

Year 6 Report (2017 activities)

Country: South Sudan

EU-Luxembourg-WHO UHC Partnership

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Reporting Period: 1st January to 31st December 2017

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INTRODUCTION

SECTION I: RESULTS

Main results; The following were some of the results achieved through the support from the EU-LUX-WHO partnership for UHC.

SO I:

- 1) National Health Policy 2016-2026 was developed adopted and launched by the vice president in 2017. The policy provides overall vision for the health sector and is being utilized by MoH and partners including donors to guide and inform overall health sector goal and objectives in the short, medium and long term. The policy was used to draft the National Health Sector Strategic Plan 2017-2022 as well as guide the national, state and county operational plans and budgets for 2017/18 Fiscal Year.
- 2) A final draft of the HSSP 2017 - 2022 and its M&E framework and plan were developed during 2017. These documents are currently being used by MOH and partners to guide and inform health service planning, implementation and monitoring and evaluation at national and sub national levels.
- 3) The Boma Health Initiative (BHI) strategy and guidelines as well as training manuals and reporting tools were finalized and are being used by MoH and partners to support the implementation and roll out of BHI across the country.
- 4) Facilitated and supported MOH to mobilize \$980,000 from GAVI under the GAVI HSS program to pilot, roll out and evaluate BHI in 2018 and 2019.
- 5) The essential package of health and nutrition was costed in 2017. This is currently being used by MOH and partners to guide and inform planning and implementation of health and nutrition programs in conflict affected states and counties to reach approximately 2m displaced persons. The costs estimate also facilitated the planning for Humanitarian Response Plan(HRP) and proposal development for funding by health cluster partners

SO II:

- 6) To strengthen M&E, the health summit was conducted as a modified joint annual review (JAR). This provided the opportunity for MOH and partners to review the HSDP 2012-2016 achievements and challenges including lessons learnt and best practices. It also formed part of the situational analysis for the HSSP 2017-2022
- 7) Facilitated dialogue and supported MOH to mobilized additional funds (\$557,000) to make \$957,000 to support the first ever SARA (service availability and readiness assessment) in South Sudan under the GAVI HSS program in 2018. The initial budget was \$400,000 which could not support SARA covering all the public facilities.

SO III:

- 8) Strengthened and improved health sector coordination at national and sub national levels. Following a request from MOH, through the support from HSS cluster at country, WHO country office in collaboration with other partners undertook a process to review the coordination framework and reviewed and revised the ToR for health sector working group at national and sub national levels. The health sector working group was revived in June 2017 and it is functional. WHO was nominated as co-chair. The health sector working group has revised ToR with clear deliverables, roles and responsibilities.

SECTION II: ACTIVITIES

Main activities achieved and progress made:

SO I: To support 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.

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.

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| Roadmap Activity: Finalization of the National Health Policy 2016 to 2026 | 100% of completion |
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| Activities undertaken: Facilitated multi-stakeholder involvement and endorsement through the national health summit. Provided a platform for policy dialogue to develop and finalize the National Health Policy. National health policy published, printed and disseminated at national and sub national levels for use. | Key Outputs: Final National Health Policy |
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| Roadmap Activity Supported the development of the Health Sector Strategic Plan 2017-2022 | 80% of completion |
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| Activities undertaken: National and sub national consultative dialogue with stakeholders (situation analysis and prioritization and setting objectives and interventions). A national multi stakeholders technical consultative workshop was held. | Key Outputs: Draft Health Sector Strategic plan |
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| Roadmap Activity: Development of the Boma Health Initiative (BHI) Strategy, Implementation guidelines and operational plans (BHI is a community health extension worker strategy to strengthen community systems) | 100% of completion |
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| Activities undertaken: BHI strategy was developed and endorsed. Developed implementation guidelines, service packages, job aids, training manuals and reporting tools. Master Trainers of trainers was conducted and BHI roll out plan developed. Developed and submitted to GAVI (under GAVI HSS) a proposal for piloting and evaluation of BHI in Jubek state in 2018 and 2019. | Key Outputs: BHI strategy. Master training of trainers. Detailed budget worth \$880,000 approved for BHI pilot and evaluation |
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ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

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| Roadmap Activity: Reviewed the Health Sector Development Plan (HSDP 2012-2016) through a modified joint annual review process | 100% of completion |
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| Activities undertaken: Extensive desk review of the HSDP. Findings were presented, discussed and validated during the | Key Outputs: HSDP review |
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| health summit. | report |
| Roadmap Activity: Support the review, update and costing of the Basic Package of Health and Nutrition Services. | 50% of completion |
| Activities undertaken: Drafted ToR for the consultancy. The essential package of health and nutrition services was costed. Process to hire a consultant to under the review initiated in collaboration with MOH and other partners. | Key Outputs: Terms of reference with deliverables |
| SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue | |
| ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable. | |
| Roadmap Activity: | % of completion |
| Activities undertaken: | Key Outputs: |
| ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC. | |
| Roadmap Activity | % of completion |
| Activities undertaken: | Key Outputs: |
| ER 5: Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries. | |
| Roadmap Activity | % of completion |
| Activities undertaken: | Key Outputs: |
| SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles. | |
| ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated. | |
| Roadmap Activity | % of completion |
| Activities undertaken: | Key Outputs: |
| Changes in circumstances or problems encountered that affected the original plan: | |
| Activities eliminated, changed, postponed | |
| Roadmap Activity | Reasoning to eliminate/change/postpone activity |
| Review of the Basic package of health and nutrition | Three candidates who could have supported the process were all busy and unavailable hence we had to postponed it to 2018(first quarter) |

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| services | |
| Costing of the HSSP 2017-2022 | The costing of the HSSP as well as the its M&E plan was postponed to quarter one of 2018 to enable the MOH, partners and WHO country office improve on the quality of the document before it can be costed. |

Activities added

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| Added Activity 1: provide support to conduct SARA | 10% of completion |
| Activities undertaken: concept note and budget developed and approved. Survey management and coordination team established. ToRs and job description for the survey teams were developed. Recruitment process for the survey coordinator and CS Pro Specialist initiated. | Key outputs: Concept note Detailed budget worth \$957000 approved by GAVI under GAVI HSS |
| Added Activity 2: Conduct National Health Accounts for South Sudan | 15% of completion |
| Activities undertaken: Concept note and road map for the first national health accounts developed. A five day training of central core team was conducted and task force was established | Key outputs: Trained core team. Established task force to support NHA processes |

Lessons learned:

- The implementation of UHC in South Sudan has gained traction with increasing level of awareness and commitments from MOH and partners. This year, the MOH and partners commemorated the UHC day.
- There is need for continued dialogue at national and sub national levels.
- The action framework for HSS in the context of UHC and SDGs provides an excellent opportunity for further engagement with MOH, partners and programs.
- There is strong donor and government commitment for UHC as demonstrated in the first inaugural SDG 2017 report for South Sudan and the process to develop national development strategy for 2018 to 2020

Visibility and communication:

- The MoH is cognizant of the support to South Sudan under the EU-LUX WHO partnership for UHC. This was evidenced in the acknowledgement section of the National Health Policy and Boma Health Initiative and HSSP

- WHO country office needs to work in collaboration with MOH and other partners at national and sub national levels to increase visibility as well as communication on UHC and the EU-LUX WHO UHC partnership.

SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

Impact assessment / results chain:

SECTION IV: ROADMAP 2018

Roadmap/timeline for 2018:

SO I: To support 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.

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.

Roadmap Activity: *Finalize and cost the HSSP and the national M&E framework and plan by March 2018*

Roadmap Activity: *Review and update the BPHNS by June 2018*

Roadmap Activity: *Implement BHI in Jubek State by Dec 2018*

ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

Roadmap Activity: *Conduct SARA and publish results by June 2018.*

Roadmap Activity: *Conduct JAR and publish results by September 2018.*

SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue

ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.

Roadmap Activity: *Conduct National Health Accounts by Aug 2018.*

Roadmap Activity: *Develop National Health Financing Strategy for South Sudan by September 2018.*

ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.

ER 5: Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.

SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.

ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.