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EU-Luxemburg-WHO Universal Health Coverage Partnership:  
Supporting policy dialogue on national health policies, strategies and  
plans and universal coverage

Year 2 Report

Jan. 2013 -- Dec. 2013

[Version August 2014]

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LE GOUVERNEMENT  
DU GRAND-DUCHÉ DE LUXEMBOURG



Country: Republic of South Sudan

EU-LUX-WHO Universal Health Coverage Partnership

Date: March 2014

Prepared by: WHO CO/RO/HQ

Reporting Period: April 2013 to December 2013

**Main activities as planned in the Road Map:**

1. Support a modified Joint Annual Health Sector Review (JAR) Process
  - a. Health Sector Coordination Workshop with the Health Sector Working Group
  - b. Development of the Terms of Reference, content and tools for the JAR
  - c. Capacity building to identify relevant information for the JAR
  - d. Collection of information (surveys and administrative data) for the JAR
  - e. National Pre-JAR dialogue inclusive of all health sector stakeholders
  - f. Meeting with Senior Management Board of the Ministry of Health
  - g. Joint Health Sector Annual Review Meeting
  - h. JAR meeting outcome analysis and potential policy implications identified to feed into Health Sector Policy Review
  
2. Operationalization of the National Health Plan
  - a. Development of the TOR and Guidelines for County/State Planning
  - b. Capacity Building for State and County Planning
  - c. Dialogue on Implications of decentralized planning processes on the National Health Plan
  - d. Supervision visits at State/County level to follow up on implementation
  
3. Human Resources for Health
  - a. Situational Analysis on HRH issues
  - b. Intersectoral consultations to explore options for HRH development
  - c. Development of an interim(3year) policy document on HRH
  
4. Update of the strategic national health policy
  - a. Review of policy issues arising from the JAR
  - b. Consultative processes with MOH at national and sub-national level
  - c. Exchange with the HSWG for considerations and inputs
  - d. Development of the TOR
  - e. Consensus building on the overall structure and topics to be addressed in the new NHP
  - f. Drafting and validation process
  - g. Adoption by Social services committee/Council of Ministers
  - h. Dissemination

## Main activities achieved and progress made:

*Please estimate approximate percentage of achievement for each roadmap activity.*

*Please note which activities were undertaken with the technical support of WCO (potentially in collaboration with existing initiatives of UN agencies, NGOs etc)*

*Please describe expected outcomes, targets and specify partners*

*What are some concrete and visible outputs of policy dialogue? (ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)*

*What are some concrete and visible outputs of other activities (linked to policy dialogue)?*

### 1. Support to a modified Joint Annual Health Sector Review Process. **5% implemented**

A Health Sector Coordination Workshop was held from 26<sup>th</sup> to 27<sup>th</sup> April 2013, during which inter- alia the EU-WHO Health Policy Dialogue was explained. This meeting which drew participants from Ministry of Health (National and State level); Health Development Partners and UN agencies, deliberated on key issues to ensure aid effectiveness within the health sector. Institutionalization of regular health sector performance reviews was among the key issues agreed upon during the meeting. As part of the process for leveraging support for implementation of the program the EU Health Advisor and WHO HSS advisor lobbied and were designated co-chairs of the Health Development Partners Group, a forum which brings together all bilateral and multilaterals donors within the health sector of South Sudan to dialogue on key policy issues on a monthly basis. The Health Development partners, agreed to support conducting a Joint Health Sector Annual Review process as part of the forums' activities for the 2013-2014 Plan of Action. To raise additional resources to fund the JAR, especially for conducting the Service Availability and Readiness Assessment WHO in collaboration with UNICEF successfully supported the Ministry of Health in the development of a Health Systems Strengthening Proposal to GAVI which has been approved.

The second National Health Assembly and the Joint UN4+(UNICEF,WHO,UNFPA,UNAIDS), Ministry of Health program review meetings held on the 5<sup>th</sup> to 6<sup>th</sup> December 2013 and 7<sup>th</sup> December 2013 respectively, besides underlining the need for a JAR, generated issues to be considered during the JAR.

Although activities that required direct funding from this project were not implemented, most activities for supporting the JAR are scheduled for 2014.

### 2. Operationalization of the National Health Plan: **20% implemented**

Whereas most activities for operationalization of the National Health Plan were scheduled for 2014, the Ministry of Health expressed urgency for building capacity at State and County levels in planning. Therefore, as part of the process for operationalizing the health sector development plan; the State Ministry of Health Director Generals; State Ministry of Health Directors of Planning and County Health Management Teams were trained in September and October 2013 on planning as part of a broader package on leadership and management

capacity building. This also included training on the Basic Package of Health and Nutrition Services.

Further capacity building coupled with development of State and County action plans will be undertaken in 2014 with funding from the project

3. Human Resources for Health: **0% implemented**

This activity was put on hold until further consultations and consensus is developed between WHO,EU and MOH on the concrete deliverables for HRH under this program.

4. Update of the Strategic National Health Policy: **0% implemented**

This activity was scheduled to be implemented in 2014 and will be premised on the outputs of the Joint Health Sector Annual Review Process.

**Please explain any changes in circumstances or program implementation challenges encountered affecting the original plan:**

*Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).*

None of the activities have been eliminated, changed or added. However, implementation of most of the activities that were initially scheduled for 2013 had to be carried forward to 2014 due to several reasons. The main reason for this included delay in disbursement of funds as well as delays in recruitment of the HSS expert. Funds that were disbursed in late October 2013 to support implementation of activities during the last two months of the year could not be utilized since the WHO officer overseeing program was out of contract.

In collaboration with the Directorate of Policy, Planning and Budgeting at the Ministry of Health, strategies to fast track implementation of the activities this year have been developed. However, the current focus of most actors towards addressing the humanitarian crisis in the Country may pose an impediment to implementation in the short term.

**Proposed modifications to Programme Road Map resulting from changes above:**

*If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.*

No changes are envisaged in the planned activities in the road map other than rescheduling. Activities carried forward from 2013 shall be implemented along with those planned for 2014.

**Lessons learned:**

*Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Programme:*

The major lesson learnt from the minimal implementation of the road map is derived from the

capacity building of the State and County Level Officers in planning. The capacity of these officers is variable with most of them requiring a relatively longer time and simple approaches to learning in order to comprehend concepts in planning. The facilitator's therefore had to scale down on the complexity of the materials used as well as use a mix of didactic instruction and practical engagement of the participants. The capacity building program is to be staggered during this year and more on the job mentoring and coaching will be conducted

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#### **Road Map and timeline for 2014:**

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*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2014*

1. Support a modified JAR process April to October 2014
2. Operationalization of the National Health Plan(2014-2015) April to June 2014
3. Human Resources for Health July to October 2014
4. Update of the Strategic National Policy Documents May to July 2014

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#### **Visibility and communication**

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*Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of programme results to the public has been ensured*

1. Held several meetings between MOH and WHO
2. Informed health development partners about the Policy Dialogue Program during several meetings
3. Stakeholders informed about the Policy Dialogue Program during the health sector coordination workshop

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#### **Preliminary impact assessment:**

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*Please explain to which extent country level activities have already contributed towards achieving the overall programme objectives. Please demonstrate how WHO strengthened its role as facilitator/ convener of policy dialogue and contributed, through its sector expertise, to improved UHC (in its three dimensions) at country level. Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.*

Notwithstanding minimum implementation of the road map restricted to activities not directly funded with resources from the project, modest impact has been noted. For the first time County Health Management Teams were trained on planning as part of the broader capacity building on leadership and management. They were as well oriented on the National Health Sector Development Plan and the Basic Package of Health and Nutrition Services, critical policy tools that should guide their work. Sequel to this printing and publishing of these documents are being finalized which will be disseminated to all States and Counties.

