Evaluation of Gavi's Contribution to Reaching zero-dose and missed communities

Country Case Study: South Sudan

February 2024

Gavi
The Vaccine Alliance

Contents

List of figures

List of tables

List of acronyms

BPHN	Basic package for health and nutrition
CCE	Cold-chain equipment
CCEOP	Cold-chain equipment optimisation platform
CSO	Civil society organisation
DHIS	District Health Information Service
DTP	Diphtheria, tetanus, pertussis
EAF	Equity Accelerator Fund
EPI	Expanded Programme on Immunisation
FER	Fragility, Emergencies and Refugees (policy)
FPP	Full portfolio planning
GDPR	General Data Protection Regulation
HPF	Health Pooled Fund
HSS	Health systems strengthening
HSSP	Health Sector Strategic Plan
IDPs	Internally displaced people
IOM	International Organization for Migration
IPs	Implementing partners
IRC	Independent Review Committee
IRMMA	Identify, reach, measure, monitor, advocacy (framework)
MoH	Ministry of Health
MPM	Monitoring and Performance Management
MRS	Market Research Society
NGO	Non-governmental organisation
NIS	National Immunisation Strategy
PHC	Primary healthcare
SDG	Sustainable Development Goal
TCA	Targeted Country Assistance
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
ZD	Zero-dose
ZIP	Zero-dose immunisation programme

1 Context

Health system context

South Sudan is a low-income country affected by a persistent backdrop of political and economic instability. It has some of the poorest health indicators globally, including a high infant mortality rate and low immunisation coverage.

Since February 2020, the country is administratively divided into 10 states and 3 administrative areas. These are further divided into 80 Counties, 605 *payams*, 2,532 *bomas* and 26,544 estimated villages.[1] For health services, the Ministry of Health (MoH) is represented at state, county and *payam* levels while the *bomas* lie within the local government structures.

Access to primary healthcare services is low (estimated at 40% of the population living within 5km of a health facility in 2020) due to limited road infrastructure, conflict and internally displaced persons (IDPs), flooding and nomadic populations.

Progress towards Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) is limited; however, they are centralised within the government of South Sudan's National Health Policy[2] and new Health Sector Strategic Plan (HSSP) 2023–2027.[3] The HSSP aims to "*build a resilient and robust health system that delivers comprehensive and integrated health services in line with the National Health Policy*" and is operationalised through a basic package of health and nutrition (BPHN) services. A draft version of the National Immunisation Strategy (NIS) for 2023–2027 aims to ensure immunisation is integrated with the HSSP and Gavi's 5.0 Strategy, and "*make significant strides toward achieving IA2030's vision of leaving no one behind in immunization efforts*".[4]

Given its long-term, protracted state of fragility, acute emergency events, and 3.8 million IDPs resulting from past conflicts,[5] South Sudan is classified by Gavi as a 'fragile & conflict country'; a status which has been exacerbated more recently by the COVID-19 pandemic and the conflict in Sudan. Tailored and coordinated yet flexible approaches are needed to reach zero-dose (ZD) and unvaccinated children and missed communities with mobile outreach services while also responding to outbreaks. South Sudan was therefore chosen as a case study to explore how relevant and coherent Gavi support and the ZD agenda is for a fragile & conflict country, how support is operationalised, and how it has contributed to reaching ZD children and missed communities.

Gavi support

South Sudan received health systems strengthening (HSS) and cold-chain equipment optimisation platform (CCEOP) funding during the Gavi 4.0 period; however, due to ongoing conflict, the grants were largely inactive. Following reprogramming in 2018, the Gavi Independent Review Committee (IRC) approved additional HSS funds of USD 17 million in 2019 under the Fragility, Emergencies and Refugees (FER) policy. Additional HSS funding to 'bridge' between Gavi 4.0 and Gavi 5.0 was approved in 2021. Under the full portfolio planning (FPP) process for Gavi 5.0, HSS, CCEOP, Targeted County

[1] Independent Review Committee (2022). IRC Country Report South Sudan FPP review. June 2022.
[2] https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/south_sudan/south_sudan_national_health_policy_2016_to_2025_2.pdf
[3] https://www.afro.who.int/countries/south-sudan/news/south-sudan-develops-next-health-sector-strategic-plan–2023–2027
[4] Ministry of Health, Republic of South Sudan (2023) National Immunization Strategy (NIS) 2023–2027.
[5] United Nations Office for the Coordination of Humanitarian Affairs. (2024). Humanitarian Needs and Response Plan: Sudan. Retrieved from: https://www.unocha.org/sudan

Assistance (TCA) and Equity Accelerator Fund (EAF) funding were approved (in addition to a measles follow-up campaign) (Figure 1.2).

Table 1.1: Grants received and applied for by Ethiopia under Gavi 4.0 and 5.0

Type of support	Amount approved (USD)	Time period
Gavi 4.0 grants		
HSS2[6]	29,258,000	Jan 2014 – Jan 2019
HSS2 Additional Funds (Fragility, Emergency and Refugee) policy[7]	16,113,437	July 2019 – Dec 2020
HSS2 Bridge Funding[8]	5,631,363	July 2021 – March 2022
CCEOP[9]	9,441,768	April 2016 – July 2020
TCA grants implemented outside of FPP process		
TCA 2018[10]	2,772,064	2018
TCA 2019[11]	2,749,603	2019
TCA 2020[12]	n/a[13]	2020
TCA 2021[14]	1,878,366	2021
Gavi 5.0/5.1 grants		
HSS3[15]	15,275,182	Sep/Oct 2022 – Dec 2025
EAF (partial)	3,585,945	Sep/Oct 2022 – Dec 2025
EAF Activity 29	4,241,946	Sep/Oct 2022 – Dec 2025

[6] Health System Strengthening (HSS) Cash Support: Application package. Retrieved from: https://www.gavi.org/sites/default/files/document/proposal-for-hss-support--south-sudandoc.doc
[7] IRC. Independent Review Committee (IRC) South Sudan Country Report: Remote review. March 26, 2019. *Gavi internal documentation.*
[8] IRC. Independent Review Committee (IRC) Country Report: South Sudan – remote review. May 18 – 20, 2021. *Gavi internal documentation.*
[9] IRC. Independent Review Committee (IRC) Country Report. Gavi Secretariat, Geneva. 9 – 21 November 2016. Country: The Republic of South Sudan. *Gavi internal documentation*
[10] 2018 Targeted Country Assistance. *Gavi.* Retrieved from: https://www.gavi.org/sites/default/files/document/targeted-country-assistance-plan-south-sudan-2018pdf.pdf
[11] 2019 Targeted Country Assistance. *Gavi.* Retrieved from: https://www.gavi.org/sites/default/files/document/targeted-country-assistance-plan-south-sudan-2019pdf.pdf
[12] 2020 Targeted Country Assistance. *Gavi.* Retrieved from: https://www.gavi.org/sites/default/files/document/2020/Targeted-country-assistance-plan-South-Sudan-2020-vf_1.pdf
[13] Totals not in available documentation
[14] 2021 Targeted Country Assistance. *Gavi.* Retrieved from: https://www.gavi.org/sites/default/files/document/2021/2021-TCA-Plan-South-Sudan.pdf
[15] IRC. Independent Review Committee (IRC) Country Report: South Sudan FPP Review. *Gavi internal documentation.*

Type of support	Amount approved (USD)	Time period
CCEOP	3,204,158	Jan 2023 – Dec 2023
PEF TCA[16]	10,790,076	2022 - 2025

Given the fragile and fragmented health system and geographically widespread distribution of ZD and under-immunised children, Gavi funding is catalytic and disbursed to implementing partners who are using primary health care arrangements via two fund managers to support integrated programmes to strengthen primary healthcare (PHC) and reach UHC.

Key stakeholders

The Expanded Programme on Immunisation (EPI) programme is managed and implemented as an integral component of PHC under the stewardship of the Director General of Primary Healthcare. While the strategic management and coordination of vaccination services is led by the MoH, implementation is outsourced to non-government agencies and integrated with delivery of the BPHN.

Gavi funding is channelled through two main fund managers in South Sudan – United Nations Children's Fund (UNICEF) and the World Bank – and, since 2019, the Health Pooled Fund (HPF) (a multi-donor fund). The HPF is the largest health sector programme in South Sudan, historically operating in eight of the ten states, encompassing 8 797 health facilities.[17] The programme is delivered by a Fund Manager, a consortium led by Crown Agents, and through contracted non-governmental organisations/civil society organisations (NGOs/CSOs) and implementing partners (IPs) at state and county level. UNICEF/World Bank support health facilities in the remaining two states, contracting NGO/CSOs while also being directly involved in health service delivery, with a focus on outreach immunisation activities and mobile immunisation teams. The International Organization for Migration (IOM) has also received Gavi funding since 2019 to support an EPI for key underserved populations such as IDPs, refugees, nomadic populations and other people on the move in specific geographies.

At the national level, WHO and other actors receive funding directly from Gavi to provide technical assistance to the MoH, with WHO also acting at the sub-national level to support county health departments. Several other NGOs receive direct funding from Gavi to deliver programmes, such as Access for Humanity. The International Rescue Committee has received Gavi 5.0 funding as part of the newly launched zero-dose immunisation programme (ZIP) (under EAF) to boost South Sudan's efforts at reaching ZD children in conflict areas.

Due to reductions in donor funding, the HPF budget reduced by 20% in 2022.[18] The country is currently assessing how to move forward with health financing and discussing the establishment of a new multi-donor fund. One state has been reallocated from HPF to UNICEF/World Bank to mitigate the impact of the HPF budget reduction.

[16] IRC. Independent Review Committee (IRC) Country Report: Gavi Secretariat, Geneva. June 13 – 20, 2022. *Gavi internal documentation.*
[17] Health Pooled Fund South Sudan. (2022). Annual Report: Phase 3 Year 3 April 2021 – March 2022.
[18] Ibid

Country ZD theory of change

For the Gavi 5.0 period, South Sudan has an aim of establishing an *"efficient, high-quality EPI system that is accessible and equitable for every South Sudan household"*. This strategy builds on the foundation of Gavi 4.0 HSS programming. This aimed to improve access, equity and utilisation of routine immunisation services in hard-to-reach areas with special emphasis on the (former) conflict-affected areas through geographically targeted interventions to address constraints.

Inputs

Given assumptions around the relevance and coherence of the Gavi 5.0 agenda at the country level, funding and non-funding support from Gavi, in addition to government engagement, should facilitate the development of a coherent country-level strategic immunisation plan to identify and target ZD children and missed communities, with sub-national stakeholder buy-in.

Activities

The planned interventions have been summarised in the theory of change and categorised according to the identify, reach, measure, monitor, advocacy (IRMMA) framework as follows:

- **Identify**: Seasonal and integrated country-level microplanning, mapping of ZD groups and missed communities.
- **Reach**: Targeted outreach activities and mobile campaigns for missed communities in the 30 most in-need counties; cold-chain equipment procurement, installation and optimisation for the most in-need health facilities and high prevalence of ZD; targeted capacity building for vaccinators, including training and incentivisation strategy. Expanded IPs with experience working with communities, such as IDPs, are expected to strengthen demand generation.
- **Monitor and measure**: Technical assistance for data management and monitoring and strategic coordination within the MoH and country health departments.
- **Advocate**: technical assistance for strategic coordination between the EPI technical working group and donors and partners at national level, and with CSOs and county health departments at sub-national level, at national and sub-national level.

Outputs

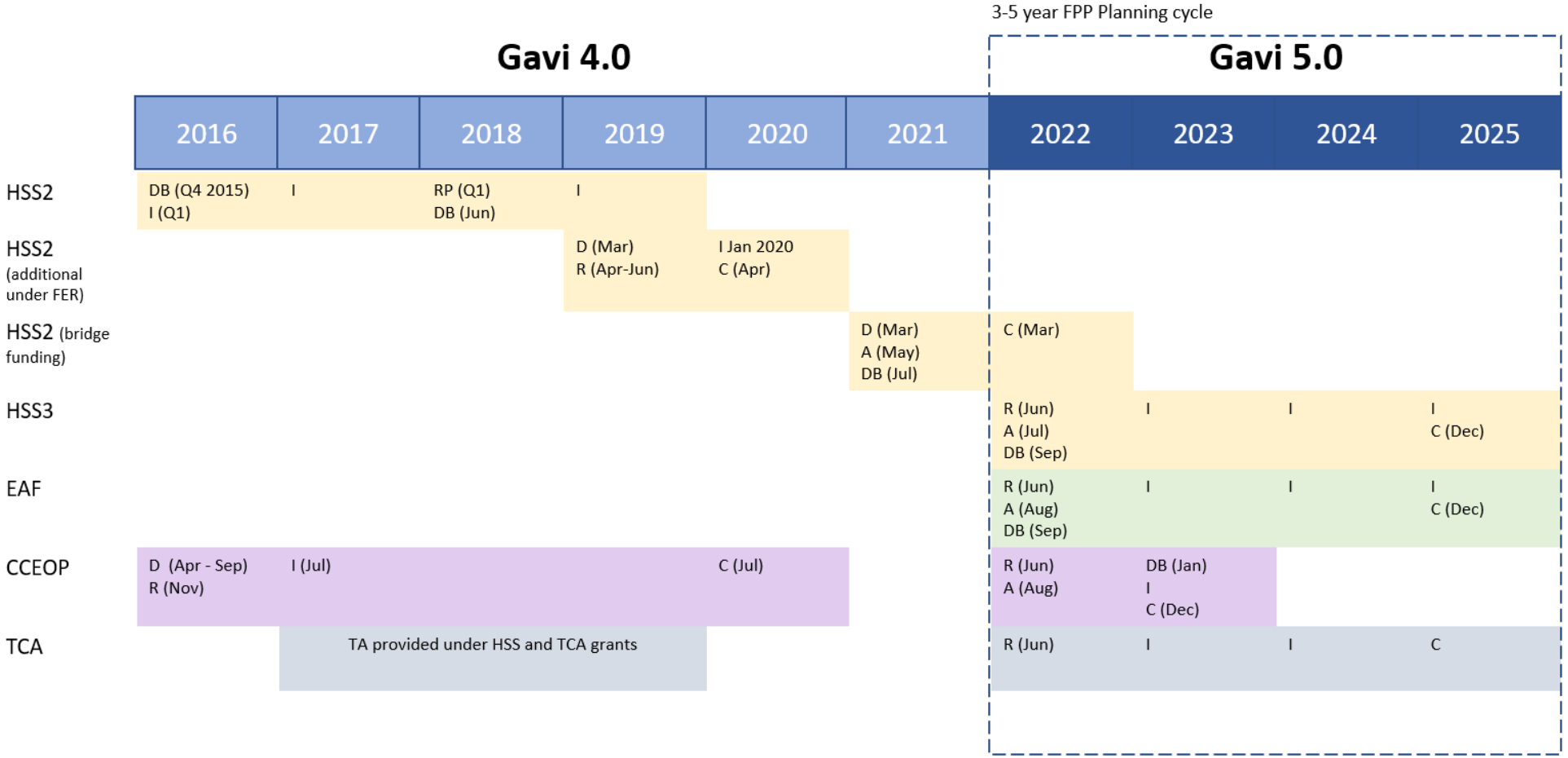
Given the assumptions in the overarching Gavi 5.0 TOC, activities should lead to the ZD outputs identified in the overarching Gavi 5.0 theory of change.

Data collection timeline

Data collection activities included the following:

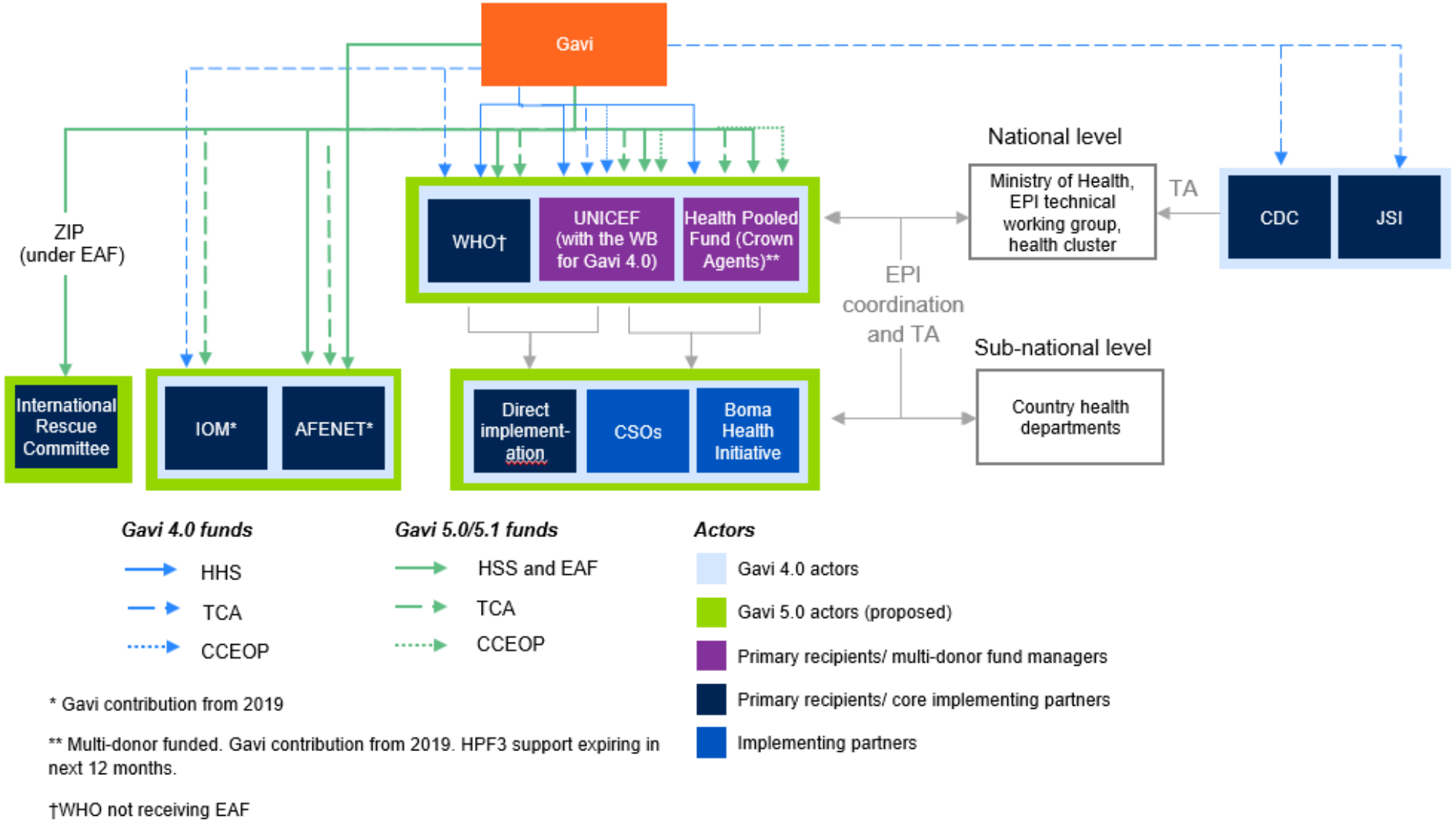
- An initial introductory call with the South Sudan senior country manager (April 2023)
- A document review (April–August 2023) (list of documents in Annexe)
- Semi-structured interviews with key 3 strategic respondents (May–August 2023)
- A validation call with the South Sudan senior country manager and programme manager

Figure 1.2: Timeline of Gavi 4.0 and 5.0 grants in South Sudan (excluding Vaccine Introduction Grants)



D: design; R: review; A: approval; DB: disbursement; I: implementation; C: closure

Figure 1.3: Key actors in South Sudan under Gavi 4.0 and Gavi 5.0

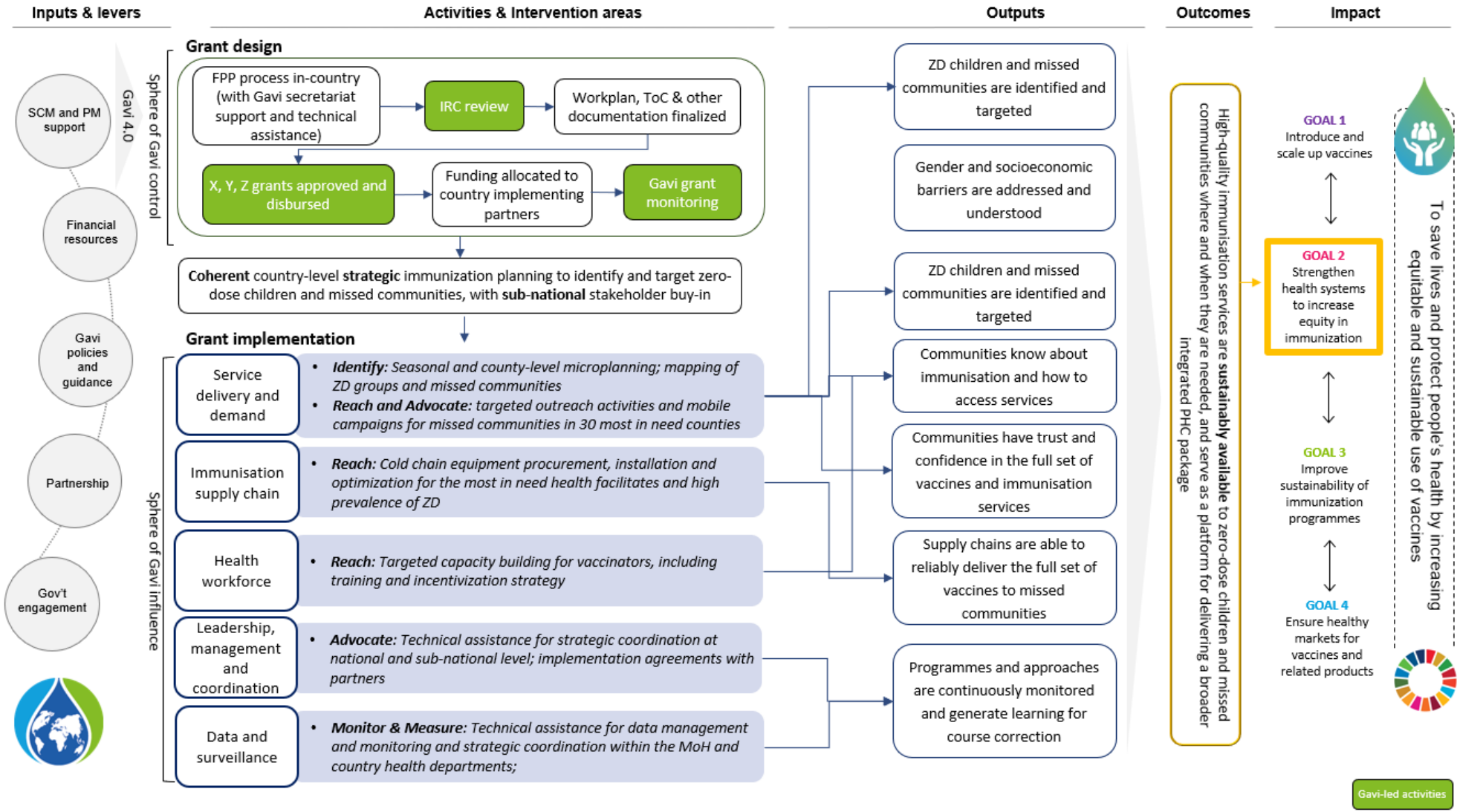


* Gavi contribution from 2019

** Multi-donor funded. Gavi contribution from 2019. HPF3 support expiring in next 12 months.

†WHO not receiving EAF

Figure 1.4: South Sudan theory of change for Gavi 5.0



2 Findings

Objective 1: Relevance and coherence of Gavi's ZD agenda

EQ1. How relevant is Gavi 5.0/5.1's focus on ZD children and missed communities to countries' needs?

Summary of findings	• The Gavi 5.0 strategy is well aligned with South Sudan's need to improve routine immunisation and to target specific groups of low immunisation children and missed communities. • The integration of immunisation and PHC services is considered essential for improving vaccination take-up and coverage, which aligns well with Gavi's focus on Health System Strengthening. • Data quality has been an issue in identifying the scale and location of ZD communities; the roll-out of DHIS 2 (with Gavi support) is helping improve the quality of data.			
Strength of the evidence	**1**	**2**	**3**	**4**
Rationale for this judgement	Sufficient programme documents available for analysis; however, strength of the evidence limited by the small stakeholder sample size, with notable omittance of government stakeholders and expanded IPs. The research is further limited by the fact that none of the interviewees were in place during the Gavi 4.0 period, all being newer placements.[19]			

Despite improvements in DTP1 and DTP3 coverage from 51% and 45%, respectively in 2016 to 76% and 73% in 2022, immunisation coverage rates remain below the global target of 90%. While the COVID-19 pandemic caused some disruption to supply chains and movement restrictions for vaccinators within South Sudan, it did not appear to significantly impact indicators.[20] The number of ZD and under-immunised children in South Sudan increased from 2011 to 2018, with a downwards trend observed from 2019.[21] As of 2021, South Sudan had roughly 145,940 ZD children.[22]

Most ZD children in South Sudan live in conflict areas, and only an estimated 40% can access a primary healthcare facility.[23] About 50% of ZD children reported to reside within 18/80 counties, and the remainder distributed various specific populations (e.g. internally displaced and refugees, those affected by flooding, refugees, nomadic populations, and from urban populations who access private care). Analysis carried out by an independent party identified significant variation in DTP1 and DTP3 coverage at county level; however, data is considered subject to quality issues (The Swiss Tropical and

[19] Due to the specific country conditions, INGO staff rotation occurs every 18–24 months, leading to a significant loss of institutional knowledge.
[20] South Sudan ZD analysis, MEL team (2023).
[21] WUENIC, 2022.
[22] GAVI South Sudan Factsheet.
[23] South Sudan ZD analysis, MEL team (2023).

PHI, 2021). Estimating the numbers and locations of ZD children or under-immunised children is challenging due to variations in estimated births; overestimated population counts from conflict-prone areas; frequent community dislocations caused by conflict and flooding; and inadequate coverage surveys. Although the recent roll-out of DHIS2 is helping improve the quality of data.

Immunisation coverage remains low in South Sudan due to intersecting access and demand-side barriers. Healthcare is inaccessible to a majority of the population due to the protracted conflict and recurrent flooding. The acute shortage of qualified health workers (including vaccinators) and reduced cold-chain infrastructure hinder vaccine storage and administration. Poor infrastructure and limited resources further complicate last-mile vaccine deliveries. Outreach efforts remain stretched, and with a low literacy rate, many caregivers remain uninformed about vaccination benefits, reducing uptake.

Vaccine inequities (ZD), under-immunised and missed children) in South Sudan mainly reflect geographical disparities in health service infrastructure, capacity and accessibility. While there is no direct gender disparity in terms of immunisation rates among children, gender dynamics, roles and power structures still play a significant role in the broader context of vaccination challenges in South Sudan; for example, fathers tend to have more decision-making power concerning a child's healthcare than mothers. This dynamic can affect the likelihood of a child getting vaccinated if the father is not convinced of its importance. The fundamental needs of South Sudan include strengthening the health system, staff capacity building, integrating immunisation into PHC services, and expanding community outreach programmes, especially in hard-to-reach areas. Interviewees also placed emphasis on the need for good quality data to identify under-immunised children and to support decision-making.

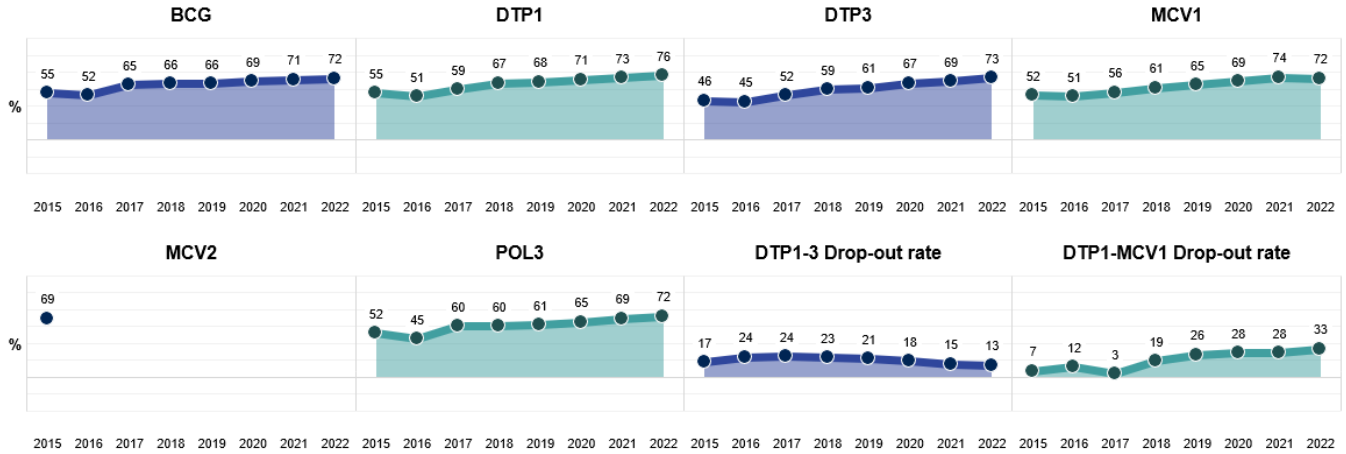
> "The key immunisation priorities right now for South Sudan, of course there is the ZD but then the routine immunisation is really key. The 5.0 strategy really is setting up the health system in South Sudan to be able to do the immunisation for all the children who need to get immunised. The health system is underfunded, it's in a dire state, and so to be able to reach these children in more spots of the country is very important."
> Operational respondent, interview

Another Operational respondent argued for a stronger focus on ZD children under Gavi 6.0 strategy as these children represent the most vulnerable and marginalised populations facing multiple deprivations (by missing out on other essential health services). The integration of PHC services is crucial in addressing these challenges and ensuring comprehensive and holistic care for ZD children and missed communities in South Sudan.

There was limited explicit evidence of the use of the IRMMA framework at design or implementation stages, with no reference within the country's theory of change; however, the strength of this finding is limited by the small number of stakeholders interviewed at this stage. One strategic stakeholder noted that they "*tried to use it"* for operational purposes but they were unclear the extent to which it was used by other IPs, which indicates a lack of coordination of coherent design across implementing partners. One other strategic stakeholder started it is a "*very well-crafted strategy"* which is not explicitly stated in the FPP application as it is already embedded within programmed activities.

> "So, I think in the next strategy there should be deliberate effort to ensure robust support for integration of interventions such that every child will have opportunity, not just for vaccination, but for integrated intervention including vitamin A, nutritional damage, and where possible, wash and vaccination."
> Operational respondent, interview

Figure 2.1: ZD and immunisation indicators



EQ2. How relevant are the Gavi funding levers to the needs of countries with regard to reaching ZD children and missed communities?

Summary of findings	▪ Flexibility afforded by the Gavi Independent Review Committee (IRC) in approval of HSS/EAF and CCEOP allows South Sudan to address fundamental EPI challenges. ▪ Funding channelled through Gavi is not perceived as sufficient to reach the country's ZD goals. ▪ Funding levers could be more responsive to allow for a rapid response to emergency situations.			
Strength of the evidence	1	2	3	4
Rationale for this judgement	Sufficient programme documents available for analysis. However, strength of the evidence is limited by the small stakeholder sample size, with notable omittance of government stakeholders and expanded IPs and institutional loss of knowledge.			

Flexibility afforded by the Gavi IRC in approval of HSS/EAF and CCEOP allows South Sudan to address fundamental EPI challenges. Beyond access challenges, South Sudan's EPI issues include: weak cold-chain infrastructure, workforce capacity, skills, and incentivisation, poor data quality, and weak programme coordination. South Sudan's FPP application primarily focuses on national-level interventions (Table 2.1) to address these challenges, alongside some evidence under EAF funding of tailored and targeted approaches for specific populations, notably IDPs and mobile communities. While the Gavi IRC reported that the FPP application was lacking in ambition and reflected *"mostly a simple strengthening of basic EPI services"* and large allocation to workforce incentivisation (without clear justification), the ultimate approval of the application despite these concerns reflects Gavi's consideration of and flexibility towards the country context.

Table 2.1: Grant ceilings of Gavi 5.0 funding levers and main aims

Funding lever	Grant ceilings ($)[24]	Main aims of funds in country
HSS	19,880,000	Outreach activities and mobile campaigns for missed communities in the 30 most in-need counties Capacity building for vaccinators, including training and incentivisation strategy
EAF	7,827,835	Demand generation and capacity building in remote areas
CCEOP	3,204,302	Cold-chain procurement and installation for the least well equipped facilities and in areas with the highest prevalence of ZD
TCA	14,678,271	Technical assistance for: strategic coordination at national and sub-national level; coordination of implementation agreements with partners; data management and monitoring at sub-national level and strategic coordination within the MoH and country health departments

Interviewees consider Gavi funding levers are relevant to the needs of the country. In a country like South Sudan where the health system is chronically underfunded by the government, GAVI funding levers play a key role in bridging funding gaps and strengthening the health system. The importance of health system capacity building and supporting procurement and installation of cold-chain equipment (FPP, TCA and CCEOP) was acknowledged by all interviewees. They also highlighted the importance of outreach and mobile activities to get to children in hard-to-reach areas and remote places. Furthermore, the significance of demand generation activities supported by EAF was highlighted, including engaging community leaders and religious figures, or utilising knowledge, attitude and practice strategies to provide insights into vaccination hesitancy.

Funding channelled through Gavi is however, not perceived as sufficient to reach the country's ZD goals. The draft South Sudan NIS indicates that just under USD 505 million is required over the next 3 years to support the EPI programme during the remainder of the Gavi 5.0 period, of which USD 154 million is allocated for everything other than vaccine supply. The USD 45.6 million committed under the HSS/EAF, CCEOP, TCA grants for the entire Gavi 5.0 period is just 30% of this estimate, indicating that additional sources of funding will be required if the aims of the NIS are to be realised. The funding shortfall was noted in the FPP application, citing it as a reason why a lower than 25% reduction in the number of ZD children would be expected (by 2025 from 2019 levels). Indeed, one stakeholder from an implementing partner providing technical assistance remarked that they would need to mobilise additional resources to fully fund the technical assistance positions. Only 0.5% of the HPF3 programme budget was classified as 'infectious disease control'. This low proportion is, however, likely to reflect the catalytic nature of Gavi funding, which is intended to be used alongside non-immunisation funding to strengthen health systems (e.g. cold-chain infrastructure)

[24] Summary of 5.0 country ceilings & approval cap for ongoing grants or those starting within Gavi 5.0 (2021–2025).

> "I think the best example is what's happening right now with the Sudan crisis. We have children who are crossing over, from Sudan to South Sudan, and these have been identified. However, for us to be able to go to these border locations to respond has not been swift, because we are fixed into these counties that we already pre-selected, especially for the ZD and so, for us to be able to go to those new locations, we need to seek approval for this and that's a challenge. Operational respondent, interview

Funding levers could be more responsive to allow for a rapid response to emergency situations. The fragile and conflict setting of South Sudan necessitates that attention and resources can be rapidly deployed to unfolding emergency immunisation situations and outbreaks, particularly with respect to the recent Sudan crisis.

While the country has previously benefited through Gavi's responsive mechanisms for fragile and conflict countries via the approval of HSS funds through the FER policy,two respondents noted that the Gavi funding streams could allow implementers the flexibility to respond to new and emerging needs associated with dynamically unfolding conflict situations.

Table 2.2: ZD population groups and selected tailored Gavi 5.0 ZD interventions

ZD group	Estimated proportion of ZD population		Estimated no.	Selected tailored ZD interventions
Access challenges		41%	100,000	Targeted GIS-supported outreach/ mobile services; scale-up of CCE targeting 30 counties
Conflict & insecurity		27%	65,400	Partnerships with IOM, IRC, for outreach and mobile services; expand to 'orphaned' facilities
Dispersed, mobile populations		18%	43000	Integrated microplanning migratory route tracking; integrated package for fishing and nomadic communities
Seasonal flooding		12%	30000	Integrated microplanning; boat-delivered service packages
Private healthcare		3%	7000	Engagement with private clinics

EQ3. How coherent is Gavi's ZD agenda with other international and national actors' focus?

Summary of findings	▪ Gavi has worked closely with the MoH to align with (and influence) its immunisation strategy and embed this within the broader health priorities of South Sudan.

	▪ Coherence of the Gavi 5.0 strategy with national priorities is threatened by a shifting and fragmented donor environment in South Sudan and poor coordination among them. ▪ There are key areas of difference affecting the coherence of the Gavi 5.0 strategy within Alliance partners, with WHO having a greater focus on Universal Health Care and building human resource capacity. ▪ There is need for greater coordination among donors and a country-driven/ country-informed approach to healthcare and immunisation..			
Strength of the evidence	1	2	3	4
Rationale for this judgement	Sufficient programme documents available for analysis, however, strength of the evidence limited by the small stakeholder sample size, with notable omittance of government stakeholders and expanded IPs and institutional loss of knowledge.			

Gavi has worked closely with the MoH to align with (and influence) its immunisation strategy and embed this within the broader health priorities within South Sudan. Following an assessment of its suitability in 2018, Gavi began channelling funding through the HPF in 2019 (Gavi, 2018).[25] Established in 2012 with the aim of supporting the MoH to fundraise and deliver the BPHN, the HPF has several multilateral donors. It has a good working relationship with the MoH; the IPs it supports work with county health departments to outline activities and plan before submitting requests for funds. This move provides evidence of Gavi shifting its funding channels to align with country needs. One stakeholder highlighted that working with HPF has enabled better tailoring of Gavi grants to the country context and needs.

> "So for me, it's just being practical, not so global. But country-driven, country context, understanding the context, hearing what the countries have as a suggestion, and then we can tailor that to meet their needs."
> Strategic respondent, interview

Given that the HPF is the major provider of health services in South Sudan, Gavi has had to be flexible and integrate its priorities within the country's broader health strategy. Indeed, while the HPF is allocating only 0.5% of its 3rd phase budget (which includes Gavi 5.0 funds), to 'infectious disease control' this low proportion reflects the catalytic nature of Gavi funding within the fund, which is used alongside non-immunisation funding for HSS. One interviewee mentioned that the process of adding Gavi resources into the HPF was initially challenging, given the need to balance Gavi priorities with MoH and other donor priorities.

> "But even working with HPF was very difficult with Gavi, there was a lot of push-back. So sometimes it's not necessarily what works at country level, it's maybe what Gavi would like to see."
> Strategic respondent, interview

Recently, Gavi has worked with the MoH to develop the NIS for 2023–2027. Developed between 2020 and 2023 and supported through Gavi funding, the strategy aims to align the Gavi 5.0 Strategy with the HSSP 2023–2027, to ensure that immunisation efforts are aligned with the broader health priorities and objectives of making progress towards UHC. One of the 10 strategic priorities within the plan is

[25] Gavi, 2018. Evaluation of the South Sudan Health Pooled Fund.

reaching ZD and under-immunised children, with the others reflecting the fundamental EPI needs of the country.

The strategy should be commended for its comprehensiveness with respect to immunisation but it falls short of offering an integrated approach to immunisation. While there is some anecdotal evidence that the exercise has improved the MoH's coherence with and commitment to the ZD agenda, given that the strategy development was funded by Gavi and will ultimately be delivered through Gavi funding, it is unclear whether there is true coherence between Gavi and the MoH (and restricted by the lack of MoH stakeholders included for this phase of the evaluation). Indeed, apparent alignment with the MoH's HSSP is limited, with no mention of a pro-equity approach of focus on ZD within the HSSP's four immunisation objectives. This weakens the coherence of the Gavi 5.0 agenda with national priorities, and underlines the difficulties faced with working with the HPF.

Coherence of the Gavi 5.0 agenda with national and international actors' priorities is threatened by a shifting and fragmented donor environment in South Sudan. A reduction in multilateral donor funding as well as shifting (and at times conflicting) donor priorities channelled through the HPF has prompted the government of South Sudan to reassess how they will move forward with health system support. Currently, donors are agreeing on health and health system indicators that should be prioritised; however, there is a standstill due to competing priorities, with reported limited influence of the government during this process. Given the negligible funding contribution from the government, there is evidence that Gavi funding will need to align with donor agendas.

> "There is, sort of, a need to align not only with the ministry, but also with donor priorities, especially if the funding is going to be secured from key donors."
> Strategic stakeholder, interview

The dynamic nature of health funding and priorities within South Sudan and current period of priority setting potentially destabilises the influence of the Gavi 5.0 strategy and its coherence with international actors' priorities. While the new NIS is well aligned with the ZD agenda, its influence within the fragmented donor environment may be limited unless the government is empowered to advocate for its previously outlined priorities. The current working document which sets out the priorities for a new pooled funding mechanism has reportedly had limited government input.

There are key areas of difference affecting the coherence of the Gavi 5.0 strategy with Alliance partners. Alliance partners, particularly UNICEF and the World Bank appear well aligned regarding the ZD agenda, with strategic ambitions around achieving routine immunisation and reaching missed communities. UNICEF South Sudan programme goals reflect a clear ambition to target under-immunised children through outreach and mobile services. However, WHO's are more aligned with UHC and building capacity through human resources. A manifestation of this incoherence appears to be a large proportion of the proposed HSS (52%) and EAF (34%) budgets associated with human resources – well above the Gavi suggested maximum ceiling of 20–30%.

There is need for country-driven/country-informed approaches to healthcare, where global standards may not be suitable. For instance, the standard for primary healthcare coverage – which suggests a health facility every 5 km – might not be feasible in South Sudan. In such fragile environments, the emphasis might be better placed on ensuring access to essential medicines rather than on infrastructure. Given South Sudan's geographically spread-out population and challenges like looting and vandalism of medical resources, mobile clinics could offer a more practical solution than a stationary clinic every 5 km. One respondent emphasised the importance of incorporating country input. For example, in 2022, there was a noticeable improvement in immunisation largely driven by addressing

practical, on-the-ground needs such as training to carry out vaccinations and to collect data for decision-making.

There is poor coordination among partners and stakeholders. Many organisations come with their own partners and agendas, often lacking alignment with the government's plans or technical working groups. The MoH lacks the ability to coordinate. One respondent also mentioned missed opportunities to work with other partners who have money to invest and who would work directly with the government, i.e. African Development Bank. Many partners are overly concentrated on obtaining funds from Gavi and the global fund and overlook the opportunity to negotiate with other potential collaborators.

Objective 2: Operationalisation of the ZD agenda

EQ4. To what extent have Gavi 5.0/5.1 funding levers, processes and guidance enabled countries to focus their Gavi support towards reaching ZD children and missed communities?

Summary of findings	▪ Operationalisation of Gavi 4.0 grants (with continued implementation into Gavi 5.0) was hindered by political and economic instability, with assessment of implementation limited by a lack of financial and programme monitoring information. ▪ Close working with the Gavi secretariat facilitated the FPP application and promoted coordination at the national level despite its lengthy and complicated procedures. ▪ While the FPP application demonstrates a commitment to reaching ***ZD*** children and missed communities, it remains too early to assess the extent this translates to implemented activities***.***			
Strength of the evidence	**1**	**2**	**3**	**4**
Rationale for this judgement	Insufficient programme financial and monitoring documents available for analysis, with strength of the evidence further limited by the small stakeholder sample size, with notable omittance of government stakeholders, expanded IPs, and any stakeholder in post during Gavi 4.0.			

Operationalisation of Gavi 4.0 grants (with continued implementation into Gavi 5.0) was initially hindered by political and economic instability; however, reprogramming and channelling of funds through the HPF from 2019 onwards improved grant absorption. A protracted period of conflict, humanitarian emergencies, and economic and political destabilisation in South Sudan effectively postponed implementation of the HSS grant initially approved in 2014, with reportedly close to no implementation activity and evidence of lower than anticipated utilisation by IPs (estimated at 89% for UNICEF and 64% by WHO) by the end of 2018.26 There is evidence that a rapid review of the country situation,[27] which involved nationwide mapping of IPs and evaluation of the HPF, carried out by the Gavi

[26] South Sudan HSS Additional Funds, Pre-Screening Template (2019).
[27] Gavi, 2018. Review of South Sudan renewal requests.

country team in 2018, facilitated better understanding of how Gavi funds could be channelled and tailored to complement existing efforts and maximise coordination. By 2021, HSS utilisation had increased to 90%, and 99% in 2022. No data on CCEOP or TCA utilisation was obtained by the evaluation team. Stakeholders corroborated the importance of the HPF in maximising the ability of the country to absorb Gavi funds, alongside the appointment in 2020 of an embedded technical assistant within the MoH, under the TCA grant.

Most interventions programmed under Gavi 4.0 focused on basic healthcare and immunisation service delivery, with limited evidence of a pro-equity or ZD focus. The pro-equity mapping exercise identified evidence of programming of four targeted interventions under the 'Reach' category of the IRMMA framework and one under the 'Identify' category.[28] This is in line with the needs of the country to address fundamental needs and respond to outbreaks (discussed within Objective 2). Indeed, a major barrier identified during this period on the implementation of pro-equity interventions was the focus on the measles catch-up campaign, which consumed significant immunisation resources and workforce. Additional funds granted under the FER policy in 2019 were designed to address immunisation constraints in 54 of the 80 counties with the highest number of under-immunised children. While there was evidence of immunisation indicators improving during this period, the number of ZD children in the counties not under the FER policy reportedly increased; further HSS funds in 2020 were approved to focus on these ZD children.

Systematic reporting and documentation of implementation and financial monitoring was not available. Only evidence for the pro-equity intervention relating to cold-chain equipment had evidence of implementation.[29] While the MoH has developed a PowerBI interactive dashboard for EPI which feeds in data from DHIS2/HMIS, the National Bureau of Statistics, and other local databases and data sources, the majority of indicators are not comparable with the Grant Performance Framework, which remains largely incomplete for the Gavi 4.0 period and 5.0 period to date. Furthermore, this dashboard contains no financial monitoring information, which is reportedly challenging to monitor according to one strategic respondent, because "some of the Alliance partners don't like visibility on their finance management areas". While the problem is inherent to the pooling of funding and integrated approach to programming, it renders accountability of partners low. Given there is little information available on utilisation of funds by IPs at the Gavi secretariat level, or guidelines on this topic, there appears to be limited incentive for IPs to conduct financial monitoring.

Key drivers and barriers to implementation for grants approved under Gavi 4.0 and continuing into the Gavi 5.0 period were identified through analysis of programme documents and stakeholder interviews. These are summarised in Table 2.3 below.

Table 2.3: Key implementation drivers and barriers for operationalisation of grants approved during Gavi 4.0 (with continued implementation into Gavi 5.0)

Drivers	Barriers
Decision to leverage HPFs IPs network and coverage to channel Gavi funding and improve coherence with the MoH	Political and economic insecurity limited MoH bandwidth for routine immunisation, with a focus on humanitarian emergencies (particularly pre–2016–2018)

[28] Gavi/ FHI360, 2022. Mapping of existing pro-equity interventions within Gavi-supported countries.
[29] Ibid.

Channelling funding through trusted partners has supported immunisation uptake within communities (e.g. IOM)	Focus on measles follow-up campaign after 2018 constrained resources
Embedded technical assistance in MoH as a focal point for Gavi in country and acting as a connector between EPI and donors	Heavy rain and flooding disrupted access routes and postponed immunisation activities
	High attrition rates of workforce (due to challenging working environments and low pay)
	Low data quality and capabilities (particularly before DHIS2 introduced in 2018)

Channelling Gavi funds through the multi-donor Health Pooled Fund meant that the strengths and weaknesses of the HPF also affected Gavi's effectiveness. An evaluation of the HPF conducted in 2018[30] found that it was relevant to the needs of South Sudan and well aligned with country priorities. Drug procurement and supply worked well up until the 'last mile' which remained an unresolved issue. There were challenges with coordination, caused by unclear responsibilities, a lack of terms of reference, and little clarity on expected outputs. The fund had made good efforts to mainstream gender issues, but less attention had been paid to wider social inclusion. The evaluators concluded that HPF had made a major contribution to health service delivery and health outcomes, but that under-funding was a significant problem, especially relating to drug supply and staffing levels.

Close working with the Gavi secretariat facilitated the FPP application and promoted coordination at the national level despite its lengthy and complicated procedures. The FPP application process in South Sudan from initial design to approval took longer than in any other country (26 months), owing to pandemic-related delays and Gavi's transition to the 5.0 procedures mid-process. The need to consolidate all applications took significant time to coordinate, particularly given the unfamiliarity with the new guidelines and materials. This was exacerbated by the high rate of turnover of staff due to rotational posts within conflict countries such as South Sudan. Two independent global organisations were contracted to assist the MoH with the application, by providing data and coordinating the application across the funding levers, given limited country capacity. Nevertheless, key stakeholders agreed that it was a necessary and useful process, in terms of facilitating creation of a shared strategic vision across implementing partners and a framework for coordinated action to streamline efforts and avoid duplication.

> "It [FPP process] is slower, it is definitely slower. But it helps the country understand, it helps the country focus on our plan, we plan a lot in isolation, many times we are duplicating, but it being all together it was a useful process. You see the big picture. […] I think it's much better [than the previous process] you see the big picture once and for all."
> Strategic respondent, interview

[30] Evaluation of the South Sudan Health Pooled Fund, 2018.

Support and guidance provided by the Gavi secretariat (senior country manager and programme manager) throughout the FPP process was appreciated by core IPs (WHO and UNICEF), with open communication channels reportedly making the application process clearer. Coordination between Gavi, Alliance partners, donors, and the newly established EPI working group was facilitated by the Gavi-funded embedded technical assistance in the MoH and improved the alignment of the application to country needs.

> "UNICEF, WHO, HPF and other partners are very much well-engaged by the Ministry at the planning stage and everyone is carried along. There are coordination mechanisms, especially the EPI technical working group that meets every 2 weeks."
> Operational respondent, interview

While the FPP application demonstrates a commitment to reaching ZD children and missed communities, it remains too early to assess the extent this translates to implemented activities. Gavi Monitoring and Performance Management (MPM) data indicates that for the period 2022–2023, the proportion of the total grant ceiling allocated to targeted investments to reach ZD children is 25% for EAF, 49% for HSS, and 35% for TCA. Given that there was a five-month period between IRC approval of HSS and partial approval of EAF to disbursement in early 2023, it remains too early in the grant lifecycle to assess whether the FPP application has to date enabled South Sudan to focus on reaching ZD children and missed communities. Stakeholders from IPs involved in the process seemed sceptical of the enduring value of the FPP application when it came to operationalising plans from the theory of change, perceiving it as a "more theoretical than practical" document. There was no explicit evidence of the IRMMA framework being used in the FPP application to design tailored and targeted interventions.

Expansion of IPs, for example IRC under the ZIP funding and IOM to reach IDPs, is expected to support demand generation, given their established presence within these beneficiary communities in South Sudan. Choosing new partners was a considered process, conducted through a joint appraisal process with existing IPs. While South Sudan reached its goal of 10% of funds allocated to CSOs for the HSS grant (2023 allocation) and TCA grant (2022 allocation), future allocation is threatened by the disbandment of the HPF due to reduction of funds and current uncertainties around which organisations will be operating where. This is a potentially critical barrier to implementation going forward.

Objective 3: Contribution of Gavi 4.0 pro-equity and ZD grants

EQ5. How have Gavi grants initiated under Gavi 4.0 with continued implementation in 5.0/5.1 contributed to the delivery of the ZD agenda at the country level?

Summary of findings	▪ Gavi grants programmed under Gavi 4.0 with continued implementation into 5.0./5.1 demonstrated elements of pro-equity and ZD interventions. ▪ There is evidence of partial contribution of Gavi grants programmed under Gavi 4.0 with continued implementation into 5.0./5.1 to identifying and targeting ZD children and strengthening supply chains. ▪ The strength of the causal pathway is limited by a lack of monitoring information and outcome data.			
Strength of the evidence	1	2	3	4
Rationale for this judgement	Insufficient programme financial and monitoring documents available for analysis, with strength of the evidence further limited by the small stakeholder sample size, with notable omittance of government stakeholders and expanded IPs and institutional loss of knowledge.			

Gavi grants programmed under Gavi 4.0 with continued implementation into 5.0./5.1 demonstrated elements of pro-equity and ZD interventions. Implementation of Gavi 4.0 grants in South Sudan reportedly did not commence in earnest until 2019, after reprogramming of the HSS2 grant under the FER policy in 2018, following political and economic instability. Some pro-equity interventions were identified, although programming was mainly focused on basic strengthening on routine immunisation services through cold-chain equipment expansion and increasing the skilled workforce in the 54/80 counties with the highest number of under-immunised children. Additional HSS2 'bridge' funds were then granted in 2020 to cover the period until HSS3 funds were released under Gavi 5.0. Given the proximity to the 5.0 strategic period, programming included elements of the ZD agenda. However, as discussed under Objective 2, the extent to which these plans were operationalised is unclear considering the lack of information on financial or programme monitoring within the Gavi secretariat.

There is evidence of partial contribution of Gavi grants programmed under Gavi 4.0 with continued implementation into 5.0./5.1 to identifying and targeting ZD children, strengthening supply chains and demand generation. The plausible contribution of Gavi to delivery of the ZD agenda was assessed by examining the strength of the causal chain from Gavi inputs (funding and non-funding levers) to activities (programming, disbursement and implementation of equitable (Gavi 4.0). Also ZD tailored and targeted (Gavi 5.0) interventions) through to relevant ZD-related outputs and outcomes (and any unintended effects) was assessed with respect to the ZD-related outputs as outlined in the overarching Gavi 5.0/5.1 TOC. Strategic respondents in South Sudan agreed it remains too early to assess the contribution of 5.0./5.1 grants, given that funds were disbursed less than one year ago.

Evidence was found of partial Gavi contribution to identifying and targeting under-immunised children, strengthening supply chains and demand generation, in South Sudan from 2019 onwards.

This coincided with the reprogramming of Gavi 4.0 grants in 2019 and additional HSS funding in 2020 (Table 2.5) and Gavi's decision to channel funding through the established HPF. Integrating Gavi programming within the government's HPF enabled Gavi to influence and align with government priorities and leverage the network of IPs working under the HPF to integrate Gavi programming with the delivery of the BPHN. Furthermore, expanded partners, such as IOM, enabled access to hard-to-reach populations. However, a focus on the measles campaign from 2019 onwards and restricted movement due to the COVID-19 pandemic constrained resources and negatively impacted implementation of pro-equity interventions. There was no evidence of Gavi contribution to addressing gender and socioeconomic barriers.

There was evidence of an unintended consequence of Gavi 4.0 programming in South Sudan, due to an increased number of ZD children in the 26 counties which were not initially targeted under the FER HSS funding. Given the widespread access challenges and workforce constraints in South Sudan, targeted approaches which allocate sparse resources in a specific area is likely to come at the cost of delivering routine immunisation services in other areas.

The strength of the causal contribution pathway is limited by a lack of programme and financial monitoring information that provides evidence on the disbursement and utilisation of Gavi funds, and whether activities were implemented as intended. Furthermore, data quality of immunisation indicators is low given country challenges with reporting at the sub-national level and determining denominators.

Table 2.4: Mapping ZD-related outputs to pro-equity interventions implemented under Gavi 4.0 with continued implementation under Gavi 5.0

ZD-related outputs	Indicators/ evidence (source)	Pro-equity interventions programmed/ implemented	Plausible contribution of Gavi (insufficient evidence, partial, full)
ZD children and missed communities are identified and targeted	• Number of children immunised with DTP1: increasing from 2016 to 2019, but below targets (FPP application) • DTP drop-out in targeted areas: not reported (GPF 2016–2020) • DTP1 coverage in targeted areas: not reported (GPF 2016–2020); WEUNIC data reports increase in coverage for (coverage decreased in the 26 counties not receiving HSS funding, with an increased in no. of ZD children in these areas) • DTP drop-out: 82% decrease from 2016–2020 (WUENIC); 21% decrease from 2016–2020 (Admin JRF) • Geographic equity (DTP3 coverage): not reported (GPF 2016–2020) • No. of ZD children: not reported (GPF 2016–2020). Growing numbers of under-immunised and ZD children (from 2011 to 2018), reverted in 2019 and 2020 (Swiss Tropical Institute analysis, 2021)[31] • Percentage of districts or equivalent administrative area with Penta3 coverage greater than 80%: 40% decrease from 2017 to 2019; 77% increase from 2019 to	Programmed (TCA, 2021) • National mapping of ZD children; data analysis and data triangulation and feedback to inform decision-making • Rapid assessments of EPI services in counties contributing to 50% of ZD children and provide evidence-based recommendations to improve coverage at the state and national level Programmed (HSS, 2019) • Developing capacities of front-line health and community workers and their supervisors to deliver quality EPI services (in target counties)	Evidence of partial Gavi contribution during this period through TCA and HSS grants, given improvements in immunisation indicators and number of trained workforce from 2019, following reprogramming, and facilitated through channelling of funding through the HPF. However assessment of contribution is limited by the available evidence • Limited documented evidence that programmed pro-equity activities were implemented. Percent of work plan activities executed not reported in GPF 2016–2020 • No documented monitoring of the % utilisation of TCA or CCEOP grants; 99% HSS2 grant utilised (MPM) • Anecdotal evidence from IPs responsible for mapping activity (WHO) that it was challenging to engage sub-national-level IPs in the mapping exercise given limited data • Unintended consequence of focus on 54/80 counties with high numbers of under-immunised children, was an increase in the number of ZD children in the other counties

[31] The Swiss Tropical and Public Health Institute (2021). Equity Accelerator Funding: Selected indicators.

ZD-related outputs	Indicators/ evidence (source)	Pro-equity interventions programmed/ implemented	Plausible contribution of Gavi (insufficient evidence, partial, full)
	2020 (GPF, 2016–2020); 72% increase from 2020 to 2021 (GPF, 2021–2025) • Percent of districts with updated microplans that include activities to raise immunisation coverage: not reported (GPF 2016–2020) • 178% increase in the number of vaccinators in 2020 compared to 2018 in target counties (FPP application, 2022)		• Reported success in reaching ZD children with immunisation services at nutrition sites. The MoH/Gavi tailored approach into a large-scale ready-to-use therapeutic food programme targeted 686 out-patient therapeutic programme centres in 54 priority districts with the highest number of ZD and unvaccinated children
Gender and socioeconomic barriers are understood and addressed	• Country addressing gender-related barriers with Gavi support: not reported (GPF 2016–2020) • Percent of gender work plan activities executed: not reported (GPF 2016–2020) • Penta3 coverage difference between the children of educated and uneducated mothers/care-takers: not reported (GPF 2016–2020) • Difference in Penta3 coverage between children of urban and rural residences: not reported (GPF 2016–2020) • Difference in Penta3 coverage between the highest and lowest wealth quintiles: not reported (GPF 2016–2020)	• No evidence of programming or implementation of interventions to understand and address gender and socioeconomic barriers	No evidence of Gavi contribution during this period
Communities know about immunisation and how to access services	• Percent of functional health facilities providing routine immunisation services: not reported (GPF 2016–2020) • Percent of demand work plan activities executed: not reported (GPF 2016–2020) • Country implementing tailored plans to overcome demand barriers: not reported (GPF 2016–2020) • Increased number of fixed and outreach vaccination sessions from 8,393 per month in 2019 to a total cumulative number of 14,615 per month/year in 2020	Programmed (TCA, 2018) • Develop and disseminate missed opportunity vaccination strategy protocols Programmed (TCA, 2019)	Evidence of partial Gavi contribution during this period, given reported increase in number of outreach services Anecdotal evidence suggesting that engaging religious figures and community leaders helped improve vaccine acceptance

ZD-related outputs	Indicators/ evidence (source)	Pro-equity interventions programmed/ implemented	Plausible contribution of Gavi (insufficient evidence, partial, full)
	(12% – 56% of health facilities conducting two outreaches per week in 2019 and 2020 respectively)	• Support MoH in promoting the use of REC/D Strategy for immunisation service delivery Programmed (HSS, 2019) • Expand flexible integrated EPI service delivery at primary and community levels to reach hard-to-reach communities	Inadequate coordination of the Boma Health Initiative (MoH flagship programme for community engagement) with health promotion and EPI services perceived as a major gap in demand generation
Supply chains are able to reliably deliver the full set of vaccines to missed communities	• Closed Vial Wastage (DTPcv): not reported (GPF 2016–2020) • Stock availability at health facility levels: not reported (GPF 2016–2020) • Effective Vaccine Management Score: not reported (GPF 2016–2020); 23% increase in effective vaccine management score from 2012 to 2019 (however below target of 80%) • Cold-chain equipment (CCE) expansion in existing equipped sites: 25% increase from 2019 to 2020 (GPF 2016–2020) • CCE extension in unequipped existing and/or new sites • 42% ‘gap’ in CCE (2018 SARA survey)	Programmed (CCEOP, 2016) Provide existing and new health facilities with suitable CCE (in conflict-affected areas)	Evidence of partial Gavi contribution during this period given increased number of facilities with CCE; however, assessment is limited by the available evidence

3 Annex

Table 3.1: Desk review documents

Source	Document title	Year
FHI 360	Mapping of existing pro-equity interventions within Gavi-supported countries	n.d.
Gavi	Evaluation of South Sudan Health Pooled Fund	2018
Gavi	Review of South Sudan Health Pooled Fund	2018
Gavi	South Sudan Joint Appraisal Final Report	2018
Gavi	Gavi HSS Grant Application (2016 – 2020)	2019
Gavi	IRC Reports for HSS grant applications	2019
Gavi	Mapping South Sudan HSS TCA	2019
Gavi	Pre-screening templates of HSS grant applications	2019
Gavi	Grant Performance Framework 2016 – 2020	2020
Gavi	Gavi Application Process Guidelines	2021
Gavi	Gavi HSS Grant Application	2021
Gavi	Gavi the Vaccine Alliance Strategy 2021 – 2025	2021
Gavi	IRC Reports for HSS grant applications	2021
Gavi	Pre-screening templates of HSS grant applications	2021
Gavi	Summary of 5.0 country ceilings and approval cap for ongoing grants or those starting within Gavi 5.0 (2021 – 2025)	2021
Gavi	Zero-dose Funding Guidelines	2021
Gavi	Gavi FPP Application	2022
Gavi	IRC Report, FPP Application	2022
Gavi	Pre-screening template FPP applications	2022
Gavi	TCA 2022-25 Activity Planning	2022
Gavi	Grant Performance Framework (2021 – 2025)	2023
Gavi	South Sudan ZD Analysis, MEL team	2023
Health Pooled Fund	HPF Year 3 Annual Report Final	n.d.
South Sudan MoH	South Sudan Supporting Narrative for FPP	2022
South Sudan MoH	Support detail spreadsheet for FPP	2022
South Sudan MoH	Draft South Sudan Health Sector Strategic Plan 2023–2027	2023
South Sudan MoH	Draft National Immunisation Strategy 2023–2027	2023
UNICEF	UNICEF Health Mapping and Strategic Review Brief	2018

Table 3.2: List of stakeholders

ID	Position	Organisation	Categorisation	Remote vs in person interview
1	Senior country manager	Gavi	Strategic	Remote
2	Immunisation manager, South Sudan (UNICEF focal point)	UNICEF South Sudan	Strategic	Remote
3	Technical Officer Immunisation (WHO focal point)	WHO, South Sudan	Strategic	Remote
4	Deputy Director for Programmes	International Rescue Committee, South Sudan	Strategic	Remote

Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.

ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a market research project. Ipsos was the first company in the world to gain this accreditation.

Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.

ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.

ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.

The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.

HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.

Fair Data

Ipsos is signed up as a 'Fair Data' company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos.com/en-uk

About Ipsos Public Affairs

Ipsos Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.