

**Year 5 Report (2016 activities)** *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

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Country: South Sudan

**EU-Lux-WHO UHC Partnership**

Date: 9<sup>th</sup> December 2016

Prepared by: WHO CO/RO/HQ

Reporting Period: 2016

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Main activities as planned in the Road Map.

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**Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result**

**SO I**

**Activity 1:** Finalization of 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 2:** Support the development of the Health Sector Strategic Plan

- This falls under activity
  - A.5: Support countries in the implementation and management of the NHPSP
  - 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:** 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)

- 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;

### **SO III**

**Activity 4:** Review of the current Health Sector Development Plan through a conducting a modified joint annual 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.

### **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.)*

*What are some concrete and visible outputs of Partnership activities?(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?)*

***Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.***

Due to the conflict that erupted in South Sudan in mid-July 2016 and the resultant acute humanitarian crisis lasting till now, development programming was halted. Most development partners departed the Country,(only a few have returned as of December 2016) and more attention was given to the humanitarian response. All UN staff including WHO, engaged in development programming were evacuated as well, only to return in October 2016.

Prior to the July crisis the political fragility and uneasy working relationships within the new Transitional Government of National Unity formed after the signing of the peace agreement, slowed sustained

engagement with national counter parts at the Ministry of Health (MOH)-especially the leadership.

Most of the implementation during this year has therefore been during the first half of the year prior to the July 2016 crisis.

Just about 75% of activity one has been implemented. Final consensus for approval of the National Health Policy (NHP) within the Ministry of Health (MOH) was generated during the senior management meeting chaired by the honorable Minister of Health. Subsequently the Minister of Health secured the council of cabinet approval and subsequently signed the National Health Policy document. 100 copies of the NHP have been printed/ published. The health summit during which the National Health Policy was to be launched and adopted was suspended due to the July 2016 crisis. The WCO provided technical support for this process.

- 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 national health policy for 2016 to 2026 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.

About 50 percentage of activity two has been accomplished. Sub-national consultations as well as consultations with individual directorates of the MOH and other stakeholders at national level have been done and the draft national Health Sector Strategic Plan (HSSP) developed. The health summit during which a national consultative dialogue to generate final consensus before costing the HSSP, was called off following the July crisis. The WCO provided technical support for this process.

- Indicator 1: Survey based population opinion reflected in Country priority
  - Although no survey has been done, broadly inclusive national and sub national policy consultative meetings generated Country priorities for inclusion in the national health sector strategic plan
- Indicator 2: Policy decisions have a more realistic basis being informed by regularly updated bottom-up health situation analysis
  - A draft national health sector strategic plan for 2016 to 2020 has been developed, based on a comprehensive health situational analysis.
- 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. The costing of the national health sector strategic plan will be done after national consensus meeting/health summit.

About 60 percentage of activity three has been accomplished. Final consensus for approval of the Boma Health Initiative strategy (BHI) within the Ministry of Health (MOH) was generated during the senior management meeting chaired by the honorable Minister of Health. Subsequently the Honorable Minister signed the BHI strategy document. 100 copies of the BHI have been printed/ published. The health summit during which the BHI was to be launched and adopted was suspended due to the July 2016 crisis. The Draft BHT hand book developed in collaboration with Canadian Red Cross is in place. Finalization of other training materials and tools as well as piloting have been carried forward to 2017. WCO provided technical support for this process.

- Indicator 1: Survey based population opinion reflected in Country priority
  - Although no survey has been done, broadly inclusive national and sub national policy consultative meetings generated inputs for inclusion in the Boma Health Initiative Strategy
- Indicator 2: Policy decisions have a more realistic basis being informed by regularly updated bottom-up health situation analysis
  - A Boma Health Initiative Strategy has been developed, based on a comprehensive health situational analysis.

Activity four was not done. The national health summit that had been planned in lieu of the modified joint annual health sector review in August 2016 was called off following the July 2016 crisis.

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

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*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,...).*

As mentioned in the foregone section the disruption of development programming following the July 2016 crisis and the fragile political situation prior to that, compromised the implementation of activities. Most stakeholders critical for the implementation of the EU-Lux-WHO partnership on UHC left the Country and only a few have returned by December 2016.

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

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*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.*

Following discussions with the MOH, the activities that have not been finalized have been carried forward to the next phase. In addition an activity on the review and update of the Basic Package of Health and Nutrition Services has been included. Please refer to the attached road map for the next phase. The EU focal point for this program has not yet returned to Juba following the July 2016 crisis.

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**Lessons learned:**

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*Please describe the principal lessons learned during the last 12 months of implementation of the UHC Partnership:*

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 often 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

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**Road Map and timeline for 2017:**

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*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2016. **These activities should be related to objectives/ER and have clear timeline and indicators.***

**Activity 1:** Finalization of the National Health Policy.

Time Frame: First quarter of 2017

- 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 2:** Support the development of the Health Sector Strategic Plan

Time Frame: by second quarter of 2017

- This falls under activities:
  - A2: Support countries to undertake comprehensive situational analysis and establish mechanism to regularly update them
  - A5: Support countries in the implementation and management of the NHPSP
  - 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:** Develop Boma Health Initiative strategy, operational plans and implementation guidelines  
Time Frame: by third quarter of 2017

- 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:** Support a modified joint annual health sector review process  
Time Frame: by third to fourth quarter of 2017

- 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 5:** Support the Review and update of the Basic Package of Health and Nutrition Services  
Time Frame: by third quarter of 2017

- 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;

## 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*

The financial support from the European Union towards the process of developing the National Health Policy and Boma Health Initiative strategy is recognized by the Under Secretary in acknowledgements section of these documents.

## Impact assessment:

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*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an "external" reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

*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.*

The development of the National Health Policy (NHP), Boma Health Initiative Strategy (BHI) and draft Health Sector Strategic Plan (HSSP) represent policy frameworks elaborated through an inclusive and participatory engagement of multiple stakeholders which is envisaged to translate into their improved ownership and implementation. In addition the NHP and HSSP meet most of the JANS attributes. This will ensure all stakeholders are committed to, aligned to and support a

single .

The BHI strategy further signifies a major shift in Human Resources for Health policy in South Sudan, which had previously focused on training of skilled professional staff (mid- level cadres), while undermining the community based health workers. Now the BHI puts more emphasis at developing community based health extension workers. The need for the BHI strategy arose during the participatory and inclusive policy dialogue while developing the situational analysis for the NHP and HSSP.

#### **Linking activities to overall Objectives:**

*Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.*

- National Monitoring & Evaluation framework indicators developed and used
- Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
- Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments
- NHPSP is in line with JANS attributes
- An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible
- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
- Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out
- Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)
- Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews
- Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
- Positive trend seen in stakeholders' alignment with NHPSP
- Existence and implementation of an IHP+ compact or equivalent at the country level
- Agreed or strengthened mutual accountability mechanisms such as joint annual reviews
- Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent

**Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership**

Strategic objectives (SO)	Expected Results (ER)
<p>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;</p>	<p>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;</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</p>	<p>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:</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</p> <p>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.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>