS 2 for accuracy and impact. The recently concluded accountability framework will form the basis of discussions in these meetings going forward. The activities, milestones, outputs, and indicators by partner, budget utilization rates, and the EPI performance data by states and counties will all be reviewed in this meeting and will be updated in the AF every quarter. Discussions will center on how to make the TCA more effective and make recommendations for implementation in the next quarter. The EPI manager will generate a report to be shared with ALL partners and Gavi quarterly. The embedded TA will assist the EPI manager to compile and disseminate the report.  |

**Annex 1:**

The List of CSO coordinated by HPF and UNICEF for an integrated health package including immunisation

|  |  |  |
| --- | --- | --- |
| **Fund Manager** | **Name** | **Type** |
| Health Pooled Fund | AMREF | Regional |
| Health Pooled Fund | CCM | International |
| Health Pooled Fund | CORDAID | International |
| Health Pooled Fund | CUAMM | International |
| Health Pooled Fund | Healthlink | National |
| Health Pooled Fund | Healthnet TPO | International |
| Health Pooled Fund | IRC | International |
| Health Pooled Fund | Malaria Consortium | International |
| Health Pooled Fund | SSUHA | National |
| Health Pooled Fund | World Vision | Internation |
| UNICEF | Catholic Organization for Relief and Development Aid CORDAID | International |
| UNICEF | Children Aid south Sudan CASS | Local |
| UNICEF | Relief International RI | International |
| UNICEF | World Vision South Sudan WV | International |
| UNICEF | International Medical Corps IMC | International |
| UNICEF | Nile Initiative Development Organization NIDO | Local |
| UNICEF | South Sudan Agency for Internal Development SSAID | Local |
| UNICEF | Universal Network For Knowledge and Empowerment Agency UNKEA | Local |
| UNICEF | Christian Mission for Development CMD | Local |
| UNICEF | Episcopal Development Aid EDA | Local |
| UNICEF | Health Care Foundation Organisation HFO | Local |
| UNICEF | CARE International CARE | International |
| UNICEF | Save the Children | International |
| UNICEF | Christian Mission Aid CMA | International |
| UNICEF | John Dau Foundation JDF | Local |
| UNICEF | Livewell South Sudan | Local |
| UNICEF | Medicos del Mundo MdM | International |
| UNICEF | Sudan Medical Care SMC | Local |