Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 28-May-2021 | Report No: PIDA32022

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
South Sudan	P176480	South Sudan COVID-19 Emergency Response and Health Systems Preparedness Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA EAST	01-Jun-2021	20-Jul-2021	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	UNICEF, International Committee of the Red Cross, World Health Organization	World Health Organization, UNICEF, International Committee of the Red Cross	

Proposed Development Objective(s)

To support the Government of South Sudan to prevent, detect, and respond to the threat posed by COVID-19 in the country, increase access to an essential package of health services in the states of Upper Nile and Jonglei, and develop Government health sector stewardship and system preparedness capacity

Components

Vaccine deployment, Cold Chain Equipment, and Community Engagement
Continued Provision of Essential Health Services in the states of Upper Nile and Jonglei
Building Institutional Capacity and Strengthening Health Emergencies Preparedness
Project Monitoring, Evaluation and Learning
Contingent Emergency Response Component

The processing of this project is applying the policy requirements exceptions for situations of urgent need of assistance or capacity constraints that are outlined in OP 10.00, paragraph 12.
Yes

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	63.93
Total Financing	63.93
of which IBRD/IDA	60.00

Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	60.00
IDA Grant	60.00

Non-World Bank Group Financing

Trust Funds	3.93
Energy Sector Management Assistance Program	2.00
Health Emergency Preparedness and Response Multi-Donor Trust	1.93

Environmental and Social Risk Classification

High

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

1. **South Sudan is one of the most fragile, conflict-impacted countries in the world with less than 20 years of interspersed peace since 1955.** Two almost consecutive civil wars, from 1955-1972 and 1983-2005, between what was then Southern Sudan and the Sudanese Government left the Southern region systemically underdeveloped. South Sudan became independent from Sudan in 2011. In 2013, civil war broke out in the country, leading to widespread violence – much though not all of it between ethnic groups – and raising questions about its future. The civil war has also resulted in decreased oil production that plunged the oil rich and dependent country further into economic crisis. South Sudan's per capita Gross Domestic Product (GDP) dropped from US$1,111 in 2014 to less than US$200 in 2017.[1] The South Sudan civil war ended in September 2018, with the signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS)[2] peace agreement and was cemented through a power sharing agreement that led to the establishment of a Transitional Government of National Unity (TGoNU) in February 2020. However, the peace remains fragile, and implementation of several key provisions of the R-ARCSS – including those related to unification of armed forces of the different factions, disarmament, demobilization, and reintegration of ex-

[1] World Bank, October, 16 2019, https://www.worldbank.org/en/country/southsudan/overview
[2] IGAD: https://igad.int/programs/115-south-sudan-office/1950-signed-revitalized-agreement-on-the-resolution-of-the-conflict-in-south-sudan

combatants, and other measures related to displaced peoples, public financial management, and transitional justice – remains slow or stalled. The country faces substantial challenges in recovering from deep underdevelopment and economic crisis, combined with frequent and acute natural disasters and shocks as well as rising levels of intercommunal and other forms of violence across the country.

2. **The COVID-19 pandemic, and resulting reductions in oil production, have resulted in a projected 3.4 percent contraction in South Sudan's economy in Fiscal Year (FY) 2020-2021.** The contraction follows real GDP growth estimated at 9.3 percent in FY 2019-2020, which pointed towards economic recovery following an economic crisis spurred by economic management challenges and the civil war. Recent estimates indicated accumulated loss in real GDP per capita of US$7,070 between 2012 and 2018 and in aggregate GDP losses of US$ 81.1 billion over the same period.[3] COVID-19 oil production declines are not expected to improve until FY2022-2023, which, along with economic mismanagement, threatens to compromise economic recovery. South Sudan is highly dependent on oil, which is estimated to account for more than one-third of South Sudan's GDP, 90 percent of central government revenue, and over 95 percent of the country's exports. Monetization of the fiscal deficit led to soaring inflation, adding to an economic crisis, with output contracting and widening the exchange rate premium, and cutting into the ability of civilians to purchase food and other staples. Challenges with budget planning and Economic management persist and are closely linked to war economy dynamics, with elites capturing most of the wealth created since 2013, while investment in infrastructure, human development, and other public goods has been absent.

3. **South Sudan remains one of the poorest countries in the world with over 80 percent people living in poverty in 2019**.[4] Nearly half of urban households lost a job activity since 2013. Conflict and violence triggered the break-down of food production, worsening food insecurity. Women and girls face a disproportionate burden of poverty, poor access to services and insecurity. South Sudan has the world's highest maternal mortality rate and a third of all women experience sexual violence by a non-partner in their lifetime. South Sudan has the highest proportion of children out of school.[5] Youth comprise 70 percent of the population; most are unemployed. The country faces one of the world's worst food insecurity crises, with 7.24 million people – or 60 percent of the population – expected to face acute severe food insecurity by July 2021.[6] South Sudan also has one of the world's largest forcible displaced populations, including 1.76 million internally displaced persons (IDPs) within its borders and more than 2.2 million South Sudanese refugees living abroad, primarily in neighboring countries. Unsurprisingly, the country ranks 172 out of 174 countries on the World Bank's 2020 Human Capital Index (HCI). South Sudan's HCI score indicates that a child born today in the country will only be 31 percent as productive when she grows up as she could be if she enjoyed complete education and full health.[7]

Sectoral and Institutional Context

4. **South Sudan's health system faces enormous challenges, leading to some of the worst health outcomes in the world**: under-five mortality is 91 per 1,000 live births; neonatal mortality is 39 per 1,000 births; and maternal mortality is estimated at 789 per 100,000 births. The country's health system is systemically

[3] World Bank (internal draft). The Economic Cost of Conflict: Evidence from South Sudan. Technical background report. The Dynamics of South Sudan's Conflict Economy [P169121]
[4] World Bank staff estimates.
[5] World Development Indicators.
[6] IPC: http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/South_Sudan_TWG_Key_Messages_Oct_2020-July_2021.pdf
[7] World Bank. 2020. *The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19*. Washington, DC.

underdeveloped. Seventy-one percent of the population lives more than five kilometers from a health facility.[8] Core health service delivery indicators are lagging, for example, in World Bank supported health project areas as of 2018, only 23 percent of mothers in Upper Nile State and 26 percent of mothers in Jonglei State, received at least one antenatal care visit (ANC) by a skilled birth attendant during their last pregnancy. Similarly, only 17 percent and three percent of children between 12 and 23 months, in the respective States, received the diphtheria, tetanus, and pertussis vaccine before their first birthday, based on vaccination records, although this jumps to 43 percent when relying on reports from parents.

5. **South Sudan lacks the basic primary healthcare infrastructure to detect COVID-19 cases and contain the pandemic.** As described by Kruk et al. (2015), primary healthcare systems provide the backbone for responding to epidemics and other emergencies. South Sudan's primary healthcare system is severely constrained with major shortages of skilled human resources to respond to frontline health needs and serious infrastructure gaps. A 2019 Service and Availability Readiness Assessment (SARA) conducted by the WHO found 1.42 facilities per 10,000 people, with only 20 percent of health facilities occupying a permanent structure. Similarly, the SARA found 6.3 health workers per 10,000 people in comparison to the WHO guidance of 23 health workers per 10,000 people. Readiness to deliver basic services across facilities is only 37 percent. The states of Jonglei and Upper Nile have the highest percentage of non-functional facilities in the country. Almost all facilities lack medical equipment, transport, referral mechanisms, communication, water, sanitation, and power supplies. While there are some positive trends, with the number of midwives increasing significantly since 2010, from only 8 in 2011 to over 600 trained with essential professional midwifery competencies (United Nations Population Fund (UNFPA), 2018), these are focused in specific areas. The COVID-19 pandemic has also further challenged service delivery in South Sudan, by adding an additional burden on the strained primary healthcare system and impacting supply chains and staff movements to facilities due to movement restrictions intended to curb transmission.

6. **While Government coordination capacity is weak, donor-financed health service delivery has become increasingly coordinated.** The Health Pooled Fund (HPF), a consortium of financers led by the United Kingdom's Foreign, Commonwealth, and Development Office, finances health service delivery in eight of South Sudan's ten states and two of the country's three administrative areas and the World Bank finances health service delivery in the two remaining states and one administrative area (Pibor) through the Provision of Essential Health Services Project (PEHSP; P168926). In most locations, health service delivery is managed by a contracting agency, Crown Agents in HPF areas and the United Nations Children's Fund (UNICEF), amongst others, in World Bank financed areas. Most organizations then contract service delivery out to implementing partners, international or national NGOs. The HPF, which is currently in its third financing round, HPF3, and the current World Bank supported PEHSP have aligned service delivery and monitoring approaches. While the consolidation of service delivery has helped to improve the consistency of delivery in the country and has offered some clarity on the service delivery landscape, service delivery challenges remain which include skilled healthcare worker shortages, lack of infrastructure and nascent state-level governance structures.

7. **South Sudan routinely experiences health emergencies.** It also faces significant challenges in responding effectively, including ongoing conflict, flooding and a large number of displaced people, combined with weak laboratory and fragile health service delivery systems, along with difficult terrain and poor infrastructure that impede access and also increase costs of communication as well as surveillance efforts. With technical and

[8] Macharia, P. M., Ouma, P. O., Gogo, E. G., Snow, R. W., & Noor, A. M. (2017). Spatial accessibility to basic public health services in South Sudan. *Geospatial health*, *12*(1), 510. https://doi.org/10.4081/gh.2017.510

financial support from development partners, the country has been expanding its capacity and infrastructure to respond to health emergencies. Despite these efforts, a number of the challenges highlighted in the 2017 Joint External Evaluation (JEE) Report remain: (1) the documents that govern public health response are in draft and cannot be operationalized; (2) there is no formalized structure for communication and coordination among relevant ministries and other stakeholders; (3) there is no national plan for the detection and reporting of antimicrobial resistance pathogens and no health care associated infection sentinel sites set up; (4) limited public health lab capacity and stock-out of essential supplies; (5) there is no "One Health Policy" and human and animal sectors are not coordinated and joint operations are on ad-hoc basis; (6) low health workforce capacity (lab scientists, epidemiologists, biostatistics, etc.); and (7) there is no national risk communication strategy. These gaps informed the formulation of the National Action Plan for Health Security (NAPHS) – 2020-2024.

8. **Since the first case of COVID-19 was reported in March 2020, 10,677 cumulative confirmed cases and 115 deaths have been recorded as of May 24, 2021.**[9] Furthermore, the COVID-19 cases in the country increased exponentially between January and March 2021 from 460 cases in January 2021 to 3834 cases during February. The largest increase being on February 9 where there were 162 cases (highest recorded by then) to February 21 where there were 348 cases (highest reported daily cases to date). Reported deaths have increased at a lower rate, from 64 to 97 during the same time period, with a cumulative Case Fatality Rate of 1.17 percent. Notably, deaths are believed to be severely under reported and data on COVID-19 deaths are limited. However, while efforts have been made to strengthen testing capacity, which is now decentralized, South Sudan's ability to detect COVID-19 cases is critically impacted by fundamental weaknesses in the country's health system's capacity. As of April 20, 2021, over eighty percent of the COVID-19 cases were detected in the capital, Juba, located in Central Equatoria State, and these cases were primarily concentrated in travelers, given that the latter are amongst the only individuals more systematically tested.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To prevent, detect and respond to the threat posed by COVID-19 in South Sudan and strengthen national health systems for health emergencies preparedness.

Key Results

PDO level indicators:

- Percentage (%) of priority population fully vaccinated against COVID-19[10], based on the targets defined in national plan [disaggregated by sex]
- People who have received essential health, nutrition, and population (HNP) services [disaggregated by sex]
- Conducted tailored training/coaching for MoH staff on project management aspects[11]

[9] Johns Hopkins University and Medicine, Coronavirus Resource Center, accessed on May 26, 2021. https://coronavirus.jhu.edu/region/south-sudan

[10] The WHO Fair Allocation Framework defines as priority population i) frontline workers in health and social care settings; ii) the elderly; and iii) people who have underlying conditions that put them at a higher risk of death. For most countries, an allocation equal to 20% of the population would be enough to cover most of the population comprising initially prioritized groups. By initially prioritizing these groups, a vaccination program may achieve an enormous impact in reducing the consequences of the pandemic even in conditions of supply constraint.

[11] This includes agreed upon milestones such as, but not limited to, on Financial Management, Procurement, Safeguards, contract management, Monitoring and Evaluation

Intermediate indicators will include among others:

- Number of targeted sites have functional climate friendly cold chain equipment
- Number of CEmONC centers have adequate solar power
- Standard operating procedures (SOPs) or guidelines updated for collection and disposal of medical waste for COVID-19
- Number of health facilities providing at least 75 percent of the essential package of health services
- Number of deliveries attended by skilled health personnel
- Proportion of disease outbreaks detected and responded to within 72 hours of confirmation
- Number of people trained in Integrated Disease Surveillance and Response (IDSR)
- Number of pregnant women receiving ANC four visits
- Number of health care workers trained in-service
- Number of independent monitoring reports submitted
- Percentage of complaints to Grievance Redress Mechanisms satisfactorily addressed in a timely manner
- Number of targeted sites with functional climate-friendly cold chain equipment
- Number of Targeted CEmONC Centers with adequate solar power

D. Project Description

Component 1: Vaccine Deployment, Cold Chain Equipment, and Community Engagement (UNICEF) US$7.5 million (US$5.5 million from IDA and US$2 million from ESMAP Grant)

9. **Component 1 will support COVID-19 vaccine deployment in South Sudan.** Both systems strengthening to support COVID-19 vaccination and delivery of the vaccine to the population will be financed by the project. Systems strengthening will encompass climate friendly cold chain procurement, training, waste management, planning and monitoring. Vaccine delivery will include health worker allowances and supervision, risk communication, and procurement of vaccination supplies such as syringes and waste management equipment. World Bank financing for the COVID-19 vaccine deployment will follow the World Bank's Vaccine Approval Criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future. The World Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all World Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL).

10. ***Subcomponent 1.1. Climate friendly cold-chain (US$2 million ESMAP).*** This subcomponent will support investments to strengthen energy-efficient, climate friendly cold chain in South Sudan's climate vulnerable context and will support planning and preparations for vaccine deployment in light of South Sudan's annual floods and droughts. The project will support purchasing solar direct drive refrigerators for cold chain as well as cold boxes to support climate friendly transport of vaccines to vulnerable populations. The project will also support investments in solar power for some facilities in Upper Nile and Jonglei based on the assessment.

11. This subcomponent will also support solarization of eight secondary health facilities in the states of Upper Nile and Jonglei, currently supported by UNICEF, which deliver Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services. Solarization of the eight facilities will allow 24-hour power to facilitate consistent access to essential services.

12. ***Subcomponent 1.2. Vaccine Deployment and Climate Sensitive Vaccine Planning (US$5 million IDA).*** This subcomponent will contribute to the government efforts in the deployment of COVID-19 vaccination under Phase I of South Sudan's National Vaccine Deployment Plan (NVDP). This subcomponent will finance (i) COVID-19 vaccine storage and transportation to target populations throughout South Sudan; (ii) training of health workers to administer the COVID-19 vaccine; (iii) waste management and disposal; (iv) supervision of vaccine deployment; (v) allowances for health workers to administer vaccination[12]; (vi) vaccination supplies needed for vaccine delivery and distribution including diluents, syringes, and medical supplies; (vii) development of micro-plans for implementation of vaccine deployment from the warehouse to health facilities to vaccination sites; and (viii) routine monitoring of vaccine deployment.

13. ***Subcomponent 1.3. Community Engagement and Behavior Change (US$0.50 million IDA).*** This subcomponent will support activities to increase community awareness on: (i) information on COVID-19 vaccination and its importance, with particular attention to increasing vaccine acceptance; (ii) the risks of COVID-19 disease with the aim of addressing perceptions that COVID-19 is not a health risk; (iii) awareness of signs, symptoms, and control measures for COVID-19; and (iv) messages on preparedness for climate shocks and awareness and containment measures for climate-induced, outbreak-prone diseases; and (v) evidence generation to inform ongoing vaccine deployment.

Component 2: Continued Provision of Essential Health Services in the states of Upper Nile and Jonglei (US$50 million, IDA)

14. ***Subcomponent 2.1. Delivery of high impact essential health services in Upper Nile and Jonglei States (UNICEF; US$42 million, IDA).*** Under this subcomponent, UNICEF will ensure the delivery of cost-effective, high impact essential health services to the general population living in the states of Upper Nile and Jonglei. This package of services[13] includes: (i) maternal, neonatal, and child health services; (ii) basic and comprehensive emergency obstetric and newborn care (BEMONC and CEMONC); (iii) sexual and gender-based violence services; (iv) climate emergency preparedness and response activities; (v) disease surveillance and outbreak response; (vi) quality improvement and supervision; and (vii) procurement and distribution of essential drugs, medical equipment and supplies for essential health services. The subcomponent will also support strengthened supervision, management, and on-the-job coaching for implementing partners and service providers through expanded supervisory presence and testing of a county level supervisory approach.

15. ***Subcomponent 2.2. Delivery of high-quality secondary services to vulnerable and conflict-affected populations (ICRC; US$8 million, IDA).*** This subcomponent will support delivery of hospital level services to vulnerable, conflict-impacted populations in Akobo County, Jonglei State. Akobo is a remote, highly climate vulnerable county which is severely impacted by intercommunal violence. Hospital level services in Akobo will ensure conflict sensitive secondary level services which will include: (i) outpatient and emergency services; (ii)

[12] In line with the allowances paid for other national vaccination campaigns

[13] Same package of essential health services supported by PEHSP and managed by UNICEF under component 1

surgical service (including obstetrics emergencies); (iii) non-surgical clinical care services (including non-surgical obstetrics, pediatrics, therapeutic feeding services, physiotherapy); (iv) clinical support services (pharmacy, laboratory, and imaging); and (v) non-clinical support services.

Component 3: Building Institutional Capacity and Strengthening Health Emergencies Preparedness US$2.92 million (US$1 million from IDA and US$1.92 million from HEPR-TF)

16. ***Subcomponent 3.1. Building Institutional Capacity at the Ministry of Health (MoH) (UNICEF; US$1 million, IDA)***. It is envisioned that future World Bank financed projects in South Sudan will gradually transition towards a government-led implementation modality where Government's role in service delivery will be to contract and manage non-government service providers. This component will finance institutional capacity development at the MoH to support such a gradual transition through customized capacity building activities in the core areas of effective project management. These areas include: (i) financial management; (ii) procurement; (iii) monitoring and evaluation, contract management, and reporting; and (iv) social and environmental safeguards. Government capacity will be gradually developed over time and the progress will be measured by a set of pre-identified and mutually agreed upon milestones to ensure the Government has sufficient capacity to manage a project. A mix of on-the-job training, coaching, mentorship, and technical support for development and implementation of systems and processes will be the primary modalities through which the component will be implemented.[14]

17. ***Subcomponent 3.2. Strengthening Health Emergencies Preparedness (WHO; US$1.92 million, HEPR-TF):*** The Government, with support from development partners, formulated the South Sudan NAPHS – 2020-2024 to guide the process of building the country's capacity to prepare for, prevent, detect and respond to public health emergencies. Under this component, WHO will build on its ongoing support to and engage directly with the MoH to develop the capacity of the government, and provide technical support specifically in the areas of: (i) strengthening the national surveillance system through dissemination and training in Integrated Disease Surveillance and Response guidelines and tools at the national and county-levels as well as development of data reporting and management systems at the national and state levels for real-time reporting; and (ii) developing integrated human health and animal health policies to prevent health emergencies.

Component 4: Monitoring, Evaluation and Learning (US$3.5 million from IDA)

18. ***Subcomponent 4.1 (US$3 million): The project will finance third-party monitoring of COVID-19 vaccination deployment nationwide and delivery of health services in Upper Nile and Jonglei states (UNICEF)***. Monitoring of vaccine deployment nationwide will include third party monitoring of i) vaccine delivery, use, delivery to prioritized and target groups; ii) distribution and use of climate friendly cold chain equipment; and iii) risk communication campaigns, and other aspects of COVID-19 vaccination. Close attention will be paid to monitoring whether vaccine deployment is conducted in line with the Government's prioritization strategy and capturing potential risks such as elite capture and non-deployment of vaccines.

19. **Alternative monitoring arrangements have been designed for Akobo Hospital (managed by ICRC).** A robust monitoring and reporting approach has been jointly designed with ICRC that will maximize use of data,

[14] Workshops, secondment programs, and certification programs will also be also introduced as needed.

geo-referenced where possible, to provide the clearest objective picture possible regarding implementation of project activities and results achieved.

20. ***Subcomponent 4.2 (WHO; US$0.50 million): The proposed project will maintain and build on the common monitoring mechanism to collect and visualize health service and commodities data, across HPF and World Bank-supported zones, developed under PEHSP.*** A common monitoring mechanism is in place across HPF and World Bank financed locations, which has improved availability and use of data. Key existing elements of this approach to be financed under the proposed project are:

(a) Monthly health service functionality bulletin and implementing partner data performance reports;
(b) A master health service functionality database, capturing development and humanitarian health services across donors, including all verified data within database to increase confidence in analysis and reported results and provide measures of partner data quality and reporting accuracy; and
(c) Quarterly technical review of health service functionality data with development and humanitarian stakeholders

21. In addition, several new elements will be added to the common monitoring arrangements to monitor COVID-19 vaccination and response and to strengthen monitoring of service delivery, as well as response and preparedness to climactic emergencies:

(d) Mapping of climate friendly cold chain needs and capacity at the county and facility level
(e) Mapping of flood and drought prone locations, road access, and airstrip functionality against health facility functionality to support planning
(f) Mapping of vaccine distribution (locations that have received distribution and doses)

Component 5: Contingent Emergency Response Component (CERC)

22. The objective of this component is to improve the country's response capacity in the event of an emergency, following the procedures governed by Paragraph 12 of World Bank IPF Policy. In anticipation of such an event, this component will allow the grant recipients to receive support by reallocating funds from other project or other funding sources for eligible emergencies to mitigate, respond and recover from the potential harmful consequences arising from the emergency situation. Disbursements under this component will be subject to the declaration of emergency and the preparation of an "Emergency Response Operational Manual" by the grant recipients, agreed upon by the World Bank.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

E. Implementation

Institutional and Implementation Arrangements

23. **The IDA grant recipients for this operation are UNICEF, ICRC, and WHO.** UNICEF and ICRC organizations are the implementing agencies under the PEHSP[15] and have a track record of sound technical and fiduciary management. WHO demonstrated a strong track record, conducting monitoring activities as a UNICEF sub-contractor under PEHSP and is well positioned as an implementing agency under the project. The agencies have a strong focus on rural populations and hard-to-access areas where vulnerability is acute, allowing the project to target some of the most vulnerable populations in South Sudan. While each organization will be responsible for a defined set of activities and geographical coverage, based on the project design and their institutional comparative advantages, together they will ensure that project activities are delivered as planned and to the project's target populations.

24. **UNICEF will be the primary implementing agency responsible for the project, charged with implementation of Component 1, Subcomponents 2.1, 3.1, and 4.1.** UNICEF currently manages South Sudan's Expanded Program on Immunization, underlining the organization's capacity to manage COVID-19 vaccination in South Sudan. Beneficiaries for Component 1 are vaccine-eligible groups throughout South Sudan. UNICEF has significant experience supporting health service delivery throughout South Sudan. UNICEF is the implementing agency for health service delivery in the states of Jonglei and Upper Nile and is well positioned to continue as the implementing agency for health service delivery under subcomponent 2.1, 2.2, and 2.3 of Component 2. In addition, UNICEF has a strong track record of support for South Sudan's MoH and is well-positioned to implement subcomponent 3.1 activities to strengthen the MoH's institutional capacity. Component 3 beneficiaries are some MoH staff selected by the government.

25. **ICRC, which has the comparative advantage of providing hospital services for conflict-impacted populations will be the implementing agency for subcomponent 2.2 of Component 2,** which will finance health service delivery for conflict-affected populations at Akobo Hospital in Jonglei State. Under PEHSP, ICRC upgraded and ran the hospital, providing critical secondary services, including injury care, maternal child health services, and psycho-social support to conflict impacted populations.

26. **WHO has the comparative technical advantage of providing the activities under subcomponent 3.2 to strengthen the country's capacity to prepare for, prevent, detect and respond to public health emergencies**. WHO has been a key partner providing support to the Government including assessment of International Health Regulations (IHR) core capacities and the JEE, and the formulation of the South Sudan National Action Plan for Health Security (NAPHS)–2020-2024. The activities under subcomponent 3.2 (supported by HEPR TF) is separate from the vaccine deployment support under Component 1. Furthermore, under PEHSP, WHO has a good track record of carrying out the proposed activities under subcomponent 4.2.

[15] WHO had an agreement with UNICEF under PEHSP to implement similar activities to the proposed ones under subcomponent 4.2

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