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Country: North Sudan

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget App. by the Board: USD	Approval Track	Total Amt Disb-ed up to last date	Last Disburs e-ment Date
		HSS Prop.	Nat. Health Plan				
SDN	4	2008-2012	2007-2011	16,153,500	**First Submitted**: *05.10.07* **App. W conditions**: *n.a.* **Not approved**: *n.a.* **Resubmitted**: n.a. **First Approval**: *28.11.07*	3,064,000	03.03.08

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

- Improve the weak governance and management systems, including the health information and health financing - especially at state and district levels;
- Increase health expenditure levels;
- Improve availability, quality and capacity of health human resources;
- Greater coverage, & more inequitably distributed PHC & first level referral maternal and neonatal services;
- Improve infrastructure, supplies, logistics, supplies and equipment, and transportation for PHC.

Proposal Goals

- To contribute to the reduction of child and maternal morbidity and mortality by strengthening the district health system and promoting a continuum of care approach;
- The development of health human resources;

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Expand immunization coverage by supporting mobile and outreach immunization services, and enhancing the numbers of fixed sites; • Improve access to the essential primary health care services focusing on improving maternal and child survival at lower PHC facilities and first referral level.	• Improve institutional capacity and system development at all levels of governance -to enable sustainable financing and development of the health system; • Support organization and management of the decentralized health system; • Support the development of health human resources through HRH policy, system development and rationalization of PHC workers training institutions for (Academies of Health Sciences).

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational Systems for organization and management; health planning and development – especially at local level are weak and need to be scaled up. Available resources are not efficiently used.	• Provision of TA in areas of:- defining/adapting job descriptions, & service packages for different levels of care/facilities; staffing and resource requirements; developing/adapting pro-poor, comprehensive and sustainable health financing ; developing PHC services and immunization sustainability plans; developing comprehensive investment plan for health system development. • KAP studies in all 4 northern states for determining the social and cultural barriers; • Purchase/design and install planning software for the three levels of governance policy; • Support for Outreach facilities; • Operational research to test interventions for alleviating financial barriers to PHC + the impact of subsides on the demand for services.	1,930,000	12.2
Human Resource Development/Performance Management. History of armed conflict has led to insufficient human resources; HR management weak and non-standardised	• In 15 Northern SMOHs and 20 Localities/districts - strengthen/build core systems and capacities ***via*** training in organization and management; needs assessments; health planning , development and health system recovery; health financing, budgeting and finance resources management; health management information systems; monitoring and evaluation; health economics. • Curriculum development; Operational research to test strategies for retention of staff. • Support for students (Academy of Health Sciences); Continuing Professional Devt; • On the job training for 80 HC workers in immunization, child and maternal care.	3,040,000	19.1
Drugs, Equipment, Supplies, Facilities • Weak medical and pharmaceutical supply systems; • Poor coverage and inequitably distributed primary health care	• Cold chain equipment (300 Health facilities) • Provision of essential supplies and furniture to 2 hospitals, 60 dispensaries, 4 Urban HCs, 11 SMOHs; • Vehicles for 20 Health Management Teams • Rehabilitate 1 rural hospital, 2 rural HCs, 48 Dispensaries; • Develop and disseminate documentary material; • Provision of medicines and medical supplies for MCH • Rehabilitation of 2 Academies of Health Sciences – (Audio-visual equipment, office supplies, furniture, books)	9,389,000	59.0
Monitoring and Evaluation Health information, monitoring and evaluation systems require technical assistance & scale-up.	• TA to support designing of a comprehensive health information, monitoring and evaluation system, at national and state levels; • Establish the comprehensive integrated information base and monitoring system; • Develop a health system observatory	895,000	5.6
Overheads	Management of HSS:- Includes equipment and support to co-ordinate, monitor, and evaluate HSS activities	657,000	4.1
TOTALS		**15,911,000**	**100.00**

***** These figures are based on the Budget submitted by the country.***

Health financing Gap: The proposal states that in spite of increased govt health expenditure there will be a "huge resource gap in the foreseeable future, to finance the envisioned expansion and sustainability of PHC services including immunization." However, no figures are provided.

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values	Final Targets 2012	Expected Source of Data/Information
***Outcomes/Outputs*:**			
• MMR/100,000lb	638	by 50%	Joint WHO-UNICEF report, Administrative Reports, Annual Statistical Reports, and Household and Health facility surveys to be used.
• % deliveries attended by skilled personnel	49.2%(2006)	70%	
• National DTP3 coverage (%)	66% (2006)	90%	
• % districts achieving ≥ 80% DTP3 coverage	72%(2006)	100%	
• Use of Oral Dehydration Therapy (ORT)	55%(2006)	80%	
• % SMOH with functioning organizational structure	n.a.(2008)	100%(2011)	
• % SMOH with functional planning directorates	n.a.(2008)	100%(2010)	
• % States planning directorates using standard planning format	n.a.(2008)	100%(2010)	
• % SMOH with functioning directorates of human resource	n.a.(2008)	100%(2010)	
• % health facilities (RH, RHC, UHC, Dispensary/BHU) providing essential PHC package	35%	50% (2011)	
• % PHC workers who received integrated in-service training during last 1-year	n.a.	50%(2011)	
• Health services utilization rate	< 1 per person/ year	> 1 per person/ year	
• % PHC facilities reported timely for health information	33%	60% (2011)	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: Health Plan. & Devt/MOH + HSCC; Fed. Project Coord. Office.

Channelling/Management of funds: Funds received by bank account of the International Health Department in Federal Ministry of Health; managed and disbursed to States by FPCO following government procedures.

Strategies proposed for sustainability of activities: Govt. is comitted to continue increasing its investment and allocation to the health sector. Also, the wealth sharing protocol of the Comprehensive Peace Agreement requires more transfers of resources to states.

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: Planning and Development – MOH, WHO, UNICEF & World Bank, Sudanese CSO Association, Sudanese Business Employees Federation.

ii) *Proposal Management*: MOH, FPCO

iii) *Proposal Implementation:* FPCO liaising with PHC, EPI & Local Health Systems.

iv) *Technical Assistance:* Required for training & curriculum devt., needs assessments, health planning, the development of health financing policy, the establishment of the Health System Observatory, the Health Info. and M&E systems, the development of advocacy materials.

Other Financial Support for HSS: [2007-2012] US$549.73m received from WHO, UNICEF, UNFPA,

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Global Fund, Multi-Donor Trust Fund-North for the health sector; US$23m for HSS from the MDTF-N.