

Year 3 Report (2014 activities)

Country: SOUTH SUDAN

EU-Lux-WHO UHC Partnership

Date: 5/12/2014

Prepared by: WHO CO/RO/HQ

Reporting Period: 2014

Main activities as planned in the Road Map

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Activity 1: Supporting the Institutionalization of regular and comprehensive health sector performance monitoring and evaluation processes, beginning with conducting a modified Joint Annual Health Sector review process

- This falls under activity; A.6: Support and facilitate the development of a Monitoring and Evaluation Framework
- This relates to; ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

Activity 2: Supporting and facilitating the policy dialogue process at State and National level for updating the National Health Policy

- This falls under activities;
 - A.2:Support countries to undertake comprehensive situational analysis and establish mechanism to regularly update them
 - A7: Support and facilitate the organization of a process for multi-stakeholder involvement and endorsement
 - A9: Support and facilitate the establishment and rolling out of a platform for policy dialogue and health sector coordination(HSC) meetings
- This relates to ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity

Activity 3: Supporting and facilitating the operationalization of the national health sector development plan at all levels by Improving State and County level planning and technical support to national and state planning departments

- This falls under activity A.5: Support countries in the implementation and management of the NHPSP
- This relates to ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity

Activity 4: Supporting dialogue on the Human Resources for Health development process; building consensus on the best approaches for promoting HRH in the medium term; development of an interim policy document on HRH

- This falls under activity A9: Support and facilitate the establishment and rolling out of a platform for policy dialogue and health sector coordination(HSC) meetings
- This relates to ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity

Main activities achieved and progress made

Due to the conflict that erupted in South Sudan in mid-December 2013 and the resultant acute humanitarian crisis lasting till May 2014, development programming was halted. Most development partners departed the Country (only returning in June 2014) and more attention was given to the humanitarian response.

Upon stabilization of the humanitarian situation, South Sudan road map was reprioritized to focus on activities 2 and 3. Activity 1 and 4 were dropped and will be considered for 2015.

Close to 95% of activity 2 has been implemented to date. Inclusive consultations and policy dialogue meetings have been held at national and sub national levels for review and update of the national health policy. The WCO provided technical support for this process. Additional funding from GAVI HSS grant was used to support sub-national consultations and dialogue in the States.

- **Indicator 1:** Survey based population opinion reflected in Country priority
 - Although no survey has been done, broadly inclusive national and sub national policy dialogue and consultative meetings generated Country priorities for inclusion in the national health policy.
- **Indicator 2:** Policy decisions have a more realistic basis being informed by regularly updated bottom-up health situation analysis
 - A draft national health policy for 2015 to 2025 has been developed, based on a comprehensive health situational analysis.
- **Indicator 3:** Platform for MoH/MoF discussion established
 - A platform for discussion between MoH and MoF already exists-the health sector working group. It involves dialogue between development partners, MoH and MoF in the development of the annual health sector budget.
- **Indicator 4:** Clearly established resource needs and resource allocation priorities through regular NHPSP costing and budgeting (including medium-term budget plans) lead to improved policy, planning and implementation
 - Not yet done. South Sudan currently doesn't undertake medium term expenditure frameworks.
- **Indicator 5:** Regular updates of the extent of financial risk protection
 - Not done. This may not be applicable to this activity.
- **Indicator 6:** Mechanism for monitoring implementation and taking corrective measures

established

- Not yet done.

Just over 50 percent of activity 3 has been implemented. The draft annual operational planning guidelines have been developed. Upon validation and endorsement by the Ministry of Health, capacity building shall be undertaken at national and sub national level. These guidelines shall be utilized from the 2015-2016 fiscal year. The WCO provided the technical support for this process in collaboration with: Abt Associates/USAID; Interchurch Medical Association world health/WB; Health Pooled Fund(DFID, EU, Canada, SIDA, Netherlands).

- **Indicator 4:** Clearly established resource needs and resource allocation priorities through regular NHPSP costing and budgeting (including medium-term budget plans) lead to improved policy, planning and implementation
 - Although South Sudan currently doesn't undertake medium term expenditure framework. The annual operation planning guidelines provide for comprehensive costing and budgeting on an annual basis.

Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan

As mentioned in the foregone section the disruption of development programming(including the policy dialogue program) following the humanitarian crisis in the Country precipitated by the conflict that erupted on 15th December 2013,led to postponement of activity 1(JAR) and elimination of activity 4(HRH). Most stakeholders critical for the implementation of the EU-Lux-WHO partnership on UHC left the Country and only started to return between May and June 2014.

Proposed modifications to Programme Road Map resulting from changes above

Following the crisis South Sudan adopted an approach of developing short term action plans-with six month horizons to allow for flexibility to review & revise depending on the evolution of the humanitarian situation. This has approach was discussed and agreed with the MoH and EU delegation.

Currently we intend to proceed with supporting the Joint annual review process within the first six months of 2015. Capacity building at national and sub national level on use of the annual operational planning guidelines shall also been done during that period.

Lessons learned

1. The need to be flexible and adapt the program to the prevailing circumstances in the Country. The increasing importance of humanitarian actors/partners following the crisis has meant the need to improve collaboration/linkages/dialogue between development programming (read health policy dialogue) and humanitarian programming. Attempts by the health development partners to regularly engage with humanitarian actors has been quite challenging due primarily to the differences in approach and focus of the two groups. While the development partners tend to focus on a health systems approach, the humanitarians are focused on fast action aimed at saving lives most time by passing systems. It is therefore critical to establish effective engagement/dialogue mechanisms with humanitarian actors with the aim of

ensuring synergy between humanitarian & development programs and harnessing early recovery programs to addresses health systems.

2. The strain of humanitarian programs on the already thin MOH workforce compromised regular availability of MOH in key policy dialogue forum during the acute phase of the humanitarian situation.

Road Map and timeline for 2015

Activity 1: Supporting the Institutionalization of regular and comprehensive health sector performance monitoring and evaluation processes, beginning with conducting a modified Joint Annual Health Sector review process. Time frame: February to June 2015

- This falls under activity; A.6: Support and facilitate the development of a Monitoring and Evaluation Framework;
- This relates to; ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews;
 - **Indicators:** Monitoring & Evaluation framework improved or developed by consensus; Monitoring & Evaluation indicators regularly updated; All partners adhere to the Monitoring & Evaluation Framework.

Activity 2: Capacity building for Annual Operational Planning at national and sub national level.

Time Frame: February to June 2015

- This falls under activity A.5: Support countries in the implementation and management of the NHPSP;
- This relates to ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity;
 - **Indicator:** Clearly established resource needs and resource allocation priorities through regular NHPSP costing and budgeting (including medium-term budget plans) lead to improved policy, planning and implementation.

Visibility and communication

During the launch of the national health policy review workshop the head of the EU delegation made a statement, while both the WR and Minister of Health acknowledged the EU funding for the process;..... Speaking at the official opening of the policy dialogue, WHO Representative for South Sudan, Dr Abdi Aden Mohamed said.... “ *WHO is committed to providing the required technical assistance throughout the consultative process of the policy review, and commended the European Union for the collaborations with WHO and for availing the financial resources in under taking the process of reviewing and updating the National Health Policy of the Republic of South Sudan.*”

“*South Sudan’s Minister of Health, Hon. Dr Riek Gai Kok expressed appreciation for such technical support and commended the role played by donors, health development partners and Non-Governmental Organisations (NGO) in improving the country’s health system.He expressed appreciation for WHO’s role in organizing the review and in supporting health systems work, and the European Union for providing the funding to WHO for that work.*”

(<http://www.afro.who.int/en/ssd/news/item/6686-launch-of-south-sudan-national-health-policy-review-workshop.html>)



EU head of delegation gives remarks, Honorable Minister of health ,WR & Under Secretary

The event was covered and broadcasted by the national television and radio.



Souvenir notebook branded with EU, WHO & MOH logos during the NHP dialogue

Impact assessment

This work has supported the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.

Overall all this work has improved inclusiveness of stakeholders in health policy dialogue, with better participation of partners and actors at national and sub national level which was not the case previously. This is expected to improve ownership and implementation of the NHP by all stakeholders (please see bullet point #1 on p. 15).

Upon implementation of the Annual operational planning guidelines, all plans at national & sub national level will be aligned towards achieving the objectives of the health sector development plan and NHP. This will be a major step in ensuring all stakeholders are committed to, aligned to and support a single national health strategy which is a key tenet of effective development cooperation/aid effectiveness

(please see bullet point #5 on p. 17).

The ultimate impact of these activities is an improvement of allocation of financial resources to the sub national level and a better framework to both lead and implement the activities of the health sector at the national and sub national level (states & county) level.