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## Health Systems Strengthening Project

### Getting Funds When and Where they Are Needed in South Sudan

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# Outline of the presentation:

- Basic Facts and Figures
- Where was the intervention carried out?
- What was the problem?
- What did HSSP do?
- What was the impact of HSSP's intervention?
- Challenges encountered
- Lessons learnt
- Way forward

# What are the basic facts about South Sudan?

## Location



## Basic Facts

- World's youngest nation broke away from Sudan in 2011. Independence 09 July 2011.
- 50 years of civil strife with > 4 million lives lost
- Comprehensive Peace Agreement January 9, 2005

# What do the health indicators look like for South Sudan?

- MMR: 2,054/100,000 highest in the world\*
- IMR: 75 per 1000 live births\*\*
- U5M: 105 per 1000 live births\*\*
- Deliveries at a health facility - 13.6% \*\*\*
- Deliveries by skilled personnel - 10% \*\*\*
- HIV/AIDS prevalence - 3% \*\*\*
- Adult literacy - 27% \*\*\*
- Malaria – biggest cause of morbidity & mortality \*\*\*

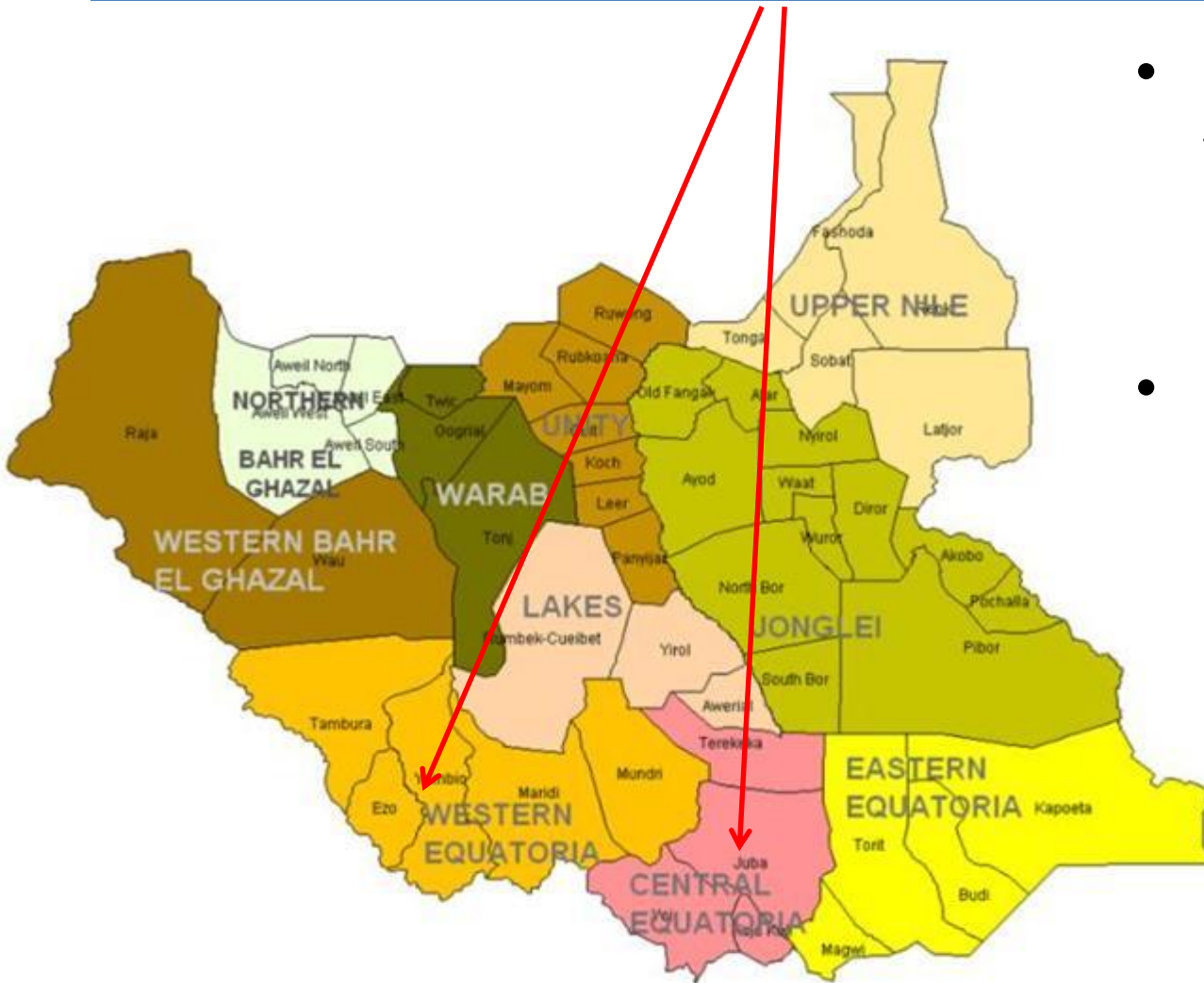
Source:

\*Sudan Household Health Survey I, Ministry of Health, 2006

\*\*Sudan Household Health Survey II, Ministry of Health, 2010

\*\*\*South Sudan Statistical Year Book 2011, South Sudan National Bureau of Statistics

# HSSP-Supported States



- **HSSP works in two states:**
  - Western Equatoria
  - Central Equatoria
- **Strengthens:**
  - Leadership & management
  - Health financing
  - Health information systems
  - Quality Assurance
  - Coordination

# Where was the intervention carried out?

## Western Equatoria State (WES)

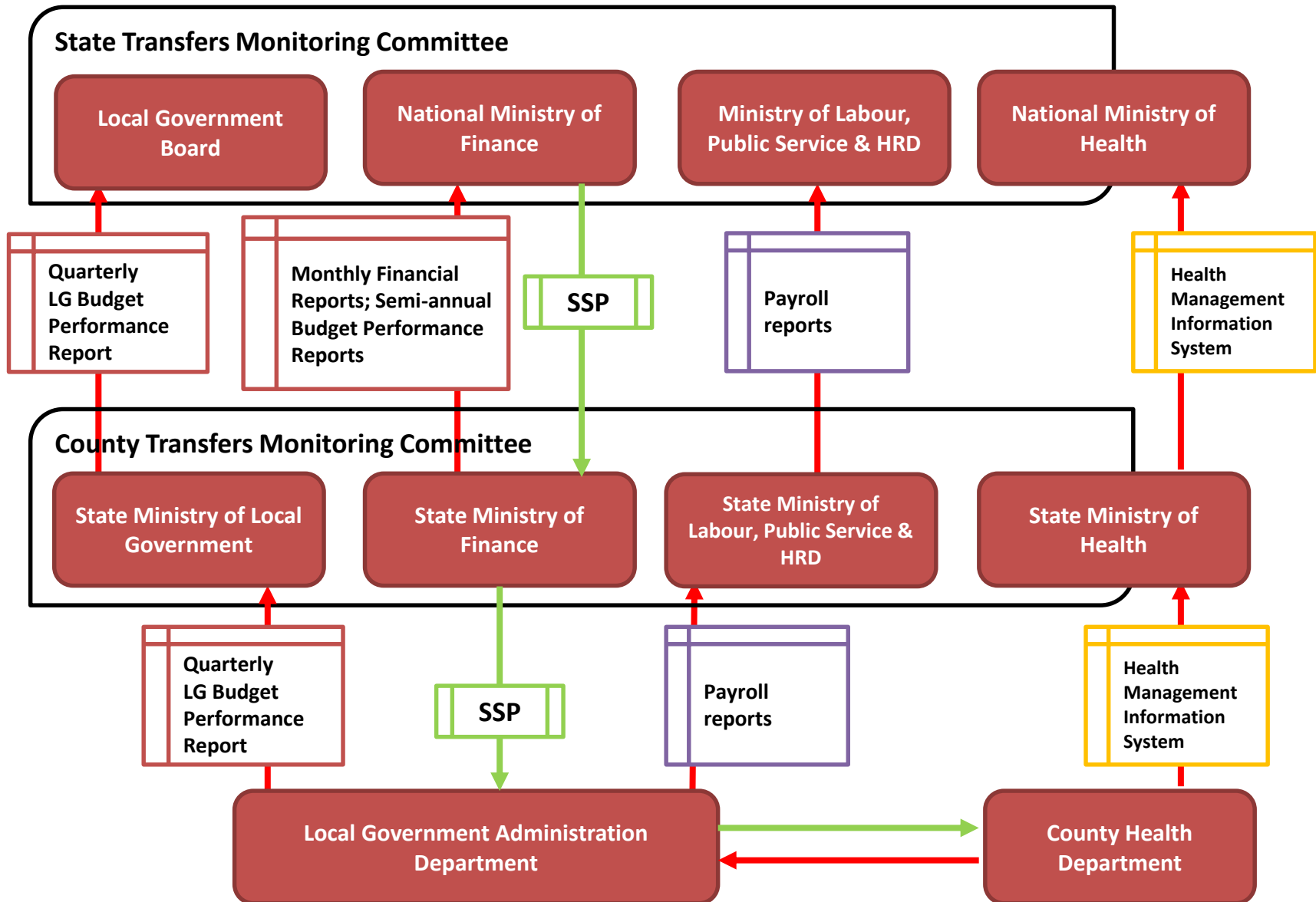
- Western Equatoria State has 10 counties
- Key Indicators for Western Equatoria:
  - Total Population of South Sudan is 8.26 Million; Western Equatoria State is 619,000
  - 45% of the population is below 18 years of age
  - 84% of the population is rural
  - 33% of the adult population is literate
  - 42% of the population live below the poverty line

*Source: 5<sup>th</sup> Sudan Population and Housing Census 2008, South Sudan Statistical Year Book 2011, South Sudan National Bureau of Statistics*

# What was the problem?

- The central government operational grants channeled to counties through state ministry of health instead of directly to the counties.
- Delayed remittance of funds to counties (SMOH bottlenecks).
- Sept 2014 - only 12% of the grants for the FY 2013/14 had reached the counties.
- Service delivery at County Health Departments severely affected.

# State & County Reporting



Source: Ministry of Finance and Economic Planning, Republic of South Sudan, June 2014



# What did HSSP do?

- Training and sensitization of the State and County officials on the new planning and budgeting guidelines
- Advocacy with the County Transfer Monitoring Committee and Ministry of Finance to streamline the flow of funds to the counties using the new guidelines



- Impact of training - County officials demanded:
  - explanation from State Ministry of Health (SMOH) why funds were held up
  - action from the SMOH on the funds held at the ministry

# What did HSSP do? (cont.)

- HSSP convened a consultative meeting between the Directors General (DG) of the SMOH and SMOF to discuss issue.

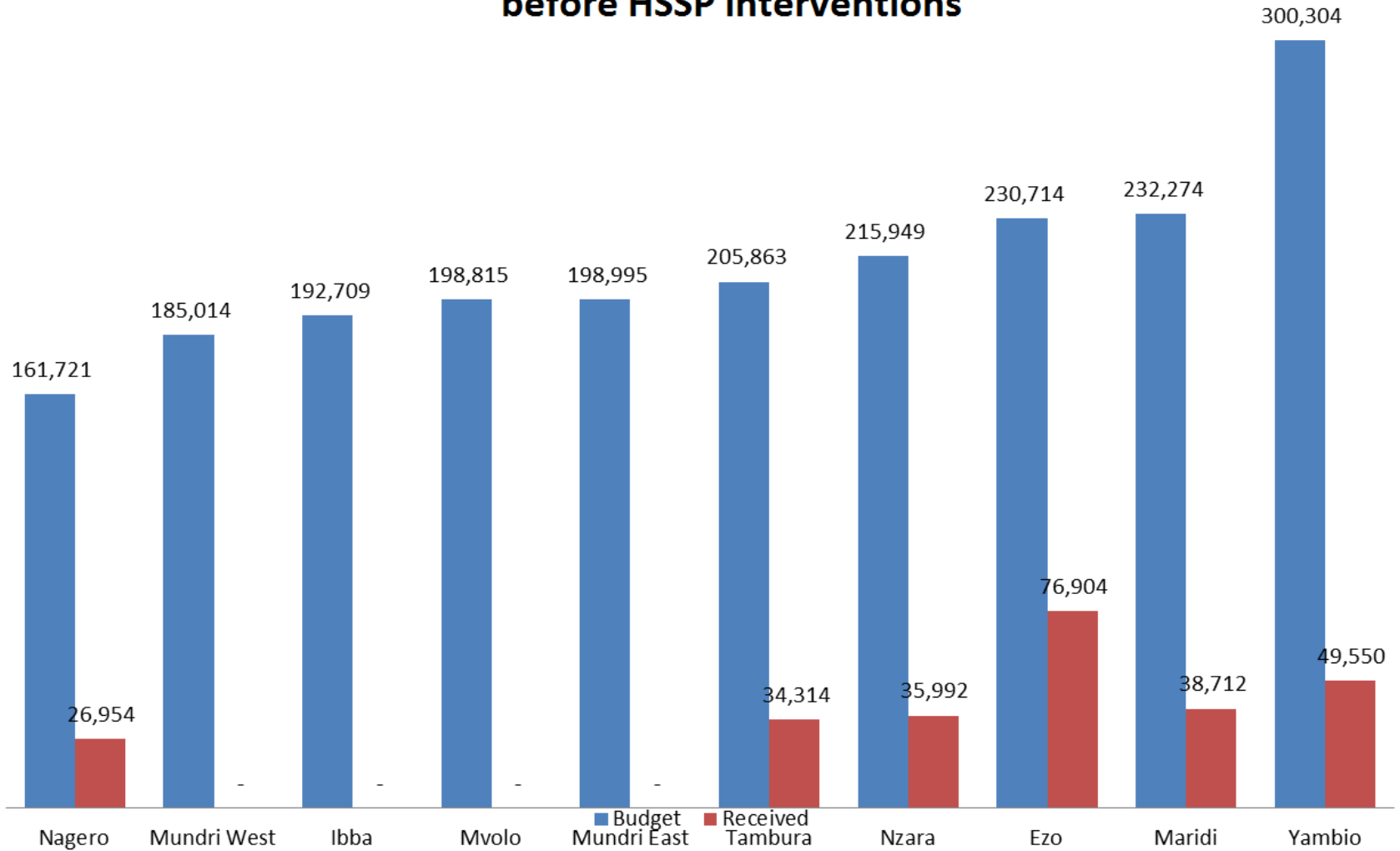


- State Minister for Finance instructed the DG-Finance to streamline the flow of funds from the state to the counties in accordance with the new planning and budgeting guidelines

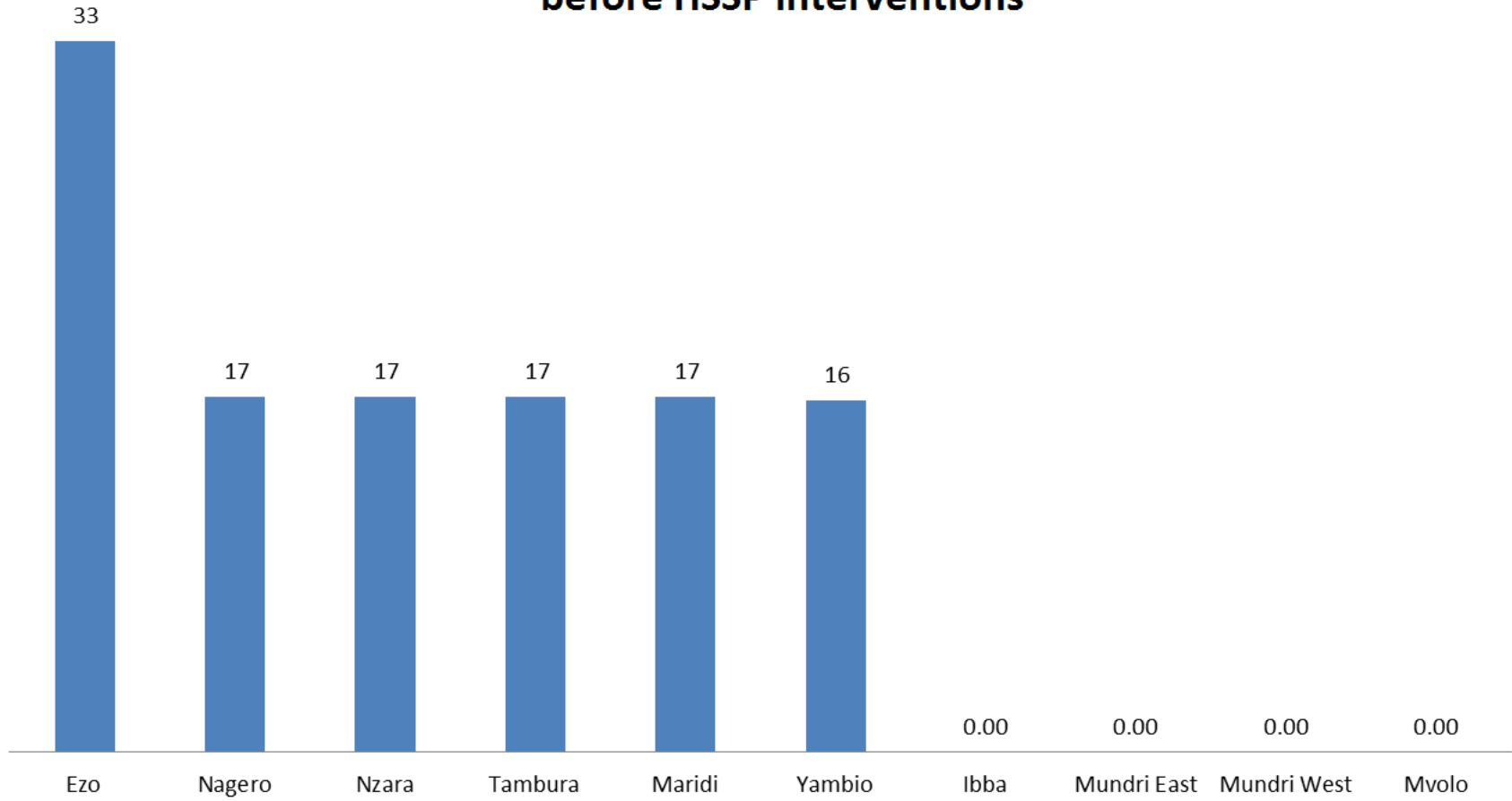
# What is the impact of HSSP's intervention?

- The process of channeling central government operational grants from the state ministry of finance to the counties streamlined
- The amount of operational transfers received by the counties in WES increased from 12% to 100% within a period of two months (Sept – Oct 2014)!
- Subsequent operational transfers remitted to the counties in full and in a timely manner since October 2014.

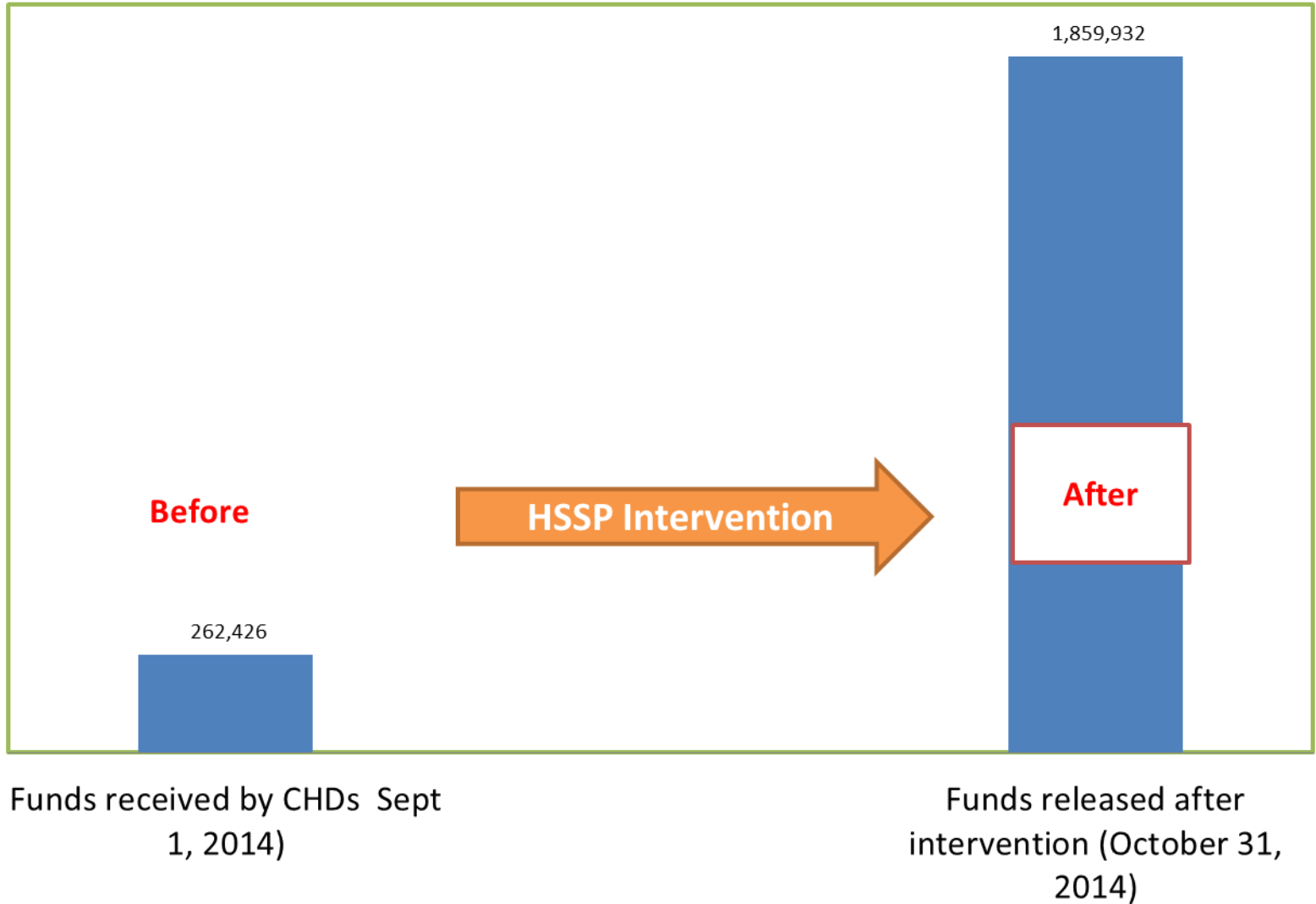
## Budget allocation received by CHDs before HSSP interventions



## % of Budget allocation received by CHDs before HSSP interventions



# CHD Financing Status



# Challenges encountered

- Staffing shortages and low capacity at the CHDs
- Weak policy dissemination mechanisms in government
- Fiscal austerity – limited resources going down to LGs
- Hard to reach counties e.g. Nagero county in WES



- Weak oversight mechanisms e.g. no audits conducted at counties

# Lessons Learned

- Sensitization training to higher levels of management and political leadership is critical to ensure smooth implementation and ownership of PFM reforms.
- Providing government officials with opportunities to lead implementation of activities facilitates their ownership and leads to active participation, as well as better collaboration and coordination.



- Refocusing project emphasis to county and community levels will allow the project to more effectively link with service delivery partners and create a bigger impact.



# Way Forward

- Project re-focused to address county and community level needs
- Adopted a hub-based approach for wider outreach
- Move towards coaching, mentoring, and on-the-job trainings
- Focus on institutional strengthening to ensure sustainability of the reforms.





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**Questions?**