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Health Systems Strengthening Project

Health Systems Strengthening Project (HSSP)

South Sudan

Annual (YR 1) Performance Monitoring Plan
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Contents

1. Introduction

The South Sudan Health Systems Strengthening Project (HSSP) is a five-year USAID/South Sudan-funded project led by Abt Associates, in partnership with Training Resources Group (TRG) and the African Medical and Research Foundation (AMREF). HSSP will build on the Republic of South Sudan's commitment to implementing the National Health Strategy, leaving in place a much strengthened health system that provides improved health services in Central and Western Equatoria States. HSSP will work with the government, development partners, the Ministry of Health, Republic of South Sudan (MOH/RSS), State Ministries of Health (SMOHs), County Health Departments (CHDs), and, Village Health Committees (VHCs) to strengthen the RSS's health system and to foster an enabling environment for improved health service delivery. HSSP will use a systems approach that creates synergies, takes advantage of economies of scale, promotes country ownership, recognizes the transition from emergency relief to sustainable development, and applies innovative technologies to strengthen state and county management of health system functions.

This Annual (Year 1) Performance Monitoring Plan (PMP) describes the performance measures by which HSSP will monitor program implementation and measure achievements in Year 1 against expected outputs and targets, as well as procedures for data collection, data management and analysis, data quality assurance, data reporting, use and dissemination. HSSP has a strong monitoring and evaluation mandate to promote program learning and accountability. The annual PMP, along with the Life of Project PMP which describes the core set of indicators to be tracked throughout the project, will encourage learning and accountability both within the project management team and externally between the two project states, counties and lower level institutions. The annual PMP will be updated annually in consonant with annual work planning, and if/when necessary to reflect any changes in planned activities and implementation approach.

2. Program Description

The overall goal of the South Sudan HSSP is to increase the capacity of CHDs and SMOH to ensure the provision of high quality primary health care services in Western and Central Equatoria States. HSSP comprises three components designed to strengthen the Republic of South Sudan's health system and foster an enabling environment for improved delivery of health services. The three components are:

1. Increased management and leadership capacity in State Ministries of Health (SMOH), County Health Departments (CHDs) and Village Health Committees (VHCs)
2. Strengthened health systems at the state and county levels, with particular attention to health information systems (HIS), financial management and human resources for health (HRH)
3. Increased coordination at the state and county levels

To ensure integration of the three components, key project activities which cut across one or more of the project component will be delivered concurrently and/or will be coordinated for efficiency. Implementation of activities and interventions within and across these three program components is expected to lead to the achievement of the desired program result of improved institutional capacity

within State Ministries of Health (SMOHs) and County Health Departments (CHDs) in Central and Western Equatoria to manage and coordinate health service delivery.

The core strategies of the project are: a)The use of an approach that integrates HSSP's three components into one coherent and mutually reinforcing set of project interventions; b) The building of capacity in the core competencies that SMOH and CHDs need to carry out their functions; c) Ensuring the definition and operationalization of roles and responsibilities at all levels of the health care system; d) Establishment of coordination mechanisms and building the capacity of CHDs to use them; and e) Seeking synergies with other efforts such as the USAID-funded Integrated Health Service Delivery Project (ISDP), and health systems strengthening projects based in other states, funded by the Health Pooled Fund and the World Bank.

During Year One, HSSP activities will be implemented in two phases due to limited availability of funds. The first phase (six months) will include project start-up activities such as stakeholder engagement and HSSP work planning, as well as preparation for activities including a health systems assessment for the two states along the project's thematic areas. The second phase (three months) will be more robust in anticipation of the increased availability of funding. The project will also work with national, state and county stakeholders to design an appropriate phased approach to working with the counties. HSSP plans to begin its implementation in three counties per state (WES and CES) within each six month project period, until all counties are included. Thus, project activities will be rolled out to all 16 counties in WES and CES by the end of Year Two. Table 1 below illustrates the project's phased approach and shows that HSSP will start implementing in counties in Quarter Four of Year One (July 1, 2013) and reach six counties (three in WES and three in CES) by the end of Year One.

TABLE 1: HSSP Phased Aproach to Project Scale-Up

Phase/Timing	WES (# counties covered)	CES (# counties covered)
Phase I/1st 6 months (starting in July1, 2013).	3	3
Phase II/2nd 6 months	6	6
Phase III/3rd 6 months	9	9
Phase IV/4th 6 months	10	

HSSP Guiding Principles

HSSP's technical and operational implementation approach is organized around the following principles:

- ***Build sustainability through health systems strengthening***. HSSP recognizes and works within an environment with a history of relief conditions and is moving toward a development and sustainability model
- ***Encourage country ownership and invest in country-led plans***. HSSP is working to strengthen the capacity of state, county and village health authorities to take greater ownership of their health system

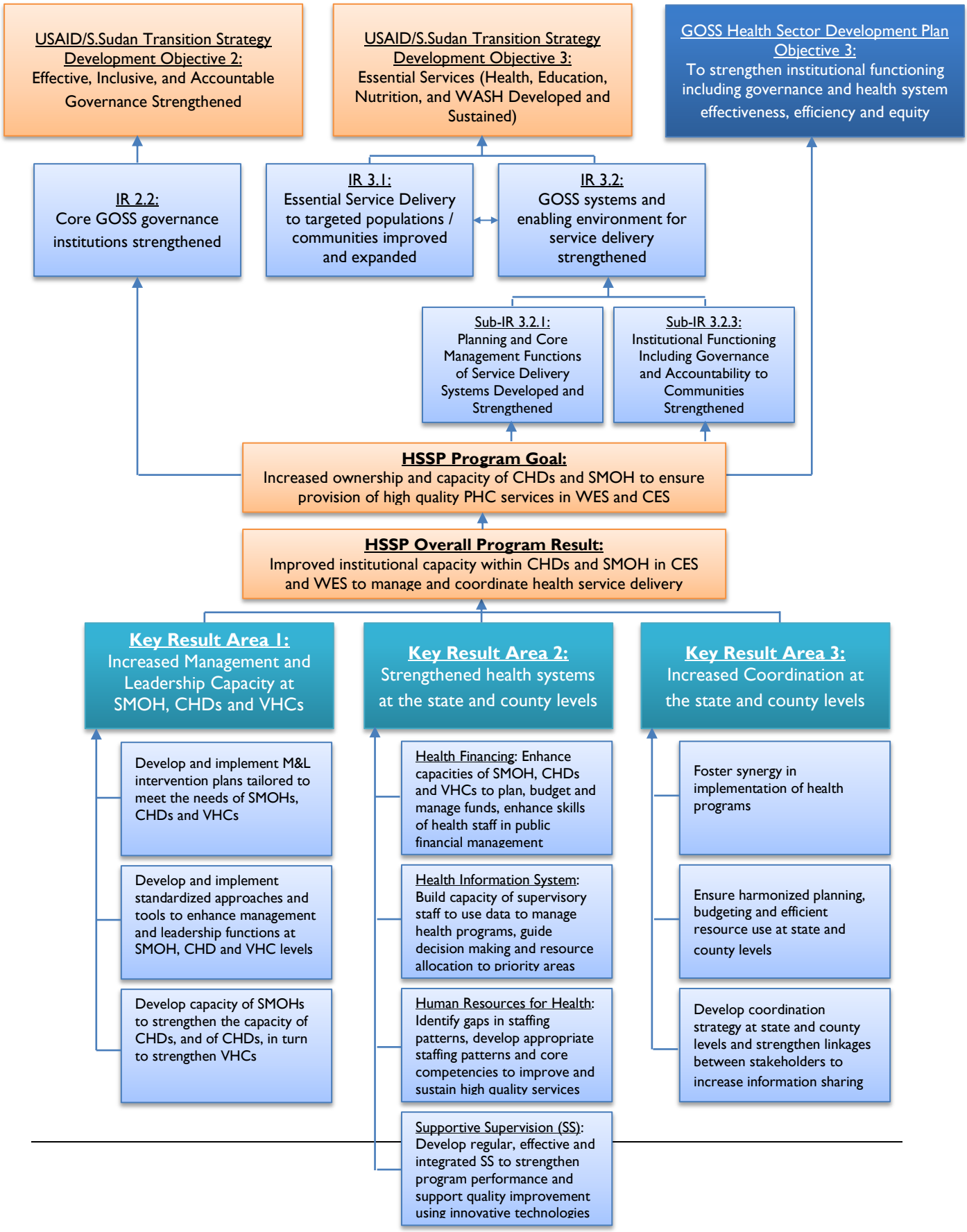
- ***Promote women, girls and gender equality.*** HSSP has integrated gender related issues into all project components. Gender related monitoring and evaluation indicators have also been included in the project's monitoring and evaluation plan
- ***Strengthening the enabling environment for health system strengthening, with an emphasis on CHDs.*** The CHD is the de-facto 'health district' in South Sudan and therefore is a critical unit in building the health system in the country. Thus, it is essential that project activities target accordingly
- ***Increase impact through strategic coordination and integration.*** Linkages below the county level (to payam, boma and village level), and linkages above the county level to state ministries of health and finally to the central Ministry of Health are vital for the counties. HSSP will strengthen these linkages through Component 3, which focuses on coordination of the CHDs with state ministries of health and the lower level institutions
- ***Promote learning and accountability through monitoring and evaluation.*** HSSP has a strong monitoring and evaluation mandate and will encourage learning and accountability both within the project management team and, between the project states, counties and lower level institutions

3. Results Framework

The HSSP Results Framework illustrates the causal linkages between the project's core set of interventions and its overall goal of increasing ownership and capacity of County Health Departments (CHDs) and State Ministries of Health (SMOHs) in Central and Western Equatoria States (CES and WES, respectively) to ensure provision of high quality primary health care services. The results framework is the basis of all HSSP activities, and depicts how interventions within each of the three project components contribute to the achievement of key results, which combine to support achievement of the project's overall result of improved institutional capacity within CHDs and SMOHs in CES and WES to manage and coordinate health service delivery.

Through facilitating the implementation of more effective management systems and processes at the state and county levels in CES and WES which will enable the provision of high quality primary health care services, HSSP directly supports the Government of South Sudan's (GOSS) health sector development plan objective of strengthening institutional functioning in the areas of governance and health system effectiveness, efficiency and equity. HSSP also aligns with the USAID/South Sudan Transition Strategy Development Objective (DO) 3, which focuses on supporting the government's capacity to sustain essential health services, through its (i.e. the project's) contributions to creating a strengthened and enabling environment for the delivery of essential health services (IR 3.2, Figure 1). Additionally, through contributions to strengthening the health sector, one of GOSS core governance institutions (IR 2.2, Figure 1), HSSP aligns also with the USAID/South Sudan Transition Strategy DO 2, focused on strengthening effective, inclusive and accountable governance in South Sudan. The HSSP results framework is presented in Figure 1 below:

Figure 1: HSSP Results Framework



4. Performance Indicators

4.1 Formulation of Indicators

During the work planning process for Year 1 activities, the M&E team assisted the technical leads for each of HSSP's components to craft appropriate performance indicators to measure expected outputs and results from planned activities. Wherever possible, gender was incorporated into the formulation of performance indicators. Indicators identified were mostly process and output indicators. The routine tracking of these indicators is expected to contribute to the monitoring of the required core set of output and outcome indicators to be tracked over the life of the project.

4.2 Baselines and Targets

An important consideration in establishing targets for performance indicators was the phased approach to implementation of Year 1 activities due to the limited availability of funds. As noted above, HSSP Year 1 activities will be implemented in two phases – the first phase (six months) will involve mainly project start-up activities and preparation for activities, while the second phase (three months) will be more robust in anticipation of increased availability of funding. In addition, HSSP will implement activities in only 6 counties by the end of Year 1. Thus, established targets reflect achievable program results considering the geographic scope, limited budget and time constraints for planned activities. The vast majority of the performance indicators do not require baselines; however, a health system assessment will be conducted at baseline and will include management and leadership capacity assessments, financial management capacity assessments, health information system gap analysis, HRH workforce capacity assessments, and HR management capacity assessments. The targets for a number of indicators will also be determined after initial assessments are conducted.

4.3 Performance Indicator Matrix

The matrix below details performance indicators for Year 1 activities, indicator definitions, and baselines, targets, data source(s), data collection method(s), frequency of collection, and person(s) responsible for each indicator.

#	Indicator	Indicator Definition	Indicator Type	Baseline	End of YR 1 Target	Data source(s)	Method(s) of collection	Frequency	Person(s) Responsible
	Program Goal: Increased ownership and capacity of County Health Departments and State Ministries of Health to ensure the provision of high quality primary health care services in Western and Central Equatoria								
	Program Result: Improved institutional capacity within SMOHs and CHDs in Central and Western Equatoria to manage and coordinate health service delivery								
	Component 1: Increased Management And Leadership Capacity at VHCs, CHDs, and SMOHs								
1.	Number of leadership and management capacity assessment tools developed	The number of leadership and management capacity assessment tools developed for use in initial health system assessments Leadership and management capacity: ability to successfully execute core leadership and management functions including planning, supervision of service provider activities, effective communication, budget monitoring, use of data for decision-making and supportive supervision	Process	n/a	2	Program records	Program monitoring	Once	Leadership & Management Specialist, M&E Specialist
2.	Number of leadership and management capacity assessments conducted among staff at MOH/RSS, SMOH, CHD, health facilities, Payam, Boma and Village levels	The number of assessments conducted among staff at all levels of the health system to assess their leadership and management capacity	Process	n/a	TBD	Program records	Health System Assessment, Program monitoring	Quarterly	Leadership & Management Specialist, M&E Specialist
3.	Existence of leadership and management capacity assessment report disseminated to stakeholders	The existence of a leadership and management capacity assessment report available and disseminated to stakeholders	Output	n/a	1 report	Program records	Program monitoring	Once	Leadership & Management Specialist, M&E Specialist
4.	Existence of training plan/curriculum for new LM courses	The existence of a training plan/curriculum for new LM courses	Output	n/a	1 training plan	Program records	Program monitoring	Once	Leadership & Management Specialist, M&E Specialist

#	Indicator	Indicator Definition	Indicator Type	Baseline	End of YR 1 Target	Data source(s)	Method(s) of collection	Frequency	Person(s) Responsible
5.	Number of leadership and management training and capacity building materials developed	The number of leadership and management training and capacity building materials developed e.g. participant manuals, facilitator guides, powerpoint (or other) presentation materials, course evaluation protocols and instruments, etc.	Process	n/a	TBD	Program records	Program monitoring	Quarterly	Leadership & Management Specialist, M&E Specialist
6.	Number of leadership and management support tools revised and/or developed	The number of leadership and management support tools revised and/or developed to facilitate effective leadership and management practices at SMOH, CHD and VHC levels, e.g. pocket guides, standard operating procedures (SOPs), desk aids, guidelines, etc.	Process	n/a	TBD	Program records	Program monitoring	Quarterly	Leadership & Management Specialist, M&E Specialist
7.	Number of trainers trained in leadership and management capacity building principles and practices at state and county levels (disaggregated by cadre, gender)	The number of trainers trained (from among SMOH and CHD level staff) in leadership and management capacity building principles and practices, disaggregated by cadre and gender	Output	n/a	TBD	Training records	Program monitoring	Quarterly	Leadership & Management Specialist, M&E Specialist
8.	Number of new leadership and management courses delivered by trained trainers	The number of training sessions for new leadership and management courses delivered by trained trainers	Output	n/a	TBD	Program records, Training records	Program monitoring	Quarterly	Leadership & Management Specialist, M&E Specialist
	Component 2: Strengthened Health Systems at State and County Levels, With Particular Attention to HIS, Financial Management, and HRH								
	Health Financing								
9.	Number of PFM assessment tools	The number of PFM assessment tools for use in initial health system assessments	Process	n/a	TBD	Program records	Program monitoring	Once	Health Financing Advisor, M&E Specialist
10.	Number of PFM assessments conducted at state and county levels	The number of PFM assessments conducted at SMOH and CHD levels to identify capacity gaps	Process	n/a	TBD	Program records	Health System Assessment, Program monitoring	Quarterly	Health Financing Advisor, M&E Specialist
11.	Existence of documentation of	The existence of a document	Output	n/a	1 document	Program	Program	Once	Health

#	Indicator	Indicator Definition	Indicator Type	Baseline	End of YR 1 Target	Data source(s)	Method(s) of collection	Frequency	Person(s) Responsible
	PFM gaps and interventions at state and county levels	with the list of prioritized PFM gaps identified at SMOH and CHD levels and menu of interventions for Years 2-5 of the project				records	monitoring		Financing Advisor, M&E Specialist
12.	Existence of documentation of planning and budgeting gaps identified at state and county levels	The existence of a document or report of the planning and budgeting gaps identified at SMOH and CHD levels	Output	n/a	1 document	Program records	Program monitoring	Once	Health Financing Advisor, M&E Specialist
13.	Number of planning and budgeting tools improved or developed for use at state and county levels	The number of planning and budgeting tools improved or developed for use at SMOH and CHD levels	Process	n/a	2	Program records	Program monitoring	Once	Health Financing Advisor, M&E Specialist
14.	Number of mentors trained in the use of HSSP planning and budgeting tools and approaches	The number of mentors trained in the use of HSSP planning and budgeting tools and approaches	Output	n/a	TBD	Program records, Training records	Program monitoring	Quarterly	Health Financing Advisor, M&E Specialist
	Health Information Systems								
15.	Number of detailed HIS gap analyses focused on human, financial and material resource requirements	The number of detailed HIS gap analyses focused on human, financial and material resource requirements	Process	n/a	2 (one for each state)	Program records	Health System Assessment, Program monitoring	Once	HIS Advisor, M&E Specialist
16.	Number of state-level data quality assessment (DQA) reports developed	The number of state-level DQA reports developed	Output	n/a	2 (one for each state)	Program records	Data Quality Assessment, Program monitoring	Quarterly	HIS Advisor, M&E Specialist
	Human Resources for Health								
17.	Existence of report on health worker staffing patterns and gaps at the state and county facilities level	The existence of report on health worker staffing patterns and gaps at the state and county facilities level and submitted to SMOH and CHDs	Output	n/a	1 report	Program records	Program monitoring	Once	Human Resources Planning & Management Advisor, M&E Specialist
18.	Existence of HRIS planning capacity report by state and county	The existence of HRIS planning capacity report by state and county (i.e. report on the capacity of SMOHs	Output	n/a	1 report	Program records	Program monitoring	Once	Human Resources Planning & Management

#	Indicator	Indicator Definition	Indicator Type	Baseline	End of YR 1 Target	Data source(s)	Method(s) of collection	Frequency	Person(s) Responsible
		and CHDs to utilize HRIS information for HRH planning and management) and submitted to SMOH/CHD							Advisor, M&E Specialist
19.	Number of HR management capacity assessments conducted at SMOH and CHD levels	The number of HR management capacity assessments conducted at SMOH and CHD levels	Process	n/a	TBD	Program records	Health System Assessment, Program monitoring	Quarterly	Human Resources Planning & Management Advisor, M&E Specialist
20.	Existence of HR management capacity assessment report by state and county	The existence of HR management capacity assessment report by state and county and submitted to SMOH/CHD	Output	n/a	1 report	Program records	Program monitoring	Once	Human Resources Planning & Management Advisor, M&E Specialist
21.	Existence of approved workforce capacity assessment tool to determine health worker staffing requirements	The existence of an approved workforce capacity assessment tool to be used for workforce planning at the facility level	Process	n/a	1 tool	Program records	Program monitoring	Once	Human Resources Planning & Management Advisor, M&E Specialist
22.	Number of SMOH and CHD staff (TOTs) trained to implement the workforce capacity assessment tool to determine health worker staffing requirements (disaggregated by gender)	The number of SMOH and CHD staff (TOTs) trained to implement the workforce capacity assessment tool to determine health worker staffing requirements, disaggregated by gender	Output	n/a	16	Program records, Training records	Program monitoring	Once	Human Resources Planning & Management Advisor, M&E Specialist
23.	Number of CHDs conducting workforce capacity assessments to determine health worker staffing requirements	The number of CHDs using workforce capacity assessment tool to determine health worker staffing requirements	Output	n/a	16	Program records	Program monitoring, Workforce Capacity Assessment	Quarterly	Human Resources Planning & Management Advisor, M&E Specialist
24.	Number of health facilities in which workforce capacity assessments are conducted	The number of health facilities at state and county levels in which workforce capacity assessments are conducted	Output	n/a	TBD	Program records	Program monitoring, Workforce Capacity Assessment	Quarterly	Human Resources Planning & Management Advisor, M&E Specialist

#	Indicator	Indicator Definition	Indicator Type	Baseline	End of YR 1 Target	Data source(s)	Method(s) of collection	Frequency	Person(s) Responsible
	Supportive Supervision								
25.	Existence of Report on current supportive supervision mechanisms in CES and WES	The existence of a report on the current supportive supervision mechanisms in CES and WES	Output	n/a	1 report	Program records	Program monitoring	Once	HIS Advisor, M&E Specialist
26.	Existence of finalized integrated checklist for supportive supervision which is approved by the MOH	The existence of a finalized integrated checklist for supportive supervision which is approved by MoH	Output	n/a	1 checklist	Program records	Program monitoring	Once	HIS Advisor, M&E Specialist
	Component 3: Increased Coordination At State And County Levels								
27.	Existence of stakeholder mapping report	The existence of a stakeholders mapping report for WES and CES, that includes contact list of stakeholders to be used by the states and counties to enhance collaboration	Output	n/a	1 report	Program records	Program monitoring	Once	M&E Specialist
28.	Existence of strategic coordination framework	The existence of a strategic coordination framework, including tools, standard operating procedures (SOPs), and guidelines to support coordination	Output	n/a	1 strategic coordination framework	Program records	Program monitoring	Once	M&E Specialist
29.	Number of instances in which the strategic coordination framework is used by state and county coordinating units to establish a system or process to strengthen collaboration (e.g. joint planning, budgeting, trainings, SS, etc.), disaggregated by state	The number of documented instances in which the strategic coordination framework is used by state and county coordinating units to establish a system or process to strengthen collaboration (e.g. joint planning, budgeting, trainings, SS, etc.), disaggregated by state	Outcome	n/a	4 instances (2 for each state)	State and county coordinating units Admin documents/ records	Document reviews, Program monitoring	Quarterly	M&E Specialist
30.	Number of CHDs supported in revising existing coordination mechanisms and tools	The number of CHDs supported by HSSP in revising existing coordination mechanisms and tools	Output	n/a	8	Program records	Program monitoring	Quarterly	M&E Specialist
31.	Number of existing coordination mechanisms and tools revised by CHDs with	The number of existing coordination mechanisms and tools revised by CHDs with	Output	n/a		Program records	Program monitoring	Quarterly	M&E Specialist

#	Indicator	Indicator Definition	Indicator Type	Baseline	End of YR 1 Target	Data source(s)	Method(s) of collection	Frequency	Person(s) Responsible
	program support	program support							
32.	Number of on-site support visits by MOH(RSS) Directorate of Planning and Coordination to SMOHs	The number of on-site support visits conducted by the Directorate of Planning and Coordination of the MOH(RSS) to SMOHs in CES and WES	Output	n/a	4 on-site support visits (2 in CES, 2 in WES)	MOH Admin documents/ records, Program records	Program monitoring, document reviews	Quarterly	M&E Specialist
33.	Number of actions taken by MOH (RSS) to address or remove identified barriers to collaboration	Number of documented actions taken by MOH (RSS) to address or remove identified barriers to collaboration at state or county levels	Outcome	n/a	4 instances	MOH Admin documents/ records	Document reviews, Program monitoring	Quarterly	M&E Specialist

5. Monitoring Plan

5.1 Data Sources and Data Collection Procedures

Data will be collected from a number of sources, such as program documents/records, including training records, supervision/mentorship checklists; SMOH and CHD administrative documents/records, state and county coordinating units' administrative documents/records, etc. Methods of data collection will include health system assessments, routine program monitoring, document reviews, etc. Data collection tools will be developed for routine program monitoring and data will be collected at regular intervals – quarterly for most indicators, and monthly for some indicators. Data for indicators to measure one-time activities, e.g. development of tools for initial health system assessment, will be collected only once. The M&E Specialist will oversee all project data collection and will be responsible for data verification. The HSSP M&E team will also work closely with the SMOHs and CHDs to collect required data at the state and county levels, and contribute to strengthening the M&E capacity of SMOH and CHD staff. To the extent possible and wherever applicable, HSSP data collection system will complement South Sudan's HIS to minimize duplication of effort.

5.2 Data Management and Analysis

The project will develop and maintain an electronic database for data storage to ensure timely and complete quarterly and annual reporting of project activities and performance indicators. Where applicable, data will be further analyzed and transformed into meaningful results for reporting and dissemination to the client and other stakeholders.

5.3 Data Quality Assurance

The M&E Specialist will conduct regular data quality assessment and audits, investigating any inconsistencies in the data with the sources. The M&E Specialist will be responsible for ensuring data validity, reliability, precision, integrity and timeliness to facilitate accurate reporting of results to the client and other stakeholders. Data quality assessments and data verification will be built into each stage of the project's monitoring process. Appropriate corrective measures will be taken whenever there are deficiencies in the standards of data quality.

5.4 Reporting, Data Use and Dissemination

The M&E Specialist will oversee regular reporting of results and will be responsible for generating quarterly and annual reports to the client and other stakeholders, including the MOH, SMOHs and CHDs. Routine monitoring of results will facilitate timely updates on project activities and management of project performance, inform decision making and promote learning and

accountability. The M&E Specialist will also provide feedback to SMOHs, CHDs and other partners feeding data into the project's M&E system to update them on how data are used and to encourage regular and accurate reporting. HSSP achievements, including qualitative data on the project's achievements will also be communicated and disseminated externally through success stories, communication briefs, etc. via various communication channels, including the project's website.

6. Annex

6.1 M&E YR 1 Work plan

Activity	Expected Outputs	YR 1		
		YR 1 Q2	YR 1 Q3	YR 1 Q4
		DEC-MAR	APR-JUN	JUL-SEP
Define indicators for YR 1 activities	List of indicators linked to YR 1 activities	X		
Finalize list of core indicators	List of core set of indicators to be tracked throughout the life of the project	X		
Develop Annual (YR 1) PMP	Annual (YR 1) PMP	X		
Develop Life of Project PMP	Life of Project PMP	X		
Design data collection tools for program monitoring	Program data collection tools		X	
Conduct baseline health system assessments	Health system assessments conducted in M&L, HF, HIS, HRH			X
Routine Program Monitoring and Data Collection	Program Monitoring and Data Collection			X
Quarterly Reporting on Program Progress	Quarterly Reports on Program Progress		X	X