PROJECT INFORMATION DOCUMENT (PID)
APPRAISAL STAGE

Project Name	Health Rapid Results Project Additional Financing
Region	AFRICA
Sector	Health (100%)
Project ID	P146413
Borrower(s)	Government of South Sudan
Implementing Agency	Ministry of Health
Environment Category	[ ] A [X] B [ ] C [ ] FI [ ] TBD (to be determined)
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1. Country and Sector Background

In July 2011 South Sudan celebrated its independence, this followed the 2005, Southern Sudan and Sudan Comprehensive Peace Agreement (CPA) following five decades of a civil war which took a heavy toll on human life, displaced populations, destroyed infrastructure and stalled investment in its people. High incidence of poverty, inadequate access to basic services, and very limited access to economic opportunities, poor infrastructure, high mortality and morbidity rates and food insecurity still characterize this fragile state. More than half of the population of South Sudan (51%) lives below the poverty line and income disparity is high. Oil revenues account for more than 90% of GDP and approximately 98% of the national budget, turbulent relations with Sudan and the oil revenue sharing arrangement with Sudan greatly affect government revenues and its ability to keep a stable macroeconomic environment and a balanced budget.

Ensuring access to quality healthcare is a priority for the Government. The challenge of improving outcomes for a population affected by decades of conflict; destruction of basic health services infrastructure and exposure to multiple health risks population is overwhelming. Services cover a small proportion of the population; only 40% of population is able to access healthcare within a 5 km radius square. The burden of maternal mortality is among the highest in the world. Statistics on access to basic care during and after pregnancy are poor. A very small proportion of women had four or more Ante-Natal Care (ANC) visits (17%: SSHS 2010: 20% LQAS 2011); few women are attended by skilled health personnel during labor (10%) and most deliveries occur at home (81% of births: SSHS 2010: 78%: 2011 LQAS).

Childhood mortality and morbidity remain unacceptably high, and though latest (though highly unreliable) data suggests that U5 mortality is declining, and is currently estimated at 105 per 1000 live births (2010 SSHS) a decline from 135 per 1000 live births (2006 SSHS). Infant mortality is estimated to be 75 per 1000 live births (SSHS 2010); a decline from 102 per 1000 live births (2006 SSHS). Childhood malnutrition is high and underweight prevalence is an estimated 28% (2010 SSHS) down from 33% (2006 SHHS). Coverage of immunization is low as approximately 17% of under-fives are fully immunized (SHHS 2006). In comparison, under-five mortality levels for South Sudan are 25% higher than those in Sudan and 78% higher than the

global average. In addition to poor maternal and child health outcomes, malaria morbidity and mortality as well as preventable or treatable Neglected Tropical Diseases (NTDs) endemic to South Sudan place a heavy burden on the people. Malaria was estimated to account for 20-40% of all health facility visits and 30% of hospitalizations (2012). HIV/AIDS prevalence is believed to be low due to past isolation of South Sudan from neighboring high prevalence regions but could increase given low rates of male circumcision.

Sector Policy

The Government's efforts to improve health outcomes is guided by the Health Sector Development Policy (HSDP) (2012-2016) whose mission is to improve the health status of the population and provide quality health care to all, especially the most vulnerable women and children. Since the signing of the CPA in 2005, a number of donors have assisted the GRSS in addressing challenges in the sector, mostly with a priority to provide PHC services. Despite support received, South Sudan's health sector has yet to deliver the desired pace of progress towards meeting health MDGs. There is considerable uncoordinated and inequitable distribution of health services and international and national NGO's remain the major players in the sector. Health services are run mainly by NGOs and faith-based organizations funded from international sources. Coordination is improving, and there is now an agreement on geographical areas that specific donors and partners focus on, though services are still delivered in terms of short term health interventions that do not reach a high proportion of the population.

There are numerous challenges that remain including: i) Lack of qualified human resources at all levels of the health system; ii) Significant challenges in management of pharmaceuticals which do constrain access to essential drugs; iii) Ineffective financing and budgeting processes which delays availability of funds at levels where services are provided; iv) Low capacity in supervision, monitoring and evaluation, complicated by a fragmented service delivery system mostly directly funded from donors to NGOs contributing to reduced capacity to supervise delivery of services by implementers; v) Limited Data (and use of available data) on Health Services Delivery remain a constrain for development and implementation of evidence based planning.

2. Objectives

The objectives of the original Project are to: (a) to improve delivery of high impact primary health care services in Upper Nile and Jonglei states; and (b) to strengthen coordination and monitoring and evaluation capacities of the MOH. The original Project consists of the following two components: Component 1: Delivery of high impact Primary Health Care services; and Component 2: Capacity development of MOH at the national level, which had two sub-components as follows: (i) Strengthening Grant and Contract Management; and (ii) Bolstering the monitoring and evaluation function.

3. Rationale for Bank Involvement

The AF is intended to extend same activities supported by the HRRP in the states of Upper Nile and Jonglei from 1st January 2014 to 30th June 2015. This is consistent with the World Bank Guidelines for Additional Financing (OP/BP 13.20) as it will finance the "implementation of additional or expanded activities that scale up a project's impact and development effectiveness". The AF is a better mechanism to maximize the development impact and results of the project compared to a repeater project, a completely new operation or non-lending instruments. The AF would rely on the existing implementation arrangements and capacity of the Ministry of Health (MOH), which would ensure speedy disbursement and timely achievement of the development objectives. The Borrower is highly committed to extending project activities since these are crucial for delivery of quality health services to the most vulnerable women and children.

The proposed additional financing is aligned with the Bank's Interim Strategy Note (FY 2013-2014) for The Republic of South Sudan. The original project and this additional financing are also aligned with the 2011 World Development Report on Conflict, Security and Development. The original project and this additional financing will continue the Africa Region Strategy whose focus includes: (i) fragile states, (ii) increasing household resilience and decreasing their vulnerability to health shocks (pillar 2); (iii) public sector capacity and use of ICT to improve accountability; and (iv) strengthening monitoring and evaluation. The additional financing is consistent with the Government's Health Sector Development Policy (HSDP) (2012-2016) whose mission is to improve the health status of the population and provide quality health care to all, especially the most vulnerable women and children.

The original project and this additional financing proposal are aligned with activities of other donors who prioritize PHC services in the remaining eight states as requested by the GRSS. The Health Pooled Fund's (list donors) Basic Services Fund supports (list states) while the Sudan Health Transformation Project funded by USAID supports (list states). Despite support received, South Sudan's health sector has yet to deliver the desired pace of progress towards meeting health MDGs. The additional financing will continue to support these two states of Upper Nile and Jonglei as requested by the MOH in 2011, and as agreed by all other partners channeling assistance to the health sector.

4. Description

The original grant for the Health Rapid Results Project (HRRP) in the amount of US$ 28 million was approved on April 2, 2012, and became effective on August 2, 2012, with an original closing date of October 31, 2014; though support for service delivery activities implemented through a MOH-CSDO contract is expected to close on December 31, 2013. The AF will support the following:

Component 1: Delivery of high impact Primary Health Care services (US$ 23 million): The Ministry of Health (MOH) will extend its performance-based contract with IMA - Coordination and Service Delivery Organization (CSDO) to improve the delivery, throughout the assigned state(s), of high impact PHC services, including maternal and child health services such as vaccination, prenatal care, skilled birth attendance etc. CSDOs will have sufficient managerial autonomy so they can flexibly respond to local conditions. It will continue to monitor and supervise service delivery, mobilize human resources, procure and distribute pharmaceuticals

and other inputs, and help to determine the need for additional health facilities. It will also continue its role for overall coordination to ensure that there are no gaps in service delivery and that duplication of effort is minimized. The CSDO will also continue to implement a pilot of performance-based financing (PBF) in a select counties of Jonglei and Upper Nile.

Component 2: Capacity development of MOH at the national level (US$ 5 million): The AF will continue to: i) *Strengthen Grant and Contract Management:* The project will support the strengthening of the MOH's capacity to plan, manage, and monitor grants and contracts. The grant and contract management function will be housed in the Directorate of International Health and Coordination at the MOH which will be strengthened by: (i) competitively recruiting qualified South Sudanese staff to work with the MOH; (ii) providing the logistical and office support for the unit; and (iii) strengthening the technical skills of the unit through training and south-south visits; and ii) The AF will also continue to support *Monitoring and Evaluation Functions* by ensuring that there is a steady stream of independent and credible data on health sector performance. This will involve building on recent experience of financing a health facility survey (HFS) and a LQAS household survey. The project will finance an additional household survey to provide estimates that are robust at state level, as well as strengthening the capacity of the MOH's Department of Budget and Planning in M&E so that they can effectively analyze the data to track the progress made towards health sector targets.

5. Financing

Source:	($m.)
BORROWER/RECIPIENT	0
International Development Association (IDA)	35.0
Total	35.0

6. Implementation

The proposed AF project will maintain the same implementation plans as in the original project and will be implemented by the Ministry of Health (MOH). The project will support an extension of the contract with the CSDO, which will continue to support the delivery of high impact PHC services, including maternal and child health services such as vaccination, prenatal care, and skilled birth attendance. The institutional, financial management, procurement and disbursement arrangements will remain the same as in the original project and appropriate adjustments to will be made to ensure adequate monitoring of project activities. Therefore, under component 2 the project will support project management functions under the Project Management Unit, and will also support surveys and monitoring and evaluations tools to enable continued monitoring of project outputs and results.

7. Sustainability

The proposed AF will ensure the continuity of basic health services in the two states of Upper Nile and Jonglei, and in addition will continue to provide the support needed to build systems needed to strengthen the Government's ability to be a steward of the sector. Without the proposed AF, basic services in the two states will be disrupted as the Bank is the main source of support for the two states following an agreement with other partners in the sector. In addition, in

collaboration with other partners working with the Government of South Sudan on health sector challenges, the Bank project will continue to support the MOH to build capacity that will ensure long term sustainability, overall stewardship and coordination capabilities as the country moves from humanitarian service delivery to systems oriented approach. The Bank supported project does this by strengthening coordination functions, monitoring and evaluation and by building County Health Departments' capacity to provide and oversee delivery of health services in the States.

8. Lessons Learned from Past Operations in the Country/Sector

Implementation of the original project is satisfactory and progress towards achievement of the PDOs is also satisfactory. Lessons of previous Bank supported projects, including those funded under the MDTF-SS, as well as those gleaned from experience of implementation in countries facing similar challenges as those in South Sudan informed the design of the ongoing project as well as implementation. These have included: i) Simplicity on design of projects; ii) Government Leadership and Management; iii) Monitoring and measuring results; and iv) Adaptability and flexibility.

9. Safeguard Policies (including public consultation)

Safeguard policy triggered in the original project was Environmental Assessment (OP/BP 4.01). OP/BP 4.10 on Indigenous Peoples has been triggered for the AF. No exceptions to Bank policies are required.

10. List of Factual Technical Documents

Project Paper

11. Contact point

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