USAID South Sudan Health Learning Assessment White Paper

May 2015

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USAID SOUTH SUDAN HEALTH LEARNING ASSESSMENT

SUMMARY REPORT

MONITORING AND EVALUATION SUPPORT PROJECT

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1. ACRONYMS

CHD	County Health Department
CIP	County Implementing Partner
DFID	Department for International Development
EMF	Emergency Medicines Fund
HIV/AIDs	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HLA	Health Learning Assessment
HMIS	Health Management Information System
HPF	Health Pooled Fund
HRIS	Human Resources Information System
HSSP	Health Systems Strengthening Project
IDSR	Integrated Disease Surveillance and Response
IDP	Internally Displaced Person
ISDP	Integrated Service Delivery Program
MOH	Ministry of Health
NGO	Non-Governmental Organization
PAD	Project Appraisal Document
PPH	Prevention of Post-partum Haemorrhage
RRHP	Rapid Results for Health Project
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SMOH	State Ministry of Health
SSP	South Sudanese Pound
USAID	U.S. Agency for International Development
VHC	Village Health Committee

2. OVERVIEW

The purpose of the Health Learning Assessment (HLA) is to provide a better understanding of the needs in the health care system, identifying opportunities and threats in order to make recommendations for immediate and future modifications. This White Paper focuses on the recommendations for USAID management, with detailed findings and conclusions found in the HLA Final Report.

The three research questions were: 1. What are the current gaps in the health service delivery and the health systems strengthening programs in South Sudan? 2. What are the strengths and weaknesses of the current model of ISDP and HSSP linking to the broader health portfolio? 3. What new or continued areas should USAID support, considering USAID/South Sudan's new framework, priorities, and areas of interest?

The HLA focuses on USAID's specific programs in, Central Equatoria and Western Equatoria States - Integrated Service Delivery Program (ISDP) and Health Systems Strengthening Project (HSSP) - the national-level health programs - USAID DELIVER, Integrated Disease Surveillance and Response (IDSR), Systems for Improved Access to Pharmaceuticals and Services (SIAPS) - and briefly touches on HIV/ AIDS commodities and technical support.

The HLA reviews the current political, economic, social and technological situation in South Sudan in relation to health services. The HLA draws findings from across the health system identifying gaps in service delivery, human resources, infrastructure, pharmaceuticals supply, monitoring and evaluation, and leadership. The research observed activities and conducted interviews across all levels of the health system, including donors, fund managers, government (national, state, county), the County Implementing Partners (CIPs), and Village Health Committees (VHCs).

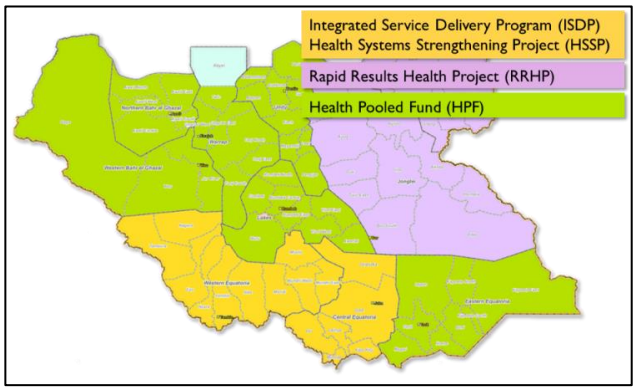

Figure 1: Core health donor programs South Sudan

The HLA compares health programs across South Sudan, using data from a recent Donor Mapping, and exploring activities by the other core donor programs: the Health Pooled Fund (HPF) funded by a consortium of donors led by the UK's Department for International Development (DFID)[1] and the Rapid Results for Health Program (RRHP) funded by the World Bank.

Specifically to the USAID programs, the HLA identifies the unique features only offered by USAID and analyzes the ISDP/HSSP model.

3. SUMMARY OF CONCLUSIONS

OPPORTUNITIES

A key opportunity is to use USAID's Operational Framework to establish a clear health strategy, and in turn, realign the ISDP and HSSP approaches based on USAID's unique features within the health system, the gaps highlighted in this assessment, and the activities of other donors.

As program end dates approach for ISDP, HPF, and RRHP, USAID has an opportunity to harmonize approaches with other donors nationwide; both to fill gaps in its own program locations using other

[1] Fund donors include: Australia, Canada, the European Union, Sweden and the United Kingdom

donor unique features and to roll-out USAID's unique technical expertise more widely. The below diagram summarizes the activities supported by donors in South Sudan,[2] highlighting activities that are unique and common in the health system.[3]

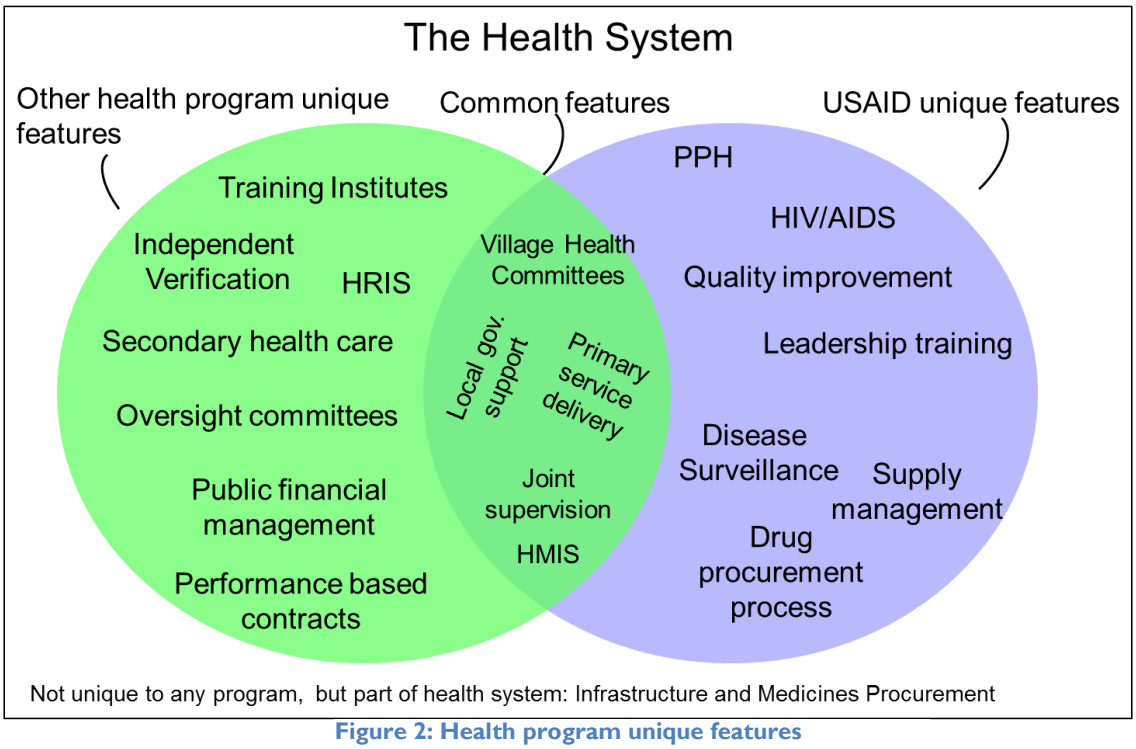

Figure 2: Health program unique features

In addition, USAID has opportunities to address some of the weaknesses in the ISDP/HSSP design, learn lessons from the other donor programs, utilize the increased capacity of local government structures, and make better use of existing government systems.

THREATS

Threats remain a significant challenge and likely will not be resolved in the short term. Conflict continues in Jonglei, Upper Nile, and Unity states with no indication of an imminent peace agreement despite ongoing peace talks. Moreover, as a result of conflict, massive levels of human displacement has necessitated the creation of Internally Displaced Person (IDP) camps and required a significant humanitarian response with an attendant increased risk of outbreaks.

To compound matters, lower oil production (worsened by the conflict) has limited government revenue and increased the reliance on domestic borrowing. This widening fiscal gap has led to the depreciation of the South Sudanese Pound (SSP) and increased pressure to pay health workers in dollars. In addition, there is no long-term government strategy for pharmaceutical procurement, current government procurement is stalled, and stockouts are predicted to start as early as October 2015. Furthermore, Country Implementing Partner (CIP) (NGO) paid health workers are unlikely to transition to the government payroll, and it is predicted that an ISDP funding ceiling may be reached by mid-2016.

[2] Focus of the diagram is donor programs hence MOH features are not included
[3] PPH – prevention of post-partum hemorrhage at the community level, HMIS – Health Management Information System, HRIS – Human Resource Information Systems

Moreover, there is an emerging threat of mission creep as the Government increasingly turns to donors to cover more service delivery and provide support functions, potentially mitigating previously made development gains. Other overarching concerns include: the continuation of the humanitarian response, high demand for skilled health workers, potential weaknesses in disease surveillance, and a lack of infrastructure support.

4. RECOMMENDATIONS

Recommendations have been split into immediate - those that should be implemented within the current ISDP and HSSP program timeframe - and future - those that relate to the next program cycle. Three potential scenarios have been outlined in order to make realistic recommendations – deteriorating, unchanged, and improving.

- Deteriorating: Government decreases funding for salaries and pharmaceutical supplies. The humanitarian situation worsens and spreads to other states, increasing implementation costs.
- Unchanged: Government continues to prioritize state/county salaries. Implementation of Infection Allowance[4] for government health workers (expected). Transition of NGO health workers to government payroll (not expected). Government maintains small levels of support to secondary/tertiary health care. The humanitarian need continues but does not increase substantially.
- Improving: Government assumes more responsibility for salaries and pharmaceutical supplies. Government assumes more responsibility for secondary/tertiary health care. Facility grants implemented. The humanitarian need gradually decreases.

If the situation deteriorates, USAID's minimum focus should be on maintaining service delivery and continuing the support for Emergency Medicines Fund (EMF). If the situation stays the same or improves, the modified design described in the next section is recommended. It is envisaged that the improving situation described above will not have a major impact on health activities until the next program cycle begins.

IMMEDIATE RECOMMENDATIONS WITHIN CURRENT FUNDING ENVELOPE

1. Continue to support basic service delivery as USAID is the main mechanism delivering primary health care services in Central and Western Equatoria.
2. Standardize salary payments to health workers. USAID and the ISDP fund manager Jhpiego must work with other donor programs to standardize the salary payments - including the use of dollars or SSP for paying health workers - and guidance on benefits. If devaluation of the currency continues, it will increase disparities in salaries among NGOs.
3. Increase oversight responsibilities of the County Health Department (CHD). Full responsibility for the county coordination meetings and Health Management Information System (HMIS) should be a short term goal.
4. Support the development of CHD and State Ministry of Health (SMOH) plans. The priority should be to develop county plans and corresponding budgets.
5. Simplify supervision at the health facilities: Integrate supervision tools at the health facility level so that there is one main supervision intervention per quarter between the CIP and CHD.
6. Increase emphasis on improving the IDSR reporting system.
7. Embed staff/co-locate in the CHD and SMOH. Innovative methods should be looked at, including partnerships between HSSP and CIPs to provide the embedded support and share operational costs.
8. Increase CHD and VHC responsibilities for infrastructure development. CHDs and VHCs should be supported, where needed, with co-funding supervision and technical guidance.

[4] Additional salary payments for government health workers financed by the government

9. Transfer all responsibility for community activities to the CIPs, including roll out of HSSP leadership and management training under HSSP technical oversight.
10. Initiate the Project Appraisal Document (PAD) process. The process will help clarify the links between the USAID South Sudan Health Projects and the Operational Framework, and therefore, articulate how the Projects and Activities will lead to the overall strategic results.

IMMEDIATE RECOMMENDATIONS THAT POTENTIALLY REQUIRE ADDITIONAL FUNDS

11. Continue with the EMF for another year. With the drug procurement of the MOH stalled, stockouts predicted for October 2015 and no future plan for drug procurement, it is essential that support to the EMF continues. If the funding envelope does not change, there are trade-offs that will need to be made (described later in this document).
12. Focus pharmaceutical supply management support at the county level to improve storage conditions of the EMF supply. A concerted effort is needed to improve the storage of the EMF supply. SIAPS should lead support on coordinating the response.
13. Provide support to roll-out USAID's service delivery technical expertise nationwide. Quality improvement and prevention of postpartum hemorrhage are two unique features of USAID's service delivery. These are critical service delivery activities needed across the country to support the overall goal of reducing maternal mortality.
14. Implement the Human Resource Information Systems (HRIS) as soon as possible. The HRIS implementation is the first step towards government health workers receiving their Infection Allowance, receipt of which will decrease the gap between CIP and government salaries.

FUTURE RECOMMENDATIONS

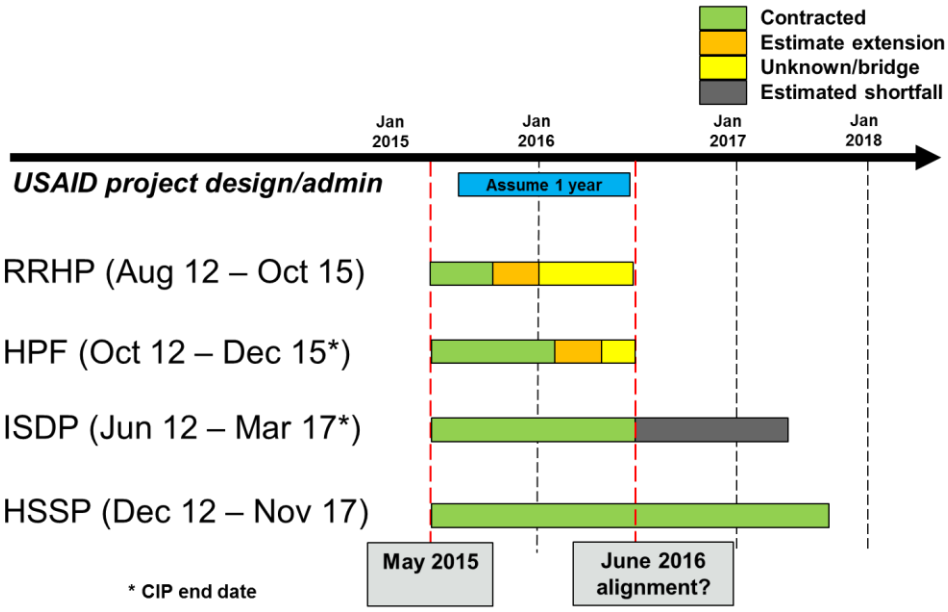

Figure 3: Potential alignment of key programs, with proposed bridging contracts

The limited resources, increased responsibilities of donors, and unique features of each donor, mean a different approach is needed to capitalize on development partnerships within the current funding envelope:

15. Create a nationwide pooled fund for common service delivery and system's strengthening. USAID should move towards a pooled fund mechanism for service delivery and health system's strengthening. Such pooling will reduce transaction costs and allow other donors to take

responsibility for non-USAID health activities such as secondary and tertiary care, allowing USAID to scale up implementation within its areas of technical expertise.

USAID should take advantage of the timelines of core health programs ending (Figure 3), which provide an ideal opportunity to start discussing the new model design in June 2015, to align programs by June 2016.

16. Assign technical lead agencies for USAID's unique features. The table below summarizes the potential leads based on USAID's unique features:

Unique Feature	USAID Partner
The prevention of postpartum hemorrhage through community-based services	Jhpeigo
Quality improvement standards implemented at the health facility level	Jhpiego
Leadership and management training and mentoring	Abt Associates
Pharmaceutical supply management support	Management Sciences For Health
Emergency Medicines Fund procurement process	John Snow Incorporated
Integrated Disease Surveillance and Response program	World Health Organization
HIV/ AIDS commodities and technical support	Continue current leads[5]

17. Develop a longer-term framework for medicines procurement. It is unlikely that the government will be able to take on substantial responsibility for medicines procurement. To avoid threats of nationwide stockouts reoccurring annually, USAID should work with other donors to develop a longer-term framework for medicines procurement.
18. Work with donors to develop a county storage infrastructure program. Whether pharmaceutical supplies are paid for by the donors or government, the issue of adequate storage needs to be addressed across the country. As a major contributor to the EMF, USAID should lead discussions with other donors on how this longstanding issue is going to be resolved.

5. CONSIDERATIONS

USAID

The restricted funding envelope will require tradeoffs to be made between supporting USAID's unique features, pooled funding and drug procurement - as shown by Figure 4. Furthermore, USAID's health funding restrictions must be adhered to (e.g. earmarked funds for vertical programs).

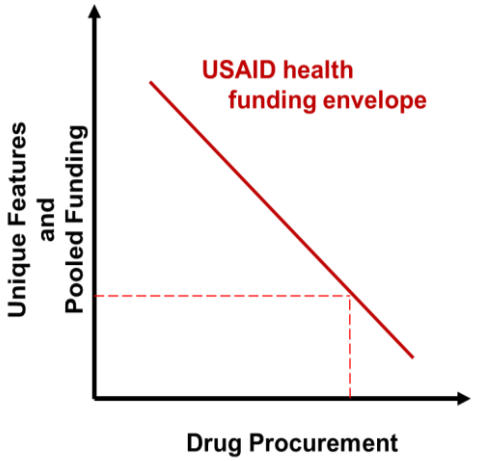

Figure 4: Illustration of USAID's trade-offs

PROJECT APPROVAL DOCUMENT PROCESS

The immediate recommendation relating to initiating the Project Appraisal Document process should help clarify the link between USAID South Sudan Health Projects and the Operational Framework. The 'theory of change' articulated in the Operational Framework is a good example to follow, as the overall goal is outlined, as well as the key assumptions and strategies that will support the long-term vision for USAID/South Sudan. Without

[5] HIV/AIDs programming was briefly touched in this assessment. The recommendation is about having specific leads, which already exist with HIV/AIDs projects. Current leads include Jhpiego and Family Health International for specific projects.

a similar, detailed strategy for the health portfolio, there is a risk that the changeable environment will distract from the overall desired health results.

This recommendation might be seen as a 'theoretical' exercise, but should not, considering the high staff turnover of USAID team members - as well as push and pull from headquarters and other stakeholders.

OTHER DONORS

USAID's commitment to changing its approach will be informed by other donor contributions and appetite for change and a national pooled fund. USAID will need to coordinate using bridging contracts to harmonize CIP end dates as shown in Figure 3. Donors will also have to commit to assigning technical leads for nationwide system strengthening and service delivery areas. USAID will be reliant on other donors for pre-service training of health workers. Any new pooled fund mechanism design will need to be negotiated to suit all donors involved, and lessons learned from previous pooled funds must be taken into account.

There have been specific concerns raised about the HPF management in terms of their technical leadership in maternal health, ability to be able to handle large numbers of different programs effectively, and the quality of their financial systems. These are areas which would require design and management solutions.

ADDITIONAL RATIONALE FOR POOLED FUND

The HLA recognizes that such an approach will be new for USAID/South Sudan; however, there is an increased level of flexibility in USAID's administrative system that will facilitate the monitoring of pooled funds. USAID has previously been part of the Afghanistan Reconstruction Trust Fund,[6] a 30-donor pooled fund managed by one fund manager, so there is some precedent for the engagement with Pooled Funds such as the HPF.

The Organization for Economic Cooperation and Development (OECD) Paris Declaration[7] sets in place core principles to improve aid effectiveness, which highlights the importance of country ownership of national strategies and of donor alignment behind them. It states that donors should coordinate better amongst themselves in order to achieve results.

Pooled funds have the potential to improve coordination and harmonization amongst donors, to enable operations on a larger scale with lower transaction costs, and to allow participating donors to pool the risks of operating in fragile contexts.[8]

GOVERNMENT OF SOUTH SUDAN

Under the "Unchanged" scenario, the government contributions are not expected to increase in the next few years. The government needs to maintain their current commitments to salaries and county grants as a minimum; however any future program design needs to have built-in flexibility for the situation deteriorating. If the government states they will increase their commitments, an assessment needs to be made of how realistic this is, before incorporating it into the future program design.

In this regard, the Donor Health Compact currently being drafted is a useful opportunity for donors and government to be clearer about commitments and timelines to achieve agreed milestones; the development of the document itself serves as a platform for discussion and a means to inform program design.

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[6] See http://www.usaid.gov/node/51786

[7] Paris Declaration on Aid Effectiveness, 2005 includes five areas: mutual accountability and a focus on recipients focusing on achieving measurable results are included in addition to those mentioned here.

[8] Pooled Funding to Support Service Delivery: Lessons of Experience from Fragile and Conflict-Affected States, May 2013.

6. NEXT STEPS

There are steps that can be taken to start discussions and analysis on the feasibility of the pooled fund. USAID should:

1. Discuss possibilities with the main funders about a nationwide pooled fund.
2. Develop costing models and design details for USAID's portfolio, based on the trade-offs and as part of the PAD process.
3. Hold a joint review with other donors of the core health programs to collate lessons learned and best practices, and complete the Donor Mapping.
4. Co-lead, with the main donors, a consultation meeting about the future design with the wider donor community and the MOH.