Ref No: RSS/MoH/J/8/15

Delegation of the European Union (EU)
Republic of South Sudan

Dear Dr Barthes,

Subject: Response to the European Union (EU) Enquiries

The Ministry of Health (MoH) hereby expresses its gratitude to the European Union (EU) for financing the Health Mapping project implemented in collaboration with Charlie Goldsmith Associates (CGA).

Below is our response to the questions, in your e-mail dated 20th October 2018:

1. What is overall point-of-view on the HHSI functionality of the HHSI website?

The South Sudan Health Information (SSHI) website is functional and has thus far met the targets stipulated in the concept paper. Data and information on the website are instrumental and has been used in decision, policymaking and the recent concluded costing of the Health Strategic Plan.

The health cluster is also using the SSHI data for various activities not limited to comparison of health facility list to health facility list on DHIS1.

2. Is the SSMOH satisfied with the present content of the HHSI website?

SSHI website depicts the six building blocks of the Ministry of Health and provides clear picture of activity and geographical areas of operation with the aim of supporting and improving coordination, planning and alignment at all levels as a result, the Ministry of Health is satisfied with the present content.
3. Is the SSMOH satisfied with its present lay-out?

The current layout is user friendly compared to the initial versions. We have had good experience working on SSHI and will without a doubt refer colleagues and partners to make use of data on the SSHI website.

4. What improvement can be expected in the short and long term?

Continuous monitoring and updates on health facility data, health transfers data and inclusion of additional data such as the service availability readiness assessment (SARA), malaria, nutrition and transfers to service delivery units (SDUs) in the short term and expansion to provide a “one stop shop” for health information will compliment the SARA study.

At present partners such as UNICEF had shared the nutrition data, which has been uploaded into SSHI. In the long term, data are expected in from States that were inaccessible during the mapping period due to various reasons not limited to insecurity.

5. Does the DPB think that the HHSI can valuable replace the SARA study to record readiness and availability of services?

Although there is similarity in the current on going service availability readiness assessment (SARA) survey and the recent concluded health mapping survey data, SARA is only conducted every four years (4) and the data is agreed to be linked / uploaded onto the SSHI.

SSHI provide a platform for monitoring the status of health services in South Sudan, focusing on inputs towards strengthening health system pillars (infrastructure, human resources, drugs, services, monitoring and evaluation, finance and governance). SSHI is developed to include the capability for comparisons over time hence the SSHI will not replace the SARA study but rather compliment.

6. Does the DPB think that at present time the system managed to improve the planning and monitoring processes at central intermediary and peripheral level?

The directorate of policy planning budgeting and research has a firm belief that proper planning depends on the availability of accurate data, which is provided by the current system and thus according to the figures and data available, the department hopes to develop its methodology and develop a long and short line in order to raise the level of health centers and increase the quality of its services to the public for the prosperity of the nation.

7. How does the Directorate of Planning and Budgeting value the capacity building process engaged by CGA?

The directorate of policy planning budgeting and research believes that any process of development must start with human capacity building, in this light, I am pleased
to state that CGA delivered in terms of training MOH staff in data collection and data managing to a level that the directorate can depend on.

8. Can the present list of HF available through the HHSI be used as a geographical reference for other databases (e.g. DHIS2). Did discussions started with other partners involved in health information, to come up with a unique geographical reference (common list of organizational units used by all information systems based on the HHSI health facility list)? Does the DPB feel strong enough to impose to partner this common denominator?

The present list of health facilities available on SSHI is used as geographical reference for other databases such as DHIS1 and 2. Although initial discussions with partners started however no conclusion has been reached thus far.

The directorate of policy planning budgeting and research has the authority to impose policies and common denominator approved upon to partner.

9. In terms of durability under which conditions can the collection of data a peripheral continue without the active involvement of CGA staff? What has to be done in the next cycle to insure durability on this side?

To ensure durability, key personnel at all levels of government were trained and equipped with the necessary tools for continuation of data collection however peace and stability remains a key determinant for the continuation of data collection country wide.

Despite the capacity building efforts provided and gradual withdrawal of CGA’s technical support, provision of quarterly refresher trainings is necessary in efforts to strengthen capacity of the trained personnel consequently MoH will appreciate technical assistance from CGA staff.

Please accept the assurance of my highest consideration. As always, your cooperation and continuous support of the overall objectives of the Ministry of health is greatly appreciated.

Yours Sincerely,

Dr Richard Lako
Director General
Policy Planning Budgeting and Research
Ministry of Health
Republic of South Sudan

CC: Undersecretary, Ministry of Health
CC: Advisor for Special Programmes