



Australian Government  
AusAID

## Quality at Entry Report for

### Improving Health Outcomes in South Sudan: Support to Health Pooled Fund

#### A: AidWorks details

Initiative Name:	South Sudan Maternal and Child Health		
Initiative No:	INK507	Total Amount:	A\$35 million
Start Date:	May 2012 (3-year duration)	End Date:	30 June 2014

#### B: Appraisal Peer Review meeting details

Initial ratings prepared by:	Nairobi Post and Canberra Desk (jointly)
Meeting date:	17 May 2012
Chair:	Lisa Rauter, ADG Africa
Peer reviewers providing formal comment & ratings:	<ul style="list-style-type: none"> <li>– Simon Ernst – Director, Performance Policy and Systems</li> <li>– Christina Landsberg - Program Manager, Fragility and Conflict Section</li> </ul>
Independent Appraiser:	<ul style="list-style-type: none"> <li>– Ben David - Principal Health Adviser</li> </ul>
Other peer review participants:	<ul style="list-style-type: none"> <li>- Richard Sisson, ADG Quality, Performance and Results</li> <li>- Ben David, Principal Health Adviser</li> <li>- Anna Dorney, Director, Africa - Performance and Peacebuilding</li> <li>- Simon Ernst, Director, Performance Policy &amp; Systems</li> <li>- Sue Graves, Counsellor Nairobi (<i>by phone</i>)</li> <li>- Anne Nolan, East Africa Health Adviser, Addis (<i>by phone</i>)</li> <li>- Andrea Cole, Africa Quality and Performance Manager</li> <li>- Sue Moore, South Sudan Program Manager</li> <li>- Michael Collins, Second Secretary Nairobi (<i>by phone</i>)</li> <li>- Emma Stone, Africa MCH Program Manager</li> <li>- Suzanne Bent, Manager Strategic Programming and Investment Policy</li> <li>- Esther Perry, Fragility and Conflict Section</li> </ul>

#### C: Safeguards and Commitments

Answer the following questions relevant to potential impacts of the activity.

1. Environment	Have the environmental marker questions been answered and adequately addressed by the design document in line with legal requirements under the <i>Environmental Protection and Biodiversity Conservation Act</i> ?	Yes
2. Child Protection	Does the design meet the requirements of AusAID's Child Protection Policy?	Yes



**D: Initiative/Activity description** *completed by Activity Manager (no more than 300 words per cell)*

<b>3. Description of the Initiative/ Activity</b>	<p><b>What is it?</b></p> <p>The Health Pooled Fund (HPF) is a UK-led multi-donor pooled funding mechanism for South Sudan which aims to facilitate the delivery of basic health services, particularly for women and children. The HPF will support delivery of Government of the Republic of South Sudan (GRSS) <i>Health Sector Development Plan (HSDP) 2012-16</i> to improve health outcomes in six of South Sudan's 10 states, through full coverage of basic health services, health systems strengthening and capacity-building. NGOs will deliver the services under contract to the Fund Management Agent (FMA). USAID and the World Bank will both deliver a similar program in two other states each – thereby ensuring national coverage.</p> <p>The primary beneficiaries of the HPF will be an estimated 3.5 million women and children who will receive life-saving primary health care. The HPF is the GRSS's preferred mechanism for donor support to primary health care delivery as a means to minimise the coordination and reporting burden given their significant capacity constraints and nascent donor coordination structures. The HPF responds to the need for close donor coordination and alignment behind government strategies, and the need to build government capacity, paving the way for transition from NGO service delivery to GRSS provision of health services.</p> <p>It is proposed that AusAID makes a financial contribution, through delegated cooperation with DFID, of A\$35 million over three years (2011-12 to 2013-14). This contribution of 18.4% of total fund contributions would position us as the third-ranking contributor to the HPF (after the UK and EU). Other likely contributing donors include Canada and Sweden. DFID will lead the implementation of the HPF, with AusAID and the other donors playing a hands-off role, engaging in support of DFID at key points in the life of the program.</p> <p>The proposed HPF contribution reflects the commitment in Australia's aid policy (<i>An Effective Aid Program for Australia</i>) to work through key partners in Africa and engage in fewer, larger programs.</p> <p><i>The Design Summary and Implementation Document (DSID) for the proposed contribution to the HPF is based on a partner (UK)-led design. The DSID was jointly drafted by the relevant AusAID Activity Managers at Desk and Post.</i></p>
<b>4. Objectives Summary</b>	<p><b>What are we doing?</b></p> <p>The HPF's <b>goal</b> is to improve the health status of the population and ensure quality health care, especially for the most vulnerable women and children in South Sudan. The HPF's <b>objectives</b> are:</p> <ul style="list-style-type: none"> <li>• to increase the utilisation and quality of health services</li> <li>• to increase health promotion and protection</li> <li>• to strengthen institutional functioning, including governance and health system effectiveness, efficiency and equity</li> <li>• to reduce maternal and child mortality</li> </ul> <p>The HPF's <b>impact</b> will be to begin to move towards 'Government-led, effective health systems that save lives.' The <b>outcome</b> is expected to be increased access to quality health services in a system where the GRSS ultimately has capacity to manage these services in South Sudan.</p> <p><b>AusAID's development objective</b> in contributing to the HPF is to have a positive impact on health outcomes for the South Sudanese people; AusAID's objective is therefore aligned with those of DFID, the other HPF-contributing donors and the GRSS. <b>AusAID's operational objective</b> is to be a good donor partner who works in a harmonised manner with partners to minimise the burden on GRSS, and who can make a valuable contribution to policy and program directions.</p>

**E: Quality Assessment and Rating** (no more than 300 words per cell)

Criteria	Assessment	Rating (1-6)*	Required Action (if needed) <sup>†</sup>
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1. Relevance	<p><b>Why are we doing this?</b></p> <p>It was agreed at the Peer Review that AusAID's contribution to the South Sudan HPF reflects the focus on maternal and child health as a priority sector for the Australian aid program in Africa – and in our engagement in South Sudan – and that this is clearly articulated in the DSID.</p> <p>AusAID's development objective in contributing to the HPF is to have a positive impact on health outcomes for the South Sudanese people, clearly aligning the initiative to GRSS's Health Policy as articulated through its <i>HSDP</i>. This contribution to the HPF also demonstrates the Australian Government's commitment to the GRSS by supporting their preferred health sector funding mechanism. AusAID's development objectives are aligned with those of DFID and the other contributing donors as outlined in the HPF documentation, and are responsive to the needs of the South Sudanese people and the requests of the GRSS. The Peer Review noted that DFID's design of the HPF is based on a five-year engagement, while AusAID is only committing three years of funding at this stage. Nevertheless, AusAID's development objectives remain directly aligned with DFID's, and our operational objectives are consistent with a three-year engagement. AusAID's operational objectives reflect our Paris and Accra commitments, as well as our ongoing work in support of the 'New Deal' (of which South Sudan is a pilot country).</p> <p>DFID's contextual analysis, reflected in its HPF Business Case, has ensured that the HPF has a strong emphasis on the equitable and comprehensive distribution of a minimum package of services throughout the country (in conjunction with the US and World Bank programs).</p> <p>The Australian Government is seeking stronger, more effective and more efficient partnerships with like-minded donors. The choice of DFID as a partner is consistent with that direction.</p> <p>The Peer Review noted that malaria (a significant component of South Sudan's disease burden) is not indicated in the DSID as an issue to be addressed through HPF implementation, even though DFID's Business Case does reflect this.</p>	5	<p>Better highlight in DSID how malaria (a significant part of South Sudan's disease burden) will be addressed through HPF implementation.</p> <p>Clarify our objectives in DSID (especially given our commitment is for 3 years but DFID's is for 5 years)</p>
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<p><b>2. Effectiveness</b></p>	<p><b>Will it work?</b></p> <p>The HPF's stated objectives are measurable and achievable within the stated timeframe. The HPF logframe further breaks down the objectives into key milestones to be achieved during each year of the program.</p> <p>The Theory of Change (which it was agreed at Peer Review would be summarized in the DSID) specifically links analysis, objectives and plausible underlying assumptions. Through this, the HPF Business Case clearly articulates how the envisaged improvements in health outcomes sought by the HPF will occur.</p> <p>The HPF acknowledges that South Sudan is a high-risk operating environment and objectives have been formulated in light of this. It clearly identifies specific risks and mitigation strategies. Risks specific to Australia, and relevant mitigation measures, are highlighted and explored in the DSID.</p> <p>The Peer Review agreed that the HPF is the right approach and instrument for seeking to support health service delivery in South Sudan. It was considered to be a flexible instrument which could respond to all scenarios (including a further change in the political economy and/or increasing humanitarian need). Moreover, engaging through the UK as a trusted partner, with strong experience in both the health sector and the South Sudan context, and employing NGOs to deliver services, are key mitigation measures for Australia.</p> <p>The capacity-building component of the HPF will be critical to ensuring the HPF supports the development of a functional health system (noting that NGOs cannot deliver MCH services to scale over the longer term). The East Africa MCH Adviser, along with AusAID's Health Thematic team, will support the Post and Desk in ensuring DFID's oversight of the HPF remains cognisant of this.</p>	<p>4</p> <p>Include summary Theory of Change in DSID.</p> <p>Clarify that AusAID's objectives are the same as DFID's even though our commitment at this stage is only 3 years</p> <p>Articulate in DSID the linkages between complementary non-health development sectors (such as watsan and food security)</p> <p>Be more explicit in DSID about poverty impacts (including ensuring we are upfront about limitations on the statistics on which DFID's assumptions are based). Discuss how poverty is being measured.</p> <p>Amend wording on p. 5 of DSID to be more realistic about the extent to which AusAID can influence the overall transition from humanitarian assistance, through early recovery, to development in South Sudan. Maintain clear message that AusAID will take a 'hands-off' role through delegated cooperation, but will engage at key points in HPF implementation, particularly focusing on the need for robust ongoing contextual analysis (especially to inform transitions), monitoring and evaluation, and optimising opportunities to pursue capacity-building.</p> <p>Clearly define Australia's involvement in the next stages - going to tender to select a FMA, and further design work with DFID.</p>
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3. Efficiency	<p><b>How will we do it?</b></p> <p>The HPF represents an efficient model – and this is substantiated through DFID's Business Case - taking into account both donor and GRSS resource constraints. The HPF design outlines a high degree of flexibility given the security situation and fiscal context in South Sudan.</p> <p>The phasing of the HPF seeks to ensure that the relevant health services are delivered and systems strengthened within the projected timeframe and within the funding parameters. The inputs are appropriate to deliver HPF objectives, while emphasizing accountability and value for money. The proposed approach (that is, a single FMA engaging NGOs as service providers) seeks to ensure high-quality services - while the close alignment with Government strategies and the capacity-building focus positions the HPF well to lay the foundation for strengthening government health systems.</p> <p>Given that AusAID has no presence in Juba, delegated cooperation to DFID represents an efficient and effective way to engage with GRSS and other donors on improving health outcomes. It also enables effective risk management and monitoring of implementing partners through DFID and, in turn, through the FMA they will engage.</p> <p>The exact roles (ToRs) for the FMA have not yet been finalised; DFID is expected to develop these in July-August 2012.</p> <p>The Peer Review noted that it will be important for HPF donors to ensure that NGOs mitigate the risks of exacerbating intercommunal tensions by ensuring conflict-sensitive implementation and a focus on Do No Harm. It is also important that HPF donors ensure NGOs have a high quality and robust approach to M&amp;E, and have the internal capacity to contribute to the HPF M&amp;E process.</p>	5	<p>AusAID to map out more clearly what the focus of its engagement with HPF implementation and governance will be (including intellectual focus). AusAID to also outline what the roles and expertise of other donors are expected to be, and how AusAID will interact with them.</p> <p>Important to focus on quality of NGOs' investment in M&amp;E.</p>
4. Monitoring & Evaluation	<p><b>How will we know?</b></p> <p>While the M&amp;E systems for the HPF are only partially developed and articulated in DFID's Business Case, the approach to M&amp;E outlined in DFID's Business Case is very sound and appropriate for the context and objectives. The development of a comprehensive M&amp;E framework will be a key priority for the FMA once recruited.</p> <p>The Peer Review noted that this provides an opportunity for AusAID to assist in shaping the M&amp;E Framework, to ensure sound and comprehensive information is being collected to best inform policy dialogue (including in areas such as gender, conflict-sensitive approaches, NGO capacity). It was also important that consideration be given to how the M&amp;E Framework be used to monitor and manage risk.</p> <p>The Peer Review agreed that AusAID needed to ensure we maximized opportunities to internally capture and share lessons learned from the HPF engagement, including on both the health and fragile state engagement dimensions.</p> <p>AusAID's Quality at Implementation Report on our HPF engagement will assess performance against both our development (health) objectives and our operational (partnership) objectives.</p>	5	<p>Ensure that AusAID participates in the development of HPF M&amp;E framework and capacity-building monitoring, to ensure optimal information is captured. There is a need to ensure that M&amp;E is adequately resourced through HPF implementation.</p> <p>AusAID to use policy dialogue with DFID and other HPF donors to ensure M&amp;E Framework integrates measures for informing decisions on transitioning to next phase of implementation, and to ensure M&amp;E is used to monitor and assess risk as part of this process.</p> <p>South Sudan team (Posts and Desk) to maintain focus on capturing and communicating lessons from our HPF engagement.</p>



5. Sustainability	<p><b>Will benefits last?</b></p> <p>The HPF is well configured with sustainability as its cornerstone – seeking to ensure a continuation of essential primary health care services beyond the Basic Services Fund and building human resource capacity within the GRSS Ministry of Health so as to pave the way ultimately for the transition from NGO service delivery to GRSS ownership and provision of health services.</p> <p>The Peer Review agreed that the approach to sustainability reflected in the HPF is sound given the South Sudan context. Expectations are set at a realistic level given South Sudan's severe lack of capacity. But it was noted that the transition to subsequent phases of HPF implementation might not be as linear as outlined in the DSID given the fluidity of the context. Additionally, it was emphasised that AusAID should ensure, through its policy dialogue with DFID and HPF donors, that there are agreed mechanisms to assess the context to inform decisions on transitioning between HPF phases.</p> <p>The Peer Review noted that the HPF design's sustainability was strengthened by the inclusion of community participatory mechanisms (especially those focusing on women). These reflected a clear commitment to put in place the building blocks for improved community governance, accountable and responsive government, and the development of state-society relations.</p> <p>Sustainability of capacity-building outcomes will be enhanced by HPF donors paying close attention to assessing what health system components the HPF will seek to strengthen (for example, workforce issues, referral systems, pharmaceuticals), and how it will do so (including sequencing).</p> <p>DFID's Business Case has taken into account the importance of Child Protection, Disability and Environment Management Procedures, and complies with AusAID's requirements in these areas.</p>	5	
6. Gender Equality	<p><b>How will we achieve gender equality?</b></p> <p>Gender is well integrated within the HPF initiative, and the design has been informed by a Social Appraisal (funded by AusAID) which explored gender considerations in detail.</p> <p>The maternal and child health focus in the HPF is strong, and there is an appropriately high degree of recognition of the very significant primary health care needs in this area. Similarly there is an acknowledgement of the significant impacts for women and children in fragile and conflict-affected contexts such as South Sudan. In this regard, the commitment to capture sex-disaggregated data is important.</p> <p>AusAID, in its policy dialogue with DFID and other HPF donors, will explore opportunities to continue to ensure gender considerations are integrated into all aspects of HPF implementation and M&amp;E, building on our initial contribution through the design process. It will be critical that the HPF's work on improving community governance include a strong focus on women.</p>	5	
7. Analysis & Learning	<p><b>How well have we thought this through?</b></p> <p>The HPF analysis clearly takes into account the political, institutional, economic, financial, organisational and human resource issues in South Sudan in the design proposal. It also captures well the lessons learned from past interventions in South Sudan (particularly the Basic Services Fund).</p> <p>There is a valuable opportunity for AusAID to, through the contribution to the HPF and the partnership with other key South Sudan donors such as the UK and Canada, contribute to the distillation of valuable lessons learned for engagement in fragile, conflict-affected states.</p> <p>The Peer Review noted that, reflecting the Business Case, the DSID did not comprehensively present the conflict dynamics in South Sudan (besides the tension with Sudan) and their implications for the HPF's implementation. This is an area which AusAID can seek to ensure DFID remains engaged on through finalisation of the HPF design and implementation.</p>	5	<p>AusAID to ensure lessons learned and policy implications of our HPF engagement are effectively captured and communicated. AusAID to also seek to inform HPF implementation by sharing our own lessons from fragile states engagement (including through our current Australian NGO engagement in early recovery in South Sudan)</p>

* Definitions of the Rating Scale:			
Satisfactory (4, 5 and 6)		Less than satisfactory (1, 2 and 3)	
6	Very high quality; needs ongoing management & monitoring only	3	Less than adequate quality; needs to be improved in core areas
5	Good quality; needs minor work to improve in some areas	2	Poor quality; needs major work to improve
4	Adequate quality; needs some work to improve	1	Very poor quality; needs major overhaul

‡ **Required actions (if needed):** These boxes should be used wherever the rating is less than 5, to identify actions needed to raise the rating to the next level, and to fully satisfactory (5). The text can note recommended or ongoing actions.

F: Next Steps		
Provide information on all steps required to finalise the design based on <i>Required Actions</i> in "C" above, and additional actions identified in the peer review meeting	Who is responsible	Date to be done
1. AusAID to revise the DSID to: <ul style="list-style-type: none"> <li>explicitly address malaria (a major burden of disease in South Sudan) and how this will be addressed through the HPF and complementary investments</li> <li>clarify the timeframe for AusAID's objectives</li> <li>include summary of HPF's Theory of Change</li> <li>articulate the linkages between the HPF and other non-health sector programs (for example, watsan and food security)</li> <li>discuss how the HPF proposes to assess poverty impacts and reflect analysis on the drivers of health-seeking behaviour</li> <li>discuss issue of what poverty/equity measures will be used for M&amp;E</li> <li>modify language about the realistic extent of AusAID's capacity to engage with DFID in HPF implementation (ie. 'hands-off' role consistent with delegated cooperation)</li> <li>specify the areas in which AusAID will focus its analytical and intellectual inputs to HPF implementation and its partnership with HPF donors</li> </ul>	Desk lead, Post support	End May 2012
2. AusAID will develop a South Sudan Engagement Plan that will map (inter alia) how and when AusAID will engage with finalisation of HPF design and implementation – This Plan will also outline how Africa Program will utilise the expertise of the East Africa Health Adviser, and AusAID Health Advisory/Thematic team, during HPF implementation, to provide technical advice to ensure we achieve our objectives (both development and profile/relationship), and to assist in drawing out and distilling lessons learned from our engagement	Post lead, Desk support	End June 2012
3. Africa Program to participate in HPF monitoring and evaluation, and in development of the M&E Framework, to ensure that optimal information is captured to effectively measure progress against the HPF's objectives, and that consideration be given to how the Framework will be used to monitor and manage risk	Post lead, Desk support	Ongoing through HPF implementation
4. Africa Program to ensure lessons learned and policy implications of our engagement are effectively captured and communicated, and to share our own expertise with DFID and other HPF donors	Post and Desk	Ongoing through HPF implementation

G: Other comments or issues <i>completed by Activity Manager after agreement at the APR meeting</i>
<p>The Peer Review meeting agreed that the HPF was the best mechanism to support health service delivery in South Sudan at the current time, and in the context of ongoing high levels of humanitarian need, protracted conflict and fiscal crisis. The HPF design was considered to be sufficiently robust and flexible to adapt to a changing political economy and security landscape, and to enable donors to maintain basic service delivery in a challenging and fragile setting. Peer Review attendees discussed the need to differentiate the highly fluid setting from an assessment of sustainability of the HPF design mechanism itself, and agreed it was the optimal approach in the context.</p>

H: Approval *completed by ADG or Minister-Counsellor who chaired the peer review meeting*

On the basis of the final agreed Quality Rating assessment (C) and Next Steps (D) above:

☒ **QAE REPORT IS APPROVED**, and authorization given to proceed to:

☒ **FINALISE** the design incorporating actions above, and proceed to implementation

or: ☐ **REDESIGN** and resubmit for appraisal peer review

☐ **NOT APPROVED** for the following reason(s):

                    

                    

                    

*Lisa Rauter*

signed:

*[Signature]*

*28/5/12*

**When complete:**

- Copy and paste the approved ratings, narrative assessment and required actions into AidWorks and attach the report.
- The original signed report must be placed on a registered file