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Global Fund Grant for Strengthening Health Systems in South Sudan: Round 9 (SSD-910-G13-S) GFATM/UNDP

End of Project Evaluation Report

Submitted to:

Global Fund to Fight AIDS, Tuberculosis and Malaria Portfolio,

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Prof. Ajuoga Alwar, Philip Deng and Ojara Benson David
Evaluators

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List of Acronyms and Abbreviations

AAA	Arkangelo Ali Association
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment/Therapy
CCM	Country Coordinating Mechanism
CPA	Comprehensive Peace Agreement
DHIS	District Health Information Software
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoSS	Government of South Sudan
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPF	Health Pool Fund
HSS	Health Systems Strengthening
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MoH	Ministry of Health
PMTCT	Prevention of Mother-to-Child Transmission of HIV/AIDS
PR	Principal Recipient
PSM	Procurement, Supply and Management
PUDR	Performance Update and Disbursement Review
R9HSS	Round 9 Health Systems Strengthening
SSAC	South Sudan AIDS Commission
TB	Tuberculosis
TWG	Technical Working Group
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteer
WHO	World Health Organization

Executive summary

The evaluation of Global Fund (GF) Round 9 Health System Strengthening (R9 HSS) project for South Sudan (grant SSD-910-G13-S) was conducted to provide the Global Fund (GF) and United Nations Development Programme (UNDP) South Sudan – the Principle Recipient, with an independent assessment of the achievement and contribution of project to the health system in South Sudan. The HSS grant was aiming at increasing the capabilities of the South Sudan Health sector to train health work force; to establish systems for health commodity supply chain management; establish health information system; and to improve access to quality of health services. The evaluation covered the period 2012 – 2015, and looked at all the aspects of the HSS project, Specific objectives of the end of project evaluation were to assess the relevance, effectiveness, efficiency, sustainability, identify best practices, lessons learned, and provide actionable recommendations for future projects.

A systematic two stage stratified sampling technique was used to ensure interrogation of major (high capital) components of the project and inclusion of a representative sample of other lower capital components. Additionally, systematic purposive selection was used to include activities and sights that performed exceptionally well and those that had serious challenges. An inception report was prepared and approved by the HSS Technical Working Group (TWG). Evaluation data collected through document review, interviews with stakeholders, health facility visits and participatory observation was triangulated and analysed to produce a draft report that was presented to the HSS TWG members and other stakeholders for feedback. Inputs from the stakeholders were incorporated in the final report.

Results of the evaluation indicate that Round 9 GF HSS grant made significant contribution in strengthening the South Sudan health systems despite the civil strife that the country experienced during the implementation period.

Capacity building for HSS including health workforce

Through the GF support, the rehabilitation of Juba Midwifery and Nursing Schools, Wau Midwifery School, Malakal Health institute, Wau Midwifery and Nursing school dormitory and Juba Midwifery and Nursing school dormitory were completed. This increased student enrolment to 180 and graduated 118 nurses and midwifes. The evaluation found that the provision of furniture, equipment, teaching aids, and deployment of eight international tutors to the teaching institutions which improved quality of training.

Strengthening of the drug supply management

Renovation and expansion of the central medical store was completed and capacity has expanded to accommodate 2000 different types of drugs. The constructions of six incinerators

was completed but were not commissioned at the time of the evaluation. As part of capacity building, the HSS grant provided technical assistance, trained 116 MOH staff and conducted supervisory field visit on pharmaceutical management.

Strengthen Health Information System

The evaluation also found that the deployment of monitoring and evaluation staff, and training of national counterparts facilitated the development of Health Management Information System (HMIS), standardisaiton of the recording and reporting tools and the eventual production of monthly HMIS bulletins. These efforts contributed to the improvement in report completeness and timelines from 47% (2012) to 85% (2015).

The challenges faced during implementation of the R9 HSS grant implementation were lack of national standard specifications for medical equipment and designs of civil works; delay in construction of civil works due to insecurity, constrained access to project site due to impassable and poor road network especially during the wet season; and limited local capacity for preventive maintenance of medical equipment. Key recommendations for the Ministry of Health are: assign staff to work with GF staff for skills transfer especially in supplies management, biomedical technology resource persons and implementation of closeout plan; train biomedical engineer or technician to maintain medical equipment locally; procurement medical equipment and civil works early enough for timely completion and utilization of health facilities; continue to build the capacity of health workers on different health topics at all levels to sustain the project's gains.

Key recommendation for the CCM are: recognize the mandate of the PR as the grant manager and engage constructively to enhance project quality, efficiency and effectiveness; be actively involved in the procurement by being part of the Global Fund tender board.

Key recommendations for the Ministry of Health are: increase ownership of HSS project activities as the ministry's for sustainability; subnational health authorities should mobilize local resources as well as work with their development partners to ensure sustainability of systems established through HSS grant.

Chapter 1: Introduction

1.1. Overview

This is the report of the end term evaluation of the Round 9 GFATM assistance to South Sudan that focused on Health System Strengthening (HSS).The Round 9 HSS phase I grants began in October 2010 and ended in September 2012. The Round 9 HSS phase II started in October 2012 and ended in September 2015 and is now summing up through a no cost extension at the time this evaluation. The grant was aimed to address constraints identified by the National Health Policy that includes lack of appropriate equipment and supplies; lack of well-functioning disease surveillance and response systems; and poor infrastructure and support services. The grant focuses on strengthening health systems throughout the country, and it has contributed significantly to the attainment of Health Sector Development goals which is founded on outcome 3 of United Nations Development assistance Framework (UNDAF) for South Sudan. A strengthened health system will lead South Sudan to improvement in the management of Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Tuberculosis (TB) malaria and has as well adequately supported other essential health care needs such as Maternal and Child Health (MCH).This presented the rationale for the evaluation of the implementation processes, including mandates, purpose sand objectives.

1.2. Background

The Global Fund (GF) as a financing mechanism and not an implementing agent forms the active engagement and collaboration with a range of partners – including recipient governments, donors, civil society, the private sector, foundations, and representatives of communities living with the three diseases, the UN and other technical partners.

As the health and development landscape become increasing complex, and as the Global Fund expands and matures, it is important to track, reflect and define the intentions and expectations of the partners in order to validate the strategic vision for the GF in specific country's context, in partnership with others. While the Global Fund model opened up space for the participation of a broad range of stakeholders and set a new standard for inclusiveness and participation, the roles and responsibilities of the Global Fund Secretariat, GF board and GF partners have always been clear, strategic and systematic as it continues to be informed by lessons from completed initiatives.

The purpose of the GF-HSS is to reinforce the importance of effective and cohesive interventions to the success of the GF and in scaling up Programmes to treat and prevent AIDS, tuberculosis

and malaria. The fund also provides an accountability framework to enable its partners to measure the relevance, efficiency, effectiveness and sustainability through the ability to deliver results on the ground.

In many countries, GF with other funds have dramatically increased investments in AIDS, tuberculosis and malaria in a short time. It is noted that the continued scale up of the Health Systems Strengthening Programmes will only be met if partners at global, regional and country-level work together. Recognizing that an impact on AIDS, Tuberculosis and Malaria is dependent upon strong health service systems, the GFATM took a further step to expand support to health systems strengthening (HSS).

The Republic of South Sudan has experienced decades of conflict that among other things led to the destruction and collapse of its health system. This severely disrupted the overall structural framework for the delivery of basic health care services including response to HIV/AIDS, tuberculosis and malaria. In 2009, South Sudan applied to the GF for a grant of US$ 52,572,614 in five years for health systems strengthening. The grant was to address the lack of appropriate equipment and supplies; lack of well-functioning disease surveillance and response systems; and poor infrastructure and support services. The proposal was then approved on 28thSeptember 2010 and the GF obligated $24,507,109 for phase 1 and US$47,315,332 for phase 2. The UNDP is a key partner to the GF-ATM and the Principal Recipient (PR) of the grants for HSS, HIV and TB. It is expected that strengthened systems will snowball to other areas of health care.

1.3. Purpose of the Evaluation

The purpose of this evaluation is to provide the UNDP with an independent assessment of the HSS project. Of interest are the relevance, effectiveness and efficiency, partnership, ownership and sustainability of the Programme. In addition, the evaluation will assess the end of project results, tease out the developments and what facilitated them, while identifying critical gaps that hinder the development or that may constrain sustainability of the positive achievement.

1.4. Objectives

a) To determine the relevance of the HSS project and whether the initial assumption remained relevant the whole duration of the project;
b) To assess the effectiveness of the HSS project in terms of progress towards agreed outputs and identify the factors that influenced achievement of results;
c) To assess the efficiency of project planning and implementation (including managerial arrangements, partnerships and co-ordination mechanisms);

d) To identify best practices and lessons learned from the HSS project implementation and provide actionable recommendations for future projects.
e) Identify the unintended outcomes of the HSS project as well as sustainability of the results.

1.5. Scope

The scope of the evaluation was contingent upon, availability of data, and possibility of obtaining other relevant information through interviews, and observations within the timeframe and logistical possibilities. Given the broad geographic and thematic scope of the project, it should be noted from the outset that the evaluation was not exhaustive but reflective.

The finding and conclusions from this evaluation are reflective of the health system in the country. The evaluation used a stratified randomised sampling technique to ensure external validity. The stratification helped to ensure that fewer larger projects were included by census and were therefore all visited and examined, while for the 30% of the smaller scale, more peripheral projects were selected for verification visits based. In addition a systematic purposive selection was used to include activities and sights that performed exceptionally well and those that had serious challenges to in order to tease out major implementation lessons. Some of the target areas were quite insecure and therefore not easily accessible and could therefore not be visited within the time that frame given for field visits. These include the states of Jonglei, Upper Nile and Unity. While efforts were made to obtain information from these sites, the data remain unevaluable, given that some of those sites had significant challenges as a result of civil strife during implementation.

The focus of this evaluation was on indicators agreed with the GF in the performance framework in the proposal[1] and grant agreement[2].While the team examined the outcomes, it was not able measure the impact of the R9HSS because there were no population based health surveys conducted in the past 5 years. The evaluation team however used the health information statistics to gauge progress made in service provision.

[1]Section 1-A_Proposal Section 4B Southern Sudan Round 9 HSS Proposal
[2]SUD-910-G13-S_GA_0_en Phase ISSD-910-G13-S_GA_1_en Phase II

Chapter 2: The Development challenge

2.1. Overview

This chapter provides a general overview of historical trends and development challenges, to explain the underlying theories for the evaluation theme from the reflection of the process in national policies and strategies. The chapter provide insight on the rethinking of development partners in the area: the World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Fund for Population Activities (UNFPA), Global Fund for Aids, TB and Malaria (GFATM), Immunization, The International Bank for Reconstruction and Development (IBRD) or World Bank (WB), Bilateral Development Partners and beneficiary governments.

2.2. Historical Trends

As in other developing countries, improvement of health in developing countries remained elusive despite availability of interventions that were proven to be scientifically sound and cost effective. With time it became clear that there were gaps in the provision, access and management of essential interventions. It became clear that sustainable improvement of health required more than just sporadic actions. The development partners soon realized that where infrastructure, human resources, finance, logistics and methods for evidence basis for intervention planning was weak, sustained health gains could not be realistically achieved. The realization that there was need for foundation of health activities on organized system emerged. The WHO then provided a six layered framework for sustainable health improvements (Box 1).

Box 1: The WHO Health System Framework - The six building blocks of a health system

- Good **health services** are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.
- A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. there are sufficient staff, fairly distributed; they are competent, responsive and productive).
- A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.
- A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
- A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient.
- Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.

Source: Everybody's' Business – Strengthening Health Systems to improve Health Outcomes: WHO'S Framework for HSS

Following the Comprehensive Peace Agreement (CPA), the Government of Southern

Sudan inherited a health system that was severely disintegrated; in which rudimentary health installations were only in what were called the Garrisoned Towns. The rural Southern Sudan had no health facilities except makeshift structures that were installed by international relief organizations. There were no trained health cadres and lay volunteers who were given minimal training in recognition and treatment of common ailments provided basic services to the people. Even in the Garrison Towns, the key infrastructure for health care such as laboratories, blood banks, pharmaceutical warehouses were either run down or completely destroyed. The interim government developed a health strategy founded on Primary Health Care and a comprehensive Basic Package of Primary Health Care that fitted well with the initial establishment of a functional health sector. Development of a Health system was therefore top priority. While the initial assistance Programmes made attempts at establishing management structures they were limited by time and the enormity of what was needed. The GF Round 9 came as a timely assistance.

2.3. Evaluation approach and phases

The approach to this evaluation was an empowerment approach in which participatory principles were followed. The evaluators assisted the various actors in health systems in South Sudan to introspect and identify the outcomes using result framework from the Round 9 country proposal. Emphasis was given to positive development results that should be sustained or that may be built upon to create resilience and to add new actions that will bring additional gains to the capacity in South Sudan Health Sector. The proposed method of work in the RFP that comprise was used:

- Document review and analysis;
- Interviews and discussions with key beneficiaries and key stakeholders including donors, government officials, UN agencies, Sub-Recipients
- Field visits to validate the monitoring and evaluation reports;
- Participatory observation and incorporation of stakeholder feedback to the draft evaluation report.

The first three tiers proceeded concurrently; review of project documents and other related reports; Key informant interviews (KII), and interested party consultations. The evaluation team held meetings with Government and WHO, UNICEF, UNFPA, World Bank, Health Pooled Fund, and Management for Health Sciences to establish determine the level of coordination, mutual synergy and value additions that the multiple efforts and different approaches could accord the process.

2.4. Evaluation Questions

The principal evaluation questions are based the questions set out in the TOR. The evaluation questions were presented and agreed upon as adequate guide by users and other stakeholders and accepted or refined in consultation with the evaluation team.

i. **Relevance**
- To what extent are the Programme in line with UNDP's and GFATM mandate, national priorities and the requirements of targeted women and men?
- How did the Programme promote UNDP principles of gender equality, human rights and human development?
- To what extent was HSS grant selected method of project implementation appropriate to the development context?
- To what extent was the theory of change presented in the outcome model a relevant and appropriate vision on which to base the initiatives of the HSS grant?

ii. **Effectiveness**
- To what extent have outcomes/targets been achieved or has progress been made towards their achievement as per the agreed performance framework?
- How have corresponding outputs delivered by HSS grant affected the outcomes, and in what ways have they not been effective?
- What has been the contribution of partners and other organizations to the outcome, and how effective have HSS partnerships been in contributing to achieving the outcome?
- What were the positive or negative, intended or unintended, changes brought about by HSS grant implementation?
- To what extent did the outcomes achieved benefit women and men equally?

iii. **Efficiency**
- To what extent have the project outputs resulted from economic use of resources?
- To what extent were quality outputs delivered on time?
- Could a different approach have produced better results?
- To what extent were partnership modalities conducive to the delivery of outputs?
- How is the programme management structure operating?

iv. **Sustainability**
- What indications are there that the project outcomes will be sustained, e.g., through requisite capacities (systems, structures, staff, etc.)?
- To what extent has a sustainability strategy, including capacity development of key national stakeholders, been developed or implemented?
- To what extent are policy and regulatory frameworks in place that will support the continuation of benefits?
- To what extent have partners committed to providing continuing support?

2.5. Evaluation Criteria

The evaluation criteria chosen were given in the terms of reference and interrogate relevance, effectiveness, efficiency and sustainability as shown in Table 1.

Table1. The Evaluation Criteria

Evaluation area	Key Issues
Relevance	Proposed actions based on national health systems development and requirement needs and priorities.
Effectiveness	Actions have improved health care services and performance of delivery of interventions especially for HIV, TB and Malaria.
Efficiency	Implementation was coordinated to ensure rapid results, cost effectiveness and mutual enhancement of outcomes of stakeholders' activities and value additions to and from other support initiatives.
Sustainability	Has the project left capacity for continued delivery of the interventions and for continued and expansion of development

2.6. The theoretical framework

Following consultations and discussions with the major project leaders and some key stakeholders, the theoretical framework adopted for the evaluation was that of systems thinking (box 2) and delivering as one system mechanism. This was because significant complex adaptive situations have emerged. As we took that approach we kept focus on the current South Sudan United Nations Development Assistance Framework (UNDAF), The Global Fund International Strategy, National Health Strategic Plan, The National HIV Strategic plan, the national TB plan and the National Maternal, New-born and Child Health roadmap) these strategic documents were considered and reviewed. In assessing the process from the proposal development through the implementation, a systems thinking was invoked. The following model from Future Health Systems best illustrates the prevailing situation in South Sudan.

Box 2. Systems Thinking

Unravels the prevailing health systems actors, functions, principles and purpose

Observes the changes in financing, organization and oversight

Interrogates the responsiveness of actors to challenges:

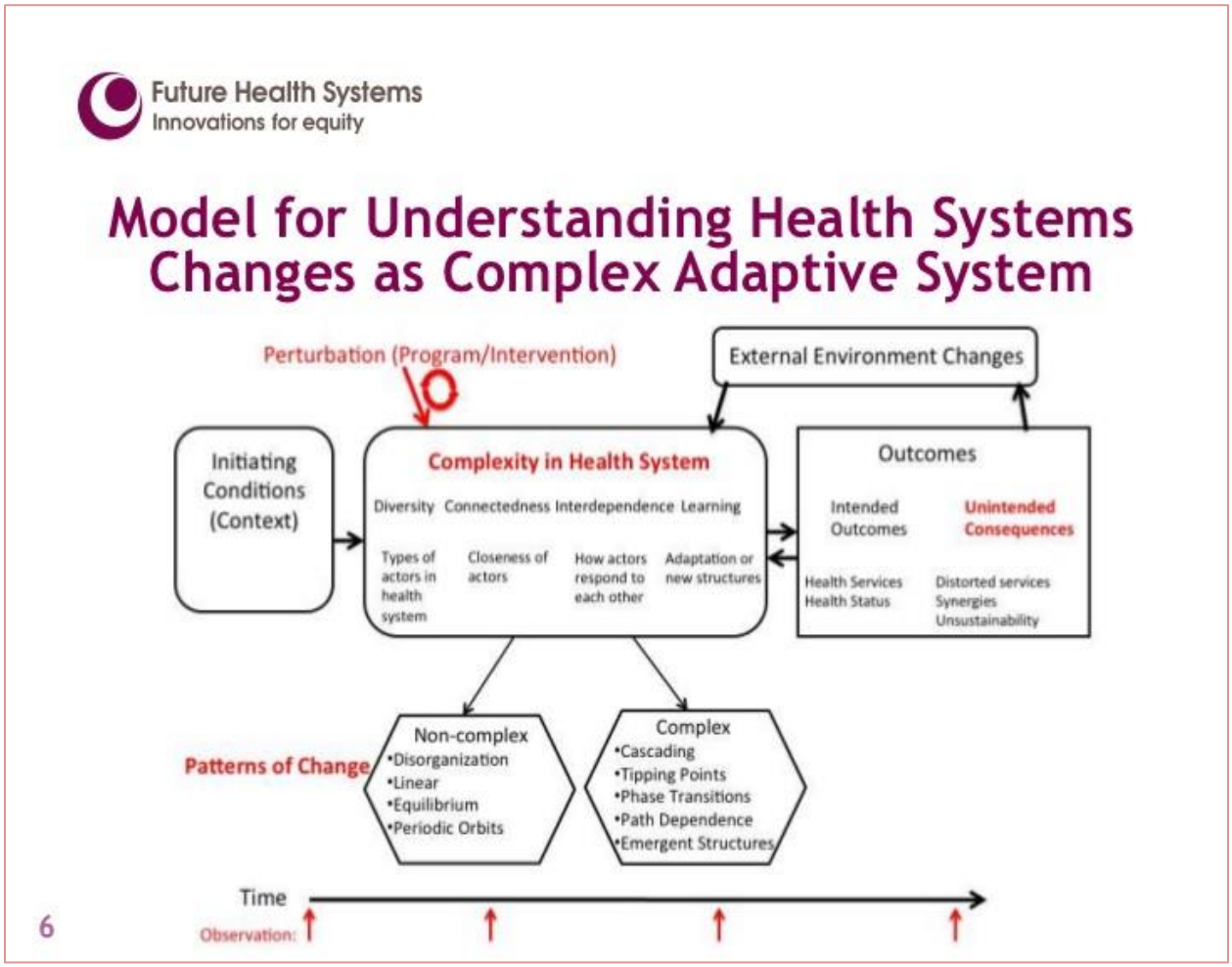
- in service provision (human resources)
- financing (depreciation of internal and external value of revenue)
- information (state of security)
- ownership of project (willingness of actors to operate in all situations)
- activities by local communities).

In the analysis the concept of complex adaptive system was applied to

- Challenge linear approach to commonly held assumptions

- Appreciate the effects of relationships (e.g., delays attributed to availability and acceptance of government officials or other end user) as reaction to perceptions of none inclusion at time of proposal)
- Explain effects of methodological links from different agents and actors
- Draw dynamic picture of forces affecting change and their unintended consequences.

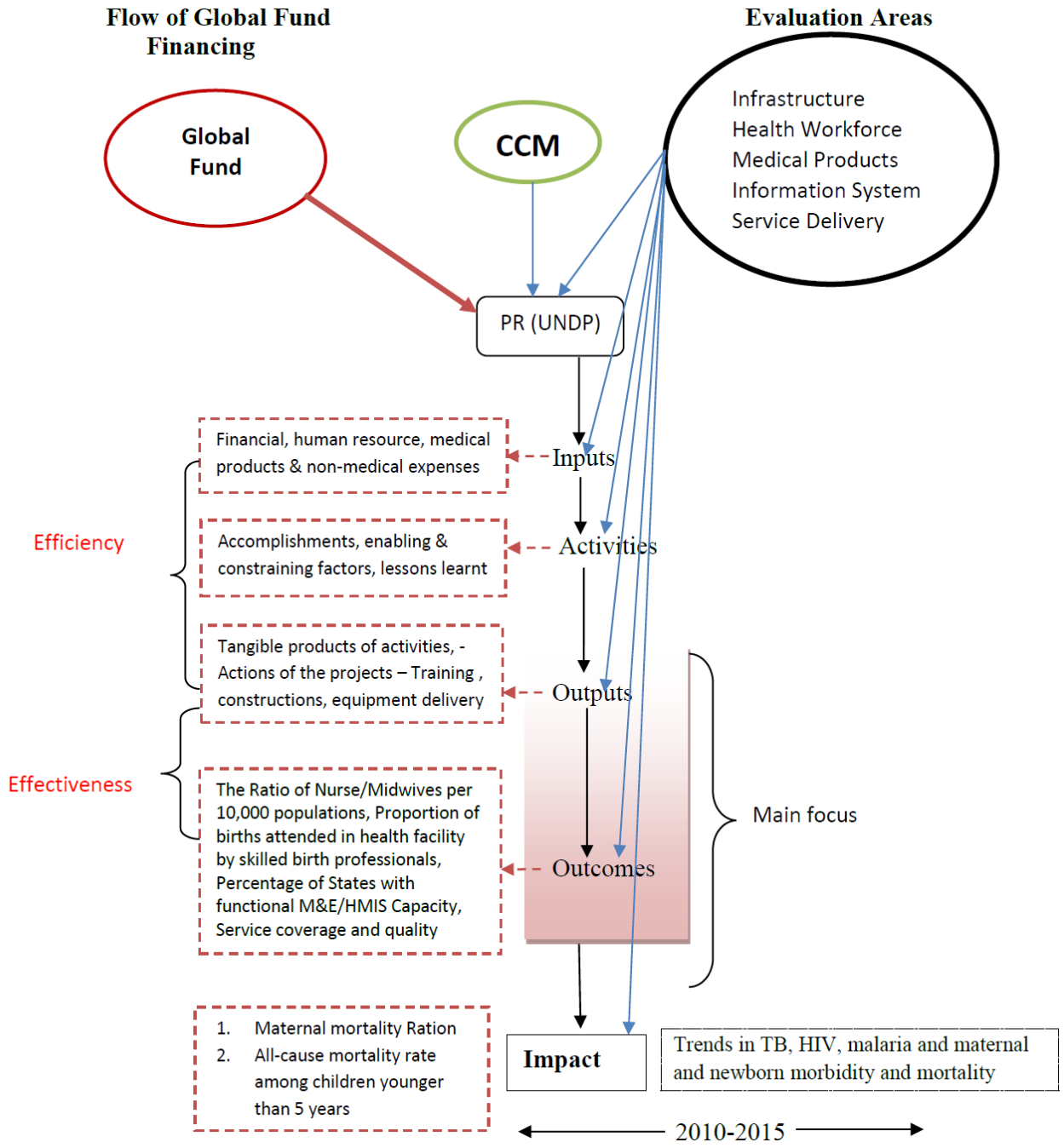
Fig1: Complex Adaptive Systems Model



2.7. Conceptual framework

The following conceptual framework captures our perception of the organization structure of the global fund financing of the South Sudan HSS. It also portrays what we have chosen as areas of evaluations, based on the requisite term of reference.

Fig2 Conceptual framework



Chapter 3: R 9 HSS Grant Response and Challenges

This chapter describes the activities implemented and related actions or interventions through the R9HSS financing. The intended outcomes of these actions included but were not limited to increase the capabilities of the South Sudan Health sector to train the health work force, that is service providers and support staff; to establish systems to work towards the health commodity security by improving acquisition warehousing and supply chain

logistics; establish the health information system to ensure future planning was evidence based; and to improve access to quality services.

3.1. Capacity building for HSS including health workforce

This intervention was aimed at improving the number of qualified human resources and the quality of the service through the strengthening of the National training system already in place. It was observed that rehabilitation and renovation works have been completed in three teaching institutions namely - Malakal Health Institute, Juba Midwifery and Nursing Schools and Wau Midwifery School. Construction of dormitories for students at Juba Midwifery and Nursing school has increased enrolment to 180 students.

"Before the dormitory was constructed students were coming late to school. When it rain they don't come. Now we have this dormitory, punctuality has improved"- Principal, Juba Midwifery and Nursing School.

Fig3. Midwifery and Nurses Dormitory Facility, Juba Teaching Hospital

Eight international tutors have been recruited and deployed in Wau, Yei, Maridi and Juba Midwifery and Nursing School. This alongside provision of teaching learning aids has contributed to improved quality of training. The school has graduated 118 nurses and midwifes.

"Our problem now is accommodation, accommodation for the teachers. Some of the teachers come from Lui. Our teachers still walk from home." - Principal, Juba Midwifery and Nursing School.

In Wau, however, the dormitory spaces for both the male and female students were small. In addition, the female dormitory was shared with the skills lab, while the male dormitory was shared with the library. Both the library and the skills lab spaces were rather small. No kitchen was provided for the students, a makeshift structure is what they use currently.

The library in Wau Midwifery School was well supplied with general nursing books, but there were very few books on midwifery. The library space was small. Similarly there were basic manikins in the skills lab, which, for basic courses were adequate. Other equipment included sphygmomanometers and stethoscopes. According to the Principal tutor, the space was small and got easily crowded.

In general, the contracts of several tutors that were recruited by GF expired at the end of the HSS grant in September 2015 and were not renewed. Some of the tutors, however, were hired by other programmes and continued to support the training (for example, the tutor in Wau who was now employed by International Medical Corps –IMC- with funding from Health Pooled Funds). A number of challenges were identified in recruitment of national tutors. In several places there were no adequate affordable housing, while English was the requisite medium of instruction, most national tutors were not proficient in English.

During the visit to Malakal, the evaluation team noted that the Malakal Health Institute was affected by the conflict, all the furniture was looted and facility is non-functional. The situation in Malakal was difficult to evaluate, there were no respondents since there were neither students nor Tutors. It was observed that the location was not appropriate; it was very far from the hospital and too close to the airport and there was no perimeter fence for the institute.

3.2. Strengthening of the Drug Supply Management

Renovation of the Central Medical Store was completed and capacity has expanded to accommodate 2000 different types of drugs. There is on-going construction of another warehouse at the river side to further increase the storage capacity especially for temperature labile products. It was noted that power fluctuation was affecting the fridges and it is necessary that a solar system is installed with automatic switch. It was also observed

that warehouses were being managed entirely by UNDP staff and capacity transfer for sustainability was absent. The constructions of incinerators (6) was completed but were not commissioned at the time of the evaluation. From discussions with the PR, it was noted that there are concrete plans to complete the commissioning by the end of March 2016. There was evidence that the PR provided technical assistance on pharmaceutical management to build capacity. Both programme and government staffs were trained, there were regular scheduled supervisory field visit and these were accomplished well up to 2014 albeit with some difficulties in 2014 and 2015. These are being resumed now.

3.3. Strengthen Health Information System

The R9HSS was intended to provide technical assistance for comprehensive health management information system, finalize the M&E manual, print and disseminate data collection registers and strengthen M&E offices at the State level. It was noted that the PR recruited 4 international UNVs and 2 national M&E staff to streamline M&E activities and to provide overall technical assistance. The PR also recruited a health management information system consultant to develop a manual and initiate the national integrated HMIS system. Training was conducted for 136 M&E officers from county, state and national level on the use of HMIS tools and 56 officers on DHIS. More than 20,000 HMIS registers were printed and distributed to the health facilities. This has improved and standardized the recording and reporting in the country. The PR completed renovation, equipping and furnishing of 8 state M&E offices and this has improved on infrastructure for M&E in the country. The PR supported the development of HMIS policy and strategic plan for the MoH, establishment of M&E technical working group for the MoH, development of HMIS report for the MoH and development of HMIS bulletin. There is high staff turnover at state and county level, limited infrastructure especially VSAT at state and county level, and lack of vehicles at state level for supportive supervision. These continue constrain the HMIS strengthening. At the county level, there are still data quality issues and low utilization of data at county level. There is still need for more strengthening in these areas from the PR.

3.4. HSS Service Delivery

The focus of the grant was to renovate laboratories at state hospital level, procure equipment, test kits and supplies for laboratories and establish, equip and operate State Blood Banks. It was observed that the PR constructed 4 laboratory class rooms at Juba Health Science Institute. This has increased enrolment from 249 to 400 students. It was however noted that the approved

design and furnishings by the MoH and CCM were not to expected standard for teaching institution. Notably, there was no storage cabinet for equipment, reagents, apparatus, water for washing and staining, central working station, room for lab technician office and fire extinguisher. These are fundamental flaws this was because there was no national design for health training school laboratories to ensure that constructions are compliant to national standards.

Fig4. Laboratory Classrooms Block, Juba Health Science Institute

In partnership with MoH, the PR completed the rehabilitation of the blood bank and public health laboratories enabling most sample testing in-country. Construction, equipping and furnishing of nine labs in the states has also been completed. Reagents were procured and distributed to the national reference laboratory and the blood banks as well as the state labs supported by this grant. There was, however, a disconnect between the construction and equipping of facility. Case in point was the laboratory in Torit County, were the construction was completed in 2015 but the equipment not yet been supplied. There was also no provision for preventive maintenance for created health physical infrastructures, significantly because neither the Ministry of Health nor the Ministry of civil works have biomedical engineers nor

technicians although the records from the MoH indicated that a biomedical engineer by the name John Both was recruited, but perhaps not fully engaged !

Chapter 4: Contribution to Results

This section provides an analysis of the finding as derived from review of the project proposal and grant agreement, the periodic and special reports and minutes of the various sub committees where they were relevant to the evaluation process. The evaluation focused on relevance of this project to the prevailing situation in the South Sudan Health sector at the time of proposal and during implementation (of UNDP's and GFATM involvement and its approach); effectiveness (in contributing to the achievement of outcomes); efficiency (in delivering outputs) and the sustainability (of the outcomes).

4.1. Relevance

Discussions with key informants overwhelmingly suggested that the Global Fund programme staff did consider priorities of health systems strengthening and were addressed to the best effort that the implementation environment allowed. Global Fund Round 9 recognized that the human and social indicators at the start of the project were dismal and as a programme, inventions have been integrated to the health needs and priorities of South Sudan through robust inclusive stakeholder consultations of the government, donors, civil society and beneficiaries.

The R9HSS followed a common strategic framework in complimenting MoH priorities among which was the Health facility infrastructure development as indicated in the health policy[3]. The grant also complimented UNDAF[4]outcome 3 on Social and human development which recommended that key service delivery systems are in place to lay the ground the ground work for increased demand. The grant was implemented through MoH structure from national, state and county levels.

4.2. Effectiveness

In deed the evaluation team confirmed that nearly all the proposed activities were implemented. Both the programme staff and evaluation team agreed on the aspects that were either incomplete or where workmanship did not meet expected standards. The evaluation team also assessed functionality and where it was inadequate; the causes for inadequacy were identified.

Nearly all intended outputs of maternities, Blood Banks, laboratories, ANCs, M&E offices and teaching institutions were completed and handed over to the ministry of health however some have not been fully completed and handed over to the government especially phase 2 facilities.

[3]MoH(2008) Health Policy

[4]United Nations Development Assistance Framework, 2012, 2013,2014

Table 2: Achievements against performance of output indicators

Indicator	Baseline	Target	Achievement	%
Number of Teaching Institution Rehabilitated and Renovated	0	3	3	100%
Number of Teachers recruited from South Sudan and neighbouring countries	5	9	8	89%
Number of Health Workers trained and or retrained on Pharmaceutical Management	19	115	116	101%
Pharmaceutical and Hospital Waste Incinerators installed and operational	0	7	0	30%
Number of State M&E officers trained on use of HMIS tools	60	132	136	103%
Number of M&E offices strengthened in the 5 States through renovations, installation of IT equipment, provision of furniture, and transportation	0	8*	8	100%
# of State Labs supplied with equipment and received minor renovations	0	9*	9	100%
# of Health Workers trained on blood safety	43	150	154	103%
Number of Health Workers and Auxiliary staff trained on Universal Precautions and Infection Control	40	360	405	113%
# of Community Resource Centers Established	0	4	4	100%
# of ANC Clinics and maternity wards renovated, equipped, and supplied with furniture	3	39	31	79.5%
# of Health workers trained on MNCH service provision including PMTCT	102	250	267	107%
# and % of counties submitting complete and timely reports to the national level HMIS	50%	64/80 (80%)	82%	103%
Average score				**90%**

*The original target was 10 but that was later reprogrammed to 8

*The original target was 10 but that was later reprogrammed to 9

Table 3: Facility rating

State	Name of Facility	Design	Structure	Equipment	Functional	Score
Rumbek East	Aduel Maternity	Not visited✪				
	Aduel ANC	Not Visited✪				
Rumbek Center	Cueichok Maternity	Not visited✪				
	Cueichok ANC	Not visited✪				
	Rumbek Hosp Lab	100%	100%	100	100	100
	M& E Office	100%	100%	100	100	100
Wau	Ref. Lab	100%	100%	100	100	100
	ANC	100%	100%	100	100	100
	Blood Bank	100%	100%	100	100	100
	Midwifery School	100%	100%	100	100	100
	M& E Office	100%	100%	100	100	100
Raja	ANC	Not visited				
DuimZubeir	Maternity	Not visited				
Central Equatoria	M&E Office @ SMoH	100%	100%	100%	100%	100%
	Lab class rooms @ Health Institute	80%	100%	100%	100%	95%
	Lab @ Al-Sabah Hospital	100%	100%	100%	90%	96%
	Blood bank	100%	100%	100%	100%	100%
	Dormitory @ Nursing and Midwifery school	100%	100%	100%	100%	100%
	Warehouses	100%	100%	100%	100%	100%
Malakal	Incinerator @ MTH	100%	100%	100%	0%	75%
	Nursing school	100%	100%	100%	0%	75%
	Blood bank@ MTH	100%	100%	100%	0%	75%
	Laboratory @ MTH	100%	100%	100%	0%	75%
Torit	M&E office @ SMoH	100%	100%	100%	100%	100%
	Lab @ Torit hospital	100%	100%	100%	0%	75%
	Health Resource Centre	100%	100%	100%	100%	100%
	Maternity @Hai Lotuko	100%	100%	100%	100%	100%

✪Site inspection visit by CCM and UNDP noted poor workmanship and recommended that the contractor should correct the short coming

Mutual increase in capacity was observed as a result of the completed facilities. The blood banks and laboratories were already serving more than just HIV and TB. They have already improved the quality of maternal, new-born services and surgical care. In addition the installations; the maternity wards and the antenatal clinics (ANC) now provide practical training placement sites for all training institutions in their localities including institutions that have been built by support from other funds. The best examples are in Rumbek, Wau and Juba.

There was evidence of improvement of the intended health outcomes. These included TB and HIV case finding, care and adherence monitoring. Interviews carried out with service providers and beneficiaries in the accessible states with completed outputs indicated that the HSS assets contributed to improved health and a reduction in deaths related to HIV/AIDS, Tuberculosis and Malaria.

The evaluation team was unable to assess the extent to which HSS facilities achieved the intended results in terms of outputs or outcomes in the severely conflict affected states of Jonglei, Upper Nile and Unity in the event that some of the installations were attacked, damaged and looted during the December 2013 crisis.

Where it was determined early that the projects in conflict affected states would not be implemented, the necessary derogation was obtained and the money used to implement projects in more peaceful areas. The key findings and outputs are summarized on the following tables.

4.3. Performance on outcome indicators

Table 4 presents the outcomes that the evaluation team could establish from the available documents and from the discussions with staff in the facilities visited. It may not be comprehensive but adequately indicative.

There was evidence that the project strengthened the TB and HIV programmes that are now fully run by the MoH(s). In addition the records and discussions with service providers showed increase in the number of TB and HIV case identification. Adherence to TB treatment and for treatment for AIDS was quite good although a number of cases were lost to follow up as a result of the conflict. Given that there has been no general health survey since the beginning of the project, it is difficult to determine to effect on the burden of these diseases, but the trend shows definite progress to improved impact.

Table4. Outcome Ratings

Indicator Description	Baseline **(if applicable)**		Target	Performance	
	Value	Year	Year 5	Year 3	Year 5
General service readiness score for health facilities			80%	61%	73%
The Ratio of Nurse/Midwives per 10,000 population	0.2	2010	1	1.0	350%
Proportion of births attended in health facility by skilled birth professionals	12.30%	2010	30%		7%
% of pregnant women attending at least 4 ANC visits in Health facilities	10.00%	2010	40%		24%
Outpatient health facility attendance - Number of people seeking services at outpatient departments per 10 000 population			1	0.4	0.6
Percentage of States with functional M&E/HMIS capacity	(5/10)50 %	2012	(10/10)10 0%	80%	(8/10) 80%
Percentage of Counties with M&E/HMIS capacity	(41/80)5 0%	2012	(64/80)80 %	66%	86%
Average availability of antimalarial, TB & antiretroviral drugs in public health facilities			85%	65%	68%

- Community members said they now received services closer than before and were happy with the services they received.
- Presence of maternity and ANCs reduced the distance covered to seek health services; however there was still problem with staffing since a number of midwives had left public services for private ones.
- Juba, Wau and Malakal provided better referral services as a result of the maternal care before the conflict.
- Health information system improved and reports shared with stakeholders
- Supplies of medicines and other health commodity from the National level to the states improved significantly. There was progressive change from push to pull system even though not without some teething problems.

4.4. Efficiency

There was evidence that management responsibilities were shared between the UNDP project management unit and the CCM and very clearly the CCM played the stewardship role of the MoH competently[5]. There was evidence of joint decisions making where derogation for reprograming of activities or financing was necessary based on country situation. Whereas the Global Fund governance structure clearly reflects the centrality that Government should be in the lead, the evaluation team was unable to fully establish if the CCM was adequately resources for its oversight functions.

There was lack of national standard specifications for designs, plans and protocols for civil works led to different perceptions in regard to quality of the outputs[6].

The average delay time for civil works was about 5 months. The factors leading to this included insecurity, seasonality, price differentials arising from internal and external depreciations. In addition, there was evidence of miss match between related contractual obligations. While scheduled supervisory visits were regular prior to 2014, there was a challenge from 2014 to end of 2015 due to security concerns among others. A number of equipment were delivered late and some were not functional. This affected the intended results for example the laboratory equipment in Al Sabah Hospital that had not worked since supply. In a complex adaptive system, there is multiple cross functionality. The delay in installation of PCR equipment at national public health laboratory was attributed to delay in furnishing of the laboratory. Better coordination at CCM level would enhance such interdependent support.

4.3. Sustainability

The CCM is proactive and continues to provide leadership to the programme. There was evidence that the TB and HIV programmes are now fully owned by the government as well as the running of the constructed facilities like maternity Wards and ANCs. Capacity has been built for M&E at the national, state and county levels through trainings supported by the grant. Training on pharmaceutical management led to progressive improvement in supply chain management for most essential health supplies. There was evidence that training institutions were supported and benefited from teaching aids and qualified tutors. There was mutual complementarity between GF projects and other funding mechanisms example the Health Pool Fund (HPF), Management Sciences for Health (MSH) and United States Aid for International Development (USAID).

[5]CCM report on inspection of the maternity construction in Aduel and Cueicok in Rumbek East County
[6]Radio Tamazug: Donor audit finds failings in UNDP health projects in S Sudan, Nov, 2015

Capacity has not been adequately built for preventive maintenance of equipment. There were gap in human resource capacities, important cadres such as Biomedical Engineers and technicians are absent. There was no clear exit strategy for the project. There were foundational issues in the selection and admission of students in mid-level medical training institutions.

4.4. Budget utilization

Table 5 presents the budget utilization by results, the analysis is not complete but as can be observed most areas show close to 80 percent utilization. The low use areas are technical and management assistance at 63.2 per cent and communication material at 56.7 per cent and health products. The remnant fund can still be absorbed during the period of no cost extension give that the prolonged period of conflict obstructed or delayed some activities still in infrastructure, health products and health equipment. The remnant resources should be used for technical support in ensuring defective constructions, equipment installation and preventive maintenance is instituted.

Table 5. Budget versus Expenditure

Budget line	Expected funds (USD)	Received (USD)	Expenditure (USD)	Utilization rate (%)
Human Resources	7,045,886.80	7,045,886.80	6,447,507.93	91.5%
Technical and Management Assistance	435,495.45	435,495.45	275,223.75	63.2%
Training	1,528,169.94	1,528,169.94	1,435,108.89	93.9%
Health Products and Health Equipment	2,718,634.79	2,718,634.79	1,941,018.57	71.4%
Procurement and Supply Management Costs	1,080,533.67	1,080,533.67	934,736.00	86.5%
Infrastructure and Other Equipment	25,110,120.34	25,110,120.34	16,880,106.14	67.2%
Communication Materials	81,856.93	81,856.93	46,381.13	56.7%
Monitoring and evaluation	827,374.21	827,374.21	522,345.08	63.1%
Planning and administration	1,613,304.66	1,613,304.66	1,289,534.43	79.9%
Overheads	5,475,579.41	5,475,579.41	3,939,282.23	71.9%
Total	**5,916,956.20**	**45,916,956.20**	**33,711,244.15**	**74.5%**

Chapter 5: Conclusions and Recommendations

5.1. Conclusions

The R9HSS has been successful in strengthening health systems in South Sudan. The health workforce has strengthened through the renovation of training institutions. The functional laboratories, blood banks and maternity units continue to provide opportunity for practical training even for schools built by support from other funds thereby providing mutual synergy (Juba, Rumbek and Wau). However retention of HR remains a significant challenge. The lack of housing for tutors presents a challenge to retention of tutors in the teaching institutions. Similarly, the lack of housing for health workers in some of the rehabilitated maternities and other health facilities; constrained the expansion of MCH services with many health workers leaving public service for private hospitals and clinics.

The construction of warehouses and equipment with cold chain and computerised Information System not only ensured security of TB, Malaria and HIV medications, but also improved the supply of all essential health commodities. The staffing of warehouses was by GF staff, while this has been good for the development stage, it does not assure sustainability.

The R9HSS has significantly strengthened the health management information system capacity at the state and county level, 86 % of counties and 80% of states now have functional capacity for M&E. At the national, the R9 HSS has laid the foundation for strong M&E through the development of HMIS manual, formation and strengthening of the M&E Technical Working Group and production of bulletins to aid evidence based decision making.

The R9 HSS adequately ensured that state laboratories were supplied with equipment and minor renovation completed for effective health service delivery. The grant succeeded in training over two hundred health personnel, in effective pharmaceutical and supply chain management, pharmaceutical and hospital waste management, the safe use of blood thus improving the quality of service delivery at all levels. The weak capacities of the Ministry of Health Directorate of HIV/AIDS as well as the South Sudan AIDS Commission (SSAC) to effectively manage and provide services in regards to treatment and mitigate against the HIV/AIDS pandemic remains a key challenge.

Although nearly all intended structures were constructed, some structures had poor finishing. In some of them, the space of the rooms was too small. Most of these were in the first phase of the project. The CCM and PR have taken appropriate action to address these problems in the second phase. Supervision for construction works has substantially been strengthened and the

evaluation team is convinced that the PR and CCM will ensure the correction of any substandard work.

Supply of equipment in some cases did not meet expected standards. A significant proportion of equipment in peripheral blood banks and laboratories were not functional. The main problem was due to substandard installation or just no effort by the suppliers in handing over. It was not clear whether a period of maintenance and the normal guarantees for the equipment was within the contracts. All electrical equipment was affected by variation in power supply and variation in current strengths. The evaluation team was informed and expect that the supplier will be recalled to ensure completion of installation and provide the necessary guarantees for their products. Similarly, incinerators were supplied; shelters were constructed but were not commissioned and remain non-functional.

The enduring economic crisis and continued conflicts will continue to impact on the sustainability efforts and also guaranteeing resources required to ensure the continued use of HSS interventions and relevance of the health assets created. While these remained as enduring challenges, they did not obstruct progress except in the area of human resource development, preventive maintenance and supply and installation of equipment.

5.2. Recommendations

5.2.1. Recommendations to UNDP/GF for Programme design and planning

- There should be proper coordination of the construction of infrastructure and the delivery of furniture and equipment.
- There should be a phase of this project that will address issues of sustainability before closure of the project.
- The period of defect liability should only start when the construction works are fully satisfactorily completed and the furniture and equipment installed and functional.
- The PR should recognize the mandate of the CCM which includes; coordination of development and submission of national request for funding, oversight of implementation of the approved grant, reprogramming and ensuring linkages and consistency between Global Fund grants and other national health and development programmes.
- There is need to have nationals working alongside the internationals GF staff for the building their capacity in the long term this is especially in training facilities and with biomedical technology resource persons.

5.2.2. Recommendation to the CCM

- The CCM secretariat should be more proactive and should continue its leadership role within its given mandate.
- The CCM should recognize the mandate of the PR as the grant manager, without succumbing to any substandard work.
- The CCM should adequately plan, budget and request resources for their activities from the GF and partners.
- The CCM should be actively involved in the contract award process.

5.2.3. Recommendations to the local levels ownership for the HSS gains

- Local levels and particularly the state Ministry of Health and County Health facilities should embrace the project activities/outputs and own them.
- Local levels should ensure continued resource mobilization for the sustainability of the project.

5.2.4. Recommendations to Ministry of Health

- To ensure health facilities standards, the MoH should develop specifications and standards required for civil works and medical equipment.
- The MoH should mobilize and contribute counterpart staff to those provided by (GF) grants, it would be appropriate to also start budget lines to take over from GF especially those for maintenance
- The MoH should ensure that projects have an exit plan from the start-up.
- Ministerial tender board should be enjoined in all the grant tenders to ensure full ownership of products and results. Once a facility is completed, equipped and handed over to the government, MoH should take responsibility of ensuring that facility is put into use immediately.

Annexes

Annex 1: Terms of Reference

UNITED NATIONS DEVELOPMENT PROGRAMME

TERMS OF REFERENCE

1. Consultancy Information

Title:	Consultancy to conduct the end of project evaluation for Round 9 Health Systems Strengthening (HSS) Global Fund Project
Department/Unit:	Human Development and Inclusive Growth
Name of the Project:	Global Fund to fight AIDS, Tuberculosis and Malaria
Supervisor:	Monitoring & Evaluation Specialist, Global Fund Programme
Number	One international
Contract Type:	Individual Contract
Advert closing date:	7 December 2015
Starting Date:	1 February 2016
Duration:	21 working days
Duty station	Juba, South Sudan with travel to the field
Email Applications to:	bids.juba@undp.org
Delivery by Hand:	ATT: Williams Ding Procurement & Supply Management Analyst UNDP South Sudan Juba, South Sudan

2. Context

The United Nations Development Programme (UNDP) is the UN's global development network, an organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. UNDP provides policy advice and helps build institutional and human capacity that generates equitable growth. In South Sudan, UNDP is committed to promoting good governance at all levels of society and building coalitions for actions on issues critical to sustainable human development and conflict prevention.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was set up as an international financing institution to increase resources to fight the three diseases namely HIV/AIDS, Tuberculosis (TB) and Malaria. The Global Fund has supported large scale prevention, treatment and care programme against the three diseases. The purpose of GFATM is to attract, manage and disburse resources in public-private partnership that will make sustainable and significant contribution to the reduction of mortality and morbidity caused by the three major diseases and contributing for achievement of millennium development goal.

UNDP is a key partner to the GFATM and is the UN Agency assuming the role of Principal recipient of GFTAM grants in South Sudan. As Principal Recipient for GFATM, assisting the country to meet its main goals in reducing mortality and morbidity from HIV, TBUNDP South Sudan Country Office is responsible for the financial and programmatic management of the GFTAM grants as well as for the procurement of health and non-health products. In all areas of implementation, it provides capacity development services to relevant national institutions, Sub-Recipients and implementing partners. Currently, UNDP as Principal Recipient bears full responsibility for the operational and financial management of New Funding Model for HIV/AIDS and New Funding Model for Tuberculosis.

The Round 9 HSS Phase 1 Grant began in October 2010 and ended in September 2012. Phase 2 started in October 2012 and ended in September 2015. The grant was aimed to address constraints identified by the National Health Policy: lack of appropriate equipment and supplies; lack of well-functioning disease surveillance and response systems; and poor infrastructure and support services. The grant focuses on strengthening health systems throughout the country, and contributes to the attainment of Health Sector Development goals. A strengthened health system will lead to improvement in the management of HIV/AIDS, TB malaria and other diseases.

Goal: To strengthen the health system of South Sudan to scale up HIV/AIDS, TB and Malaria services.

Objectives

- To assist the population of South Sudan with skilled health workforce
- To ensure that the population of South Sudan has access to safe and effective drugs
- To strengthen the existing Health Information System in order to provide reliable health data
- To provide HSS related services including laboratory service, safe blood banks, Antenatal Care (ANC) and Prevention of Mother to Child Transmission of HIV (PMTCT) strengthening and Community centres

Activities

- Strengthening of the National Training System already in place by rehabilitation and renovation of training institutions and supply of equipment; recruitment of qualified tutors and admission and training of student trainees
- Building, renovating and equipping state warehouses; procuring, installing, and operating pharmaceutical and hospital waste incinerators in the state Hospitals and supportive supervision to Ministry of Health (MoH) at all level.
- Strengthening of the health management information system and initiate the National Integrated Health Management Information System (HMIS) system; printing and distribution of tools and registers; training state, county and central Monitoring and Evaluation (M&E) staff in HMIS and District Health Information System (DHIS) software; conducting data quality audits, supportive supervision and annual M & E reviews.
- Renovations, rehabilitations, constructions and equipping of laboratories, antenatal/maternity clinics and community resource centers ; establishment, equipping and operating state blood banks; training health workers on various aspects of blood safety, universal precautions and infection control, and on Maternal and Neonatal Child Health (MNCH/PMTCT) to improve service delivery at the facility level and recruit and retain volunteers to promote the usage of the community resource centres

In accordance with the CO's Monitoring and Evaluation Plan and requirement by the GFATM, UNDP South Sudan GF project plans to execute an end of project evaluation for Round 9 HSS project.

UNDP South Sudan Global Fund project is looking for an individual international consultant to lead end of project evaluation for the R9 HSS project

3. Purpose of the Evaluation

The independent evaluation aims to assess the overall contribution of the Round 9 HSS Project towards strengthening the health system of South Sudan to scale up HIV/AIDS, TB and Malaria services. The evaluation will be forward looking and utilisation-focused, and will distil lessons and best practices to inform future programming. This evaluation will assess relevance, effectiveness, efficiency, impact of the project as well as sustainability of the results. The evaluation will assess the intended and unintended outcomes of the HSS Project and make recommendations to enhance operational and programmatic effectiveness of similar initiatives in comparable situations. MoH and partners who are implementing HSS interventions in South Sudan are the users of the evaluation findings. Furthermore GF will also use the findings to tailor future investment in South Sudan.

The evaluation findings will be disseminated to all stakeholders including to the Government of South Sudan, the Global Fund, UN agencies and other implementing partners.

4. Scope of the evaluation

4.1 Scope

The evaluation will cover all Round 9 HSS project target areas in all the 10 states of South Sudan over the implementation period (October 2009 to September 2015). The evaluation will cover programme conceptualisation, design, implementation and monitoring and evaluation of results. The evaluation will focus on indicators agreed with the GF as per the performance framework. The evaluation will include review of the project design, and assumptions made during programmes development process. The end of project evaluation will assess the relevance, effectiveness and efficiency of the HSS Project as well as understand the key factors that have contributed to the achieving or not achieving of the intended results; determine the extent to which the HSS Project contributed to forging partnership at different levels, including with government, donors, UN agencies, Sub-recipients and beneficiaries; sustainability of the HSS project for continued realisation of results generated by the project; and to draw lessons learned and best practices and make recommendations for future programming of projects of similar nature. The evaluation will also assess the synergy between the HIV, TB and malaria projects implemented in South Sudan with the support of the GFATM and suggest ways of creating more synergy.

4.2 Evaluation Questions

The following key questions will guide the end of project evaluation:

v. **Relevance**

- To what extent are the programme in line with UNDP's and GFATM mandate, national priorities and the requirements of targeted women and men?
- How did the programme promote UNDP principles of gender equality, human rights and human development?
- To what extent was HSS grant selected method of project implementation appropriate to the development context?
- To what extent was the theory of change presented in the outcome model a relevant and appropriate vision on which to base the initiatives of the HSS grant?

vi. **Effectiveness**

- To what extent have outcomes/targets been achieved or has progress been made towards their achievement as per the agreed performance framework?
- How have corresponding outputs delivered by HSS grant affected the outcomes, and in what ways have they not been effective?

- What has been the contribution of partners and other organizations to the outcome, and how effective have HSS partnerships been in contributing to achieving the outcome?
- What were the positive or negative, intended or unintended, changes brought about by HSS grant implementation?
- To what extent did the outcomes achieved benefit women and men equally?

vii. **Efficiency**

- To what extent have the project outputs resulted from economic use of resources?
- To what extent were quality outputs delivered on time?
- Could a different approach have produced better results?
- To what extent were partnership modalities conducive to the delivery of outputs?
- How is the programme management structure operating?

viii. **Sustainability**

- What indications are there that the project outcomes will be sustained, e.g., through requisite capacities (systems, structures, staff, etc.)?
- To what extent has a sustainability strategy, including capacity development of key national stakeholders, been developed or implemented?
- To what extent are policy and regulatory frameworks in place that will support the continuation of benefits?
- To what extent have partners committed to providing continuing support?

The above evaluation questions will be agreed upon among users and other stakeholders and accepted or refined in consultation with the evaluation team.

5. Methodology for the evaluation

The end of project evaluation will be carried out in accordance with UNEG Evaluation Norms and Standards of Evaluation and Ethical Standards as well as OECD/DAC evaluation principles and guidelines and fully compliant with the DAC Evaluation Quality Standards (206). The evaluation involves qualitative and quantitative methods from primary and secondary sources to evaluate the HSS project implementation and performance and to make recommendations for the next programme cycle.

5.1 Data Collection

The evaluation process will include the following:

- Document review and analysis;
- Interviews and discussions with key beneficiaries and key stakeholders including donors, government officials, UN agencies, SRs
- Field visits;
- Participatory observation and
- Incorporation of stakeholder feedback to the draft evaluation report.

The following documentation will be provided as reference:

- Annual Work Plans and UNDP Country Programme Action Plan (CPAP), Country Programme Document (CPD) and United Nations Development Framework (UNDAF)
- HSS performance framework, budget and workplan
- GF projects annual reports
- Grants agreement, proposals, progress reports

- Field monitoring reports
- Global Fund grant rating for HSS grant
- R 9 HSS Grant M&E plan
- Annual HMIS report and DHIS data
- Health service readiness data, state and County M&E capacity assessment data

6. Time frame

Activity	Deliverable	Time allocated
Revise evaluation design, methodology and detailed work plan	Inception report	3 days
Inception Meeting Initial briefing		
Documents review and stakeholder consultations	Draft report	15 days
Field visits to selected implementation sites and health facilities to see project implementation results.		
Data analysis, debriefing and presentation of draft Evaluation Report to CCM, HSS TWG, partners, UN agencies and stakeholders		
Validation Workshop		
Finalization of Evaluation report incorporating additions and comments provided by all stakeholders and submission to UNDP South Sudan.	Final evaluation report	3 days
Total number of working days	21 working days. The schedule can be rearranged as needed.	

Note: The schedule is subjected for revision if there is a need from the organization

7. Deliverables

Under the supervision of the Global Fund M&E Specialist and guidance of HSS TWG and the HSS evaluation reference group, the consultant shall provide the following deliverables:

a) **Inception report:** The evaluator will prepare an inception report which details the evaluators understanding of the evaluation and how the evaluation questions will be addressed. This is to ensure that the evaluator and the stakeholders have a shared understanding of the evaluation. The inception report will include the evaluation matrix summarizing the evaluation design, methodology, evaluation questions, data sources and collection analysis tool for each data source and the measure by which each question will be evaluated. (**Structure Annexe 2)**

b) **Draft end of project evaluation repor**t - The consultant will prepare the draft evaluation report for cognizant of the proposed format of the report and checklist used for the assessment of evaluation reports (see annexes). The report will be submitted to MoH, CCM members, HSS TWG members, HSS partners and evaluation reference group for validation. Comments from stakeholders will be provided within 5 days after receiving the Draft Report. The report will be reviewed to ensure that the evaluation meets the required quality criteria. The report will be produced in English.

c) **Final end of project evaluation Report.** The final report (30-50 pages) will include comments from MoH, CCM members, HSS TWG members, HSS partners and evaluation reference group will be submitted in 3 days after receiving all comments. This will be submitted to PPSU for validation. It will include recommendations, policy options and conclusions. (**Structure in Annexe 3)**

8. Competencies

- Functional competencies
- Extensive expertise, knowledge, and experience in the field of health systems strengthening, familiarity with the GFATM policy and prodedures, previous experience in conducting country programme evaluations and HSS projects in particular, familiarity in results based M&E framework and health systems in general;
- Excellent writing skills with a strong background in report drafting;
- Demonstrated ability and willingness to work with people of different cultural, ethnic and religious background, different gender, and diverse political views;
- Ability to use critical thinking, conceptualize ideas, and articulate relevant subject matter in a clear and concise way.
- Corporate competencies
- Demonstrated integrity by upholding the United Nations' values and ethical standards;
- Appreciate differences in values and learning from cultural diversities;
- Promotes UNDP vision, mission and strategic goals;
- Displays cultural, gender, religion, race, nationality and age-based sensitivity and adaptability;
- Demonstrates diplomacy and tact in dealing with sensitive and complex situations.
- Professionalism
- Demonstrates professional competence and mastery of subject matter;
- Demonstrated ability to negotiate and apply good judgment;
- Is conscientious and efficient in meeting commitments, observing deadlines and achieving results.
- Planning & Organizing
- Establishes, builds and maintains effective working relationships with colleagues to achieve the planned results.

9. Qualifications of the successful consultant

Education: Master's in Health Monitoring and Evaluation, Masters in Public Health, with Bachelors Degree in Health Sciences. A Masters in Social Sciences or any other related field.

Experience

An individual consultant with the following expertise

- Proven experience of a minimum of 10 years preferably with UN experience. Knowledge and familiarity of the United Nations system, its reform process and UNDP programme policies, procedures.
- Familiarity with the GFATM projects, UNDP Multi-Year Funding Framework and other results based M&E frameworks.
- Previous experience in conducting country programme evaluations and HSS projects in particular is an added asset.
- Knowledge of the political, cultural and economic situation in south Sudan or ability to quickly acquire such knowledge is desirable

- Knowledge and skill in health system strengthening
- Grant manager familiarity with financial function knowledge on global fund financial system will be an asset
- Knowledge of Procurement and Supply Chain Management System at international level,
- Knowledge of Monitoring and evaluation of HSS projects
- Extensive experience of program formulation, monitoring and evaluation;

Language

Strong communication skills - Excellent knowledge of written and spoken English. Knowledge of local languages will be an added advantage

10. Institutional arrangements

The consultant will work full time, based in UNDP South Sudan. Office space and limited administrative and logistical support will be provided. The consultant will use her/his own laptop and cell phone.
The consultant will report to the UNDP Programme and Partnership Support Unit Team Leader and the evaluation reference group that will review progress and will certify delivery of outputs.
UNDP will:

a) Provide the consultant with all the necessary support (not under the consultant's control) to ensure that the consultant undertake the study with reasonable efficiency.
b) Appoint a focal point in the programme section to support the consultant during the evaluation process.
c) Collect background documentation and inform partners and selected project counterparts.
d) Meet all travel related costs to project sites as part of the project evaluation cost.
e) Support to identify key stakeholders to be interviewed as part of the evaluation.
f) The programme staff members will be responsible for liaising with partners, logistical backstopping and providing relevant documentation and feedback to the evaluation team.
g) Cover any costs related to stakeholder workshops during dissemination of results.
h) Organize inception meeting between the consultants, partners and stakeholders, including Government prior to the scheduled start of the evaluation assignment.

11. How to apply

Please submit the following documents:

- Profile (max. 6 pages) detailing suitability, experience and proposed methodology to successfully accomplish the task; **NOTE:** Applications submitted without proposed methodology will not be considered.
- Completed P11 form downloaded from http://procurement-notices.undp.org/view_notice.cfm?notice_id=23478;
- Financial proposal as per Section 12 below.

12. Financial Proposal

The financial proposal must be expressed as an all-inclusive lump sum amount in USD, presented in the following template:

	Unit cost (USD)	No.	Total
a) Professional fee:			
b) Daily Subsistence Rate:			
c) Other costs (specify):			

Total (lump sum):	

Notes:

1. The information in the breakdown of the offered lump sum amount provided by the Offeror will be used as the basis for determining best value for money, and as reference for any amendments of the contract;
2. The agreed contract amount will remain fixed regardless of any factors causing an increase in the cost of any of the components in the breakdown that are not directly attributable to UNDP;
3. Approved local travel related to this assignment will be arranged & paid by UNDP South Sudan;
4. The Contractor is responsible for arranging and meeting the cost of their vaccinations and medical/life insurance.

13. Selection criteria

Offers received will be evaluated using a combined scoring method, where the qualifications, experience and proposed approach will be weighted 70%, and combined with the price offer, which will be weighted 30%.

Breakdown of technical proposal on 100% which will be brought to 70%:

Criteria	**Weight**	**Max. Point**
At least Master's degree in Health Monitoring and Evaluation, Masters in Public Health, with Bachelor's Degree in Health Sciences. A Masters in Social Sciences or any other related field.	10 %	10
Extensive expertise, knowledge, and experience in the field of health systems strengthening, familiarity with the GFATM policy and procedures, previous experience in conducting country programme evaluations and HSS projects in particular, familiarity in results based M&E framework and a minimum of 10 years' experience preferably with UN experience.	20 %	20
Overall methodology	40%	40
Experience of programme formulation, monitoring and evaluation; experience in evaluating similar programmes.	20%	20
At least 10 years of experience in working with international organizations and donors; and demonstrable experience working for the United Nations System	5%	5
Fluency in English and a working knowledge of one of the other language	5%	5
TOTAL	**100%**	**100**

Only candidates obtaining a minimum of 49 points in the Technical Evaluation will be considered for the Financial Evaluation.

Financial evaluation (total 30 points):

All technically qualified proposals will be scored out of 30 based on the formula provided below. The maximum points (30) will be assigned to the lowest financial proposal. All other proposals receive points according to the following formula:

$p = y (\mu/z)$

where:

- p = points for the financial proposal being evaluated
- y = maximum number of points for the financial proposal
- μ = price of the lowest priced proposal
- z = price of the proposal being evaluated.

14. Evaluation team

The evaluation team will comprise three independent members (one international and two national) who were, at no point directly associated with the design and implementation of any of the activities associated with the HSS project. The international consultant will be the team leader.

15. Annexes

Annex 1: Recommended List of Documents

1. UNEG standard for evaluation in the UN system, UNDP evaluation policy
2. UNDP handbook on planning, monitoring and evaluation of development results
3. UNDP Guidance on outcome level evaluation
4. Country Program Action Plans (2012-2013) and the revised CPAP (2012-2016)
5. CPAP M&E framework
6. HSS project proposal and grant agreements
7. HSS Project Annual Work Plans and Budget
8. GF Projects Annual Reports
9. HSS PUDRs, Performance framework, M&E plan
10. CCM meeting minutes and audit reports
11. Field visit reports

Annex 2: Structure of inception report

Introduction	1.1. Objective of the evaluation 1.2. Background and context 1.3. Scope of the evaluation
Methodology	2.1. Evaluation criteria and questions 2.2. Conceptual framework 2.3. Evaluability 2.4. Data collection methods 2.5. Analytical approaches 2.6. Risks and potential shortcomings
Programme of work	3.1. Phases of work 3.2. Team composition and responsibilities 3.3. Management and logistic support 3.4. Calendar of work
Annexes	1. Terms of reference of the evaluation

	2. Evaluation matrix 3. Stakeholder map 4. Tentative outline of the main report 5. Interview checklists/protocols 6. Outcome model 7. Detailed responsibilities of evaluation team members 8. Reference documents 9. Document map 10. Project list 11. Project mapping 12. Detailed work plan

Structure for outcome evaluation report

Indicative Section	Description and comments
Title and opening pages	Name of programme or theme being evaluated Country of programme Name of the organization to which the report is submitted Names and affiliations of the evaluators Date
Table of contents	
List of acronyms and abbreviations	
Executive summary	This should be an extremely short chapter, highlighting the evaluation mandate, approach, key findings, conclusions and recommendations. Often, readers will only look at the executive summary. It should be prepared ***after*** the main text has been reviewed and agreed, and should not be circulated with draft reports.
Chapter 1: introduction	Introduce the rationale for the evaluation, including mandate, purpose and objectives, outline the main evaluation issues including the expected contribution at the end of the project, address evaluability and describe the methodology to be used. Refer to the outcome model and evaluation matrix, to be attached as annexes.
Chapter 2: the Development challenge	In addition to providing a general overview of historical trends and development challenges, specifically address the evaluation theme. Explain how the theme is addressed by government(s), and how it is reflected in national policies and strategies. Also provide information on the HSS activities of other development partners in the area.

Chapter 3: R 9 HSS Grant response and challenges	Against the background of Chapter 2, explain what UNDP as a PR for the GFATM has done in this area (purely descriptive, not analytical). Provide the overarching outcome based on the project proposal, work plan and budget, specifying the results based on the agreed performance frameworks as per the service delivery areas (SDAs), as well descriptions of some of the main contributions of the HSS grant to the three diseases (TB, HIV/AIDS and malaria).
Chapter 4: Contribution to results	Against the background of Chapters 2-3, analyse findings without repeating information already provided. Also, minimize the need to mention additional factual information regarding projects and programmes (these should be described in Chapter 3). Focus on providing and analysing ***evidence*** relating to the evaluation criteria. Preferably, structure the analysis on the basis of the main evaluation criteria: • Relevance (of UNDP's and GFATM involvement and its approach) • Effectiveness (in contributing to the achievement of outcomes). *Pay particular attention to this criterion, demonstrating how HSS project initiatives have, or have not, contributed to the achievement of outcomes*. • Efficiency (in delivering outputs) • Sustainability (of the outcomes) In addressing the evaluation criteria, the narrative should respond to the corresponding questions identified in the evaluation matrix and provide a summary analysis of the findings. Partnerships play a key role in ensuring that primary stakeholders achieve outcomes. As such, all evaluation criteria should cover relevant aspects of partnership: i.e., how were they relevant; how effective were they in contributing to the achievement of outcomes; how efficiently were they managed; and how sustainable are they? Where appropriate, discuss cross-cutting themes separately using the main evaluation criteria. **Do not allow the discussion to drift into conclusions and recommendations.**
Chapter 5: Conclusions and Recommendations	Conclusions are judgements based on evidence provided in Chapter 4. They are pitched at a higher level and are informed by an overall, comparative understanding of all relevant issues, options and opportunities. Do not provide new evidence or repeat evidence contained in earlier chapters. Recommendations should be derived from the evidence contained in Chapter 4. They may also, but need not necessarily, relate to conclusions. In line with the nature of the evaluation, some recommendations may be more strategic in nature

	while others may be more action-oriented. Recommendations should be important and succinct. **Please limit to 5-10.**
Annexes	• ToR for the end of project evaluation. • List persons interviewed, sites visited. • List documents reviewed (reports, publications). • Data collection instruments (e.g. copies of questionnaires, Survey, etc.). ○ Assessment of the progress in relevance to the nationally defined goals; photos and stories worth telling (Most Significant changes [MSC])

Notice: UNDP, as a matter of practice, does not charge any application, processing or training fee at any stage of the recruitment process.

Annex 2: Key Informant Discussion Guide

This is an unstructured discussion guide. Where an issue was fully addressed in the reports or in prior interviews, it was not asked again except for clarifications.

UNDP/GF / CCM Committee Chair

1. *Were you the chair from start of round 9 /Global Fund or the HSS?*
   Since when have you been the chair the GFATM? Were you involved in the development of the Round 9 Proposal?
2. *How was the health transition from the then Southern Sudan Health System (during the CPA GoSS era to South Sudan in terms of the governance structure?*
   What were the key challenges during transition from Sudan Health System and the South Sudan Health system?
3. *How well did Global Fund/HSS round 9 link with South Sudan National Health Priorities or a National Health Policy?*
   Did Global fund Round 9 proposal address the priority needs of health systems in South Sudan; could you be a bit specific, especially with regard to service and managerial needs for HIV, TB, and Malaria?

4. *As the overall agreed aim of the fund was to improved/increased outcomes in respect of HIV, Tuberculosis (TB) and Malaria and reduces the level of mortality in all the ten states. Did it made progress towards that outcome?*
   How about service delivery, morbidity and mortality outcomes?

5. *How important is investment in health infrastructure in reducing levels of mortality and morbidity rates?*
6. In your opinion, how does health infrastructure affect morbidity and mortality?
7. *Are there other complementary initiatives necessary to achieve this outcome?*
   Have other initiatives complemented or added the value of HSS funding, do you have some specific example?
8. As Chair of CCM – Please tell me your view of the role and effectiveness of steering committee or rather the coordinating agency?

9. To what extent did Global Fund contribute to overall health sector development, especially in the collaboration of partner activities? Was the cooperation between governments, donors, implementing partners and other stakeholders healthy?
10. As the GF was implemented in all the states, how did the national governing structure provide oversight and interact with the state health boards across the country?

11. Is the current governing structure and the processes of the GF appropriate for the management of any future multi-partner development funds?
12. Did the projects identify and respond to the needs of the beneficiaries?
13. What Good results were achieved in this project, both intended and unintended? Were there any negative repercussions?
14. Tell us about the challenges during the implementation period?
15. How did the steering committee or CCM deal with unforeseen events (fiscal/political/security crisis)? Is it possible to take measures to mitigate such losses as occurred in this programme?
16. What has been the impact of the continuing fiscal crisis in reducing the government capability to support the sustainability of the assets created?
17. How can the donors' concern for continued support be addressed?

Government Officials- National, state, county,

1. Were/are you engaged in the development of the Health Strengthening Systems (HSS)? In GOSS/State/County?
2. The overall agreed results of HSS were to improve outcome with respect to HIV, Tuberculosis and Malaria, are you able to say with confidence how much has been achieved?
3. How well did HSS programme in round 9 link with the local needs and priorities?
4. Were beneficiaries consulted in the process of the development of the project, and in which way? Were their needs reflected in the plans?
5. How much progress has been achieved, what exact outcomes can you list?
6. How well did the state/local stake holders work in this project? How did it provide oversight and interact with the Principal Recipient (UNDP) and implementing partners?
7. What about the cooperation between the national, state and county governments and the UNDP as the implementing partner? Can you comment on the government/UNDP role in contracting and the oversight of contractors for the implementation of the deliveries?
8. What is your view of the quality and efficiency of the HSS outputs and outcomes?
9. Comment on the quality and appropriateness of the assets produced/created:
    a. Laboratories, blood banks, warehouses and counselling centres
    b. Mortality Hospitals
    c. Antenatal Care Units
    d. Training institutions classrooms and dormitories

10. Were the project actions responsive to beneficiary needs?
11. How about to implementers management priorities?
12. To what extent and how did the project include and benefit vulnerable groups, women, youth/girls and children?
13. Was the sitting of infrastructure rational – did the sitting have to be altered during the implementation process?
14. What unintended results were experienced, please start with the positive ones.
15. Was state capacity to plan, implement and sustain the assets developed increase during the period of the project? Can you name specific aspects of capacity that grew stronger?
16. What are the sustainability prospects of the assets created, the HR development and management capabilities?
17. What were the roles of the Management Committee?
18. What did you see as the main challenges during the implementation period?
19. Did changes in security and weather conditions affect the rate of implementation of the projects?
20. What damage mitigation measures were put in place?
21. What other initiatives were implemented in the state that complemented the HSS Plans.
22. What other complementary initiatives would be necessary to achieve the outcome of any future HSS plans?

Local Community/Beneficiaries meetings

1. Did you participate in identifying the priorities in improving HIV, TB and Malaria preventive, and control services?
2. Which have you participated in or benefited from
3. Was this the main priority for the community?
4. In your thinking was the project located appropriately?
5. Why .....?
6. Has it made a change to your daily life? Is your health improved and are people dying less from the diseases?
7. Comment on the quality of the facility created?
8. Did community members gain employment through the building process?
9. How did the project include and benefit vulnerable groups, women, youth/girls and children?
10. Have personnel been trained to manage and keep up the services?
11. How and by who are local facilities managed?

12. What did you see as the main obstacles and challenges during the implementation period?
13. Were there any unintended results – positive or negative?
14. What other initiatives were implemented in that complemented the asset produced.

Impact of the Conflict related Questions

1. What was the nature and extent of the conflict impact to the facilities created?
2. After December 2013, has the destroyed or vandalized facilities repaired and currently being used? To what do you attribute this?

Final Question to all those to be interviewed

1) To maintain the ideal of HSS, what do you consider to be necessary priority for the next phase or projects?

Annex 3: Documentations Consulted

1) Everybody's business strengthening health systems to improve health outcomes who's framework for action
2) WHO (2014) Health Statistics: The Africa Regional Health Report.
3) UNDAFs Revised Documents (2011, 2012, 2013, and 2014).
4) UNICEF and WFP (2015) Joint Nutrition Response Plan, June 2015- May 2016.
5) South Sudan UNDP (2015) Annual Report.
6) South Sudan Ministry of Health (2011) Health Sector Development Plan 2011-2015.
7) UNEG standard for evaluation in the UN system, UNDP evaluation policy.
8) UNDP handbook on planning, monitoring and evaluation of development results.
9) UNDP Guidance on outcome level evaluation.
10) Country Programme Action Plans (2012-2013) and the revised CPAP (2012-2016).
11) CPAP M&E Periodic reports.
12) HSS project proposal and grant agreements.
13) HSS Project Annual Work Plans and Budget.
14) GF Projects Annual Reports.
15) HSS PUDRs, Performance framework, M&E plan.
16) CCM meeting minutes and audit reports.

Annex 4: List of persons interviewed

#	Name	Designation	Agency/Institution
Global Fund/UN AGENCIES:			
1	Blaise Karibushi	GF Coordinator Advisor	UNDP Global Fund
2	Kennedy Chibvongodze	Team Leader, Partnership and Management Support Unit	UNDP South Sudan
3	Gobi Moilinga	HSS Project Manager	UNDP Global Fund
4	Temesgen Birara	M&E Specialist	UNDP Global Fund
5	Chengetanai Mangoro	PSM Specialist	UNDP Global Fund
6	Stephen Aswa	Procurement Associate	UNDP Global Fund
7	Emmanuel Suresh	Chief Engineer	UNDP Global Fund
8	Daud Mogga Loro	Store Keeper	UNDP Global Fund
9	Chaplain Lasu	Store Keeper	UNDP Global Fund
10	Bab Kenneth	Store Keeper	UNDP Global Fund
11	Henry Dima	Store Keeper	UNDP Global Fund
HSS NATIONAL PARTNERS/MoH:			
12	Dr Kediende Chong	CCM Chair	MoH
13	Lul Lojok	D/G Public Health Labs	MoH
14	Kukwaj Nyawello	Project Manager	MoH - Rapid Results Health Project
15	Peter Makur	A/Director for TB	Lakes State MoH
16	Dr Michael Leuth	D/G for Medical Services	Lakes State, MoH
17	Jacob Mayak	Hospital Administrator	Rumbek Hospital
18	Habib Daffalla	DG for Programs	SSAC
19	Dr James Ukello	Director General	SMoH WBGS
20	Dr Nixon Anthony	Director of Blood Bank & A/Medical Director	Wau Hospital
21	Mary Elis Bandas	Nurse	ANC Wau Hospital

22	Amula Hassen Fudal	Nurse	ANC Wau Hospital
23	Dr Gabriel Gatwech	DG For HR and Training	MoH
24	Samuel Maketh Luwal	Senior Inspector HR and Training	MoH
25	Dr. Paul Tingua	Director General	SMoH, CES
26	Mila Moses	Planning and M&E director	SMoH, CES
27	Charles Abe Bulli	Deputy Principal	Juba Health Science
28	Dr. Felix Nyungura	AG. Executive Director	Al-Saba Hospital
29	Dr. Silvestor Omini	Director General	SMoH, EES
30	Thereza Michael	M&E Officer	SMoH, EES
31	Justin Odur	Director of Admin & Fin	SMOH, EES
32	Dr. Nathan Atem	DG for Medical Services	SMoH, EES
33	Peter Riak	Coordinator	SRRC, UNS
34	Angelia Michael	Office manager for SMoH	SMoH, UNS
35	James Daniel Chuang	Secretary General	State Council of Ministers, UNS
HSS DEVELOPMENT PARTNERS			
36	Dr Campbell Katito	Manager	HSS
37	Gerald Kimondo	HIV/AID advisor	MoH
38	Yac Garang	Specialist	AAA
39	Gabriel	DG For HR &Training	MoH
40	Dr Martin Mayen	Health Specialist	Health Pooled Fund
410	Terfa Tarhembarh	Supply Chain	Health Pooled Fund
42	Moses Ongom	HSS Specialist	WHO
43	Dr. Allum	Focal Person	WHO, UNS
44	Sibono Daniel	Program Manager	World Vision, UNS
45	Dr Simon Dada	Health Specialist	UNICEF, UNS
46	Dak Simon	Medical Team	IMC, UNS