South Sudan Provision of Essential Health Services Project (P168926)

AFRICA EAST | South Sudan | Health, Nutrition & Population Global Practice | IBRD/IDA | Investment Project Financing | FY 2019 | Seq No: 4 | ARCHIVED on 19-Nov-2020 | ISR44080 |

Implementing Agencies: International Committee of the Red Cross, International Committee of the Red Cross, UNICEF, UNICEF

#### **Key Dates**

#### **Key Project Dates**

Bank Approval Date: 27-Feb-2019 Effectiveness Date: 11-Mar-2019
Planned Mid Term Review Date: 15-Dec-2020 Actual Mid-Term Review Date:
Original Closing Date: 31-Dec-2021 Revised Closing Date: 31-Dec-2021

## **Project Development Objectives**

Project Development Objective (from Project Appraisal Document)

The Project Development Objective is to increase access to an essential package of health services in the Republic of South Sudan, with a particular focus on the former states of Upper Nile and Jonglei.

Has the Project Development Objective been changed since Board Approval of the Project Objective?

No

Public Disclosure Authorized

## Components Tab

Name

Delivery of Essential Health Services:(Cost \$93.00 M) Monitoring, Evaluation and Learning:(Cost \$4.00 M) Emergency Preparedness and Response:(Cost \$3.00 M) Repayment of Project Preparation Advances:(Cost \$5.40 M)

## **Overall Ratings**

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	□Satisfactory	□Satisfactory
Overall Implementation Progress (IP)	□Satisfactory	□Satisfactory
Overall Risk Rating	□High	□High

#### Implementation Status and Key Decisions

Based on results reported to date, eight of nine (89%) Project Development Objective indicators, and eight of 11 (73%) intermediate results indicators are on track to be achieved or exceeded by the project's closing date. The Contingent Emergency Response Component (CERC) in the amount of US\$5 million was activated on April 6, 2020 to address South Sudan's COVID-19 emergency response needs. The CERC supports the National COVID-19 Preparedness Response Plan and activities are being implemented in close coordination with other development partners and the COVID-19 National Task Force chaired by the Ministry of Health. A proposed Additional Financing (AF) is under preparation to replenish funds allocated to the CERC. The proposed AF is expected to be submitted for approval by the World Bank's Board of Executive Directors in December 2020.

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# Risks

# **Systematic Operations Risk-rating Tool**

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	□High	□High	□High
Macroeconomic	□High	□High	□High
Sector Strategies and Policies	□High	□High	□High
Technical Design of Project or Program	□High	□High	□High
Institutional Capacity for Implementation and Sustainability	□High	□High	□High
Fiduciary	□High	□High	□High
Environment and Social	□High	□High	□High
Stakeholders	□High	□High	□High
Other			
Overall	□High	□High	□High

## Results

# PDO Indicators by Objectives / Outcomes

Increase the utilization of an essential package of health services

	Baseline	Actual (Previous)	Actual (Current)	End Target
/alue	0.00	1,027,039.00	1,844,090.00	1,400,000.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
Comments:	ICRC: 120,610 UNICEF: 380,220 Number of children i ICRC: 169,335 UNICEF: 643,414	ceived essential health, nutritio immunized s attended by skilled health per		ervices - Female

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	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	500,830.00	812,749.00	800,000.00
□Number of childre	en immunized (Number, Corporate	e Breakdown)		
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	110,657.00	258,037.00	75,000.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
□Number of womer	n and children who have received	basic nutrition services (Numb	per, Corporate Breakdown)	
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	164,888.00	250,446.00	200,000.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
□Number of deliver	ries attended by skilled health per Baseline	rsonnel (Number, Corporate Br Actual (Previous)	eakdown)  Actual (Current)	End Target
Value	0.00	11,367.00	18,367.00	25,000.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
Number of curative	consultations provided for under  Baseline	5 children (Number, Custom)  Actual (Previous)	Actual (Current)	End Target
alue	0.00	703,263.00	969,374.00	1,000,000.00
ate	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
	UNICEF: 855,754 ICRC: 113,620			

Increase the quality of a	an essential package of health se	ervices			
► Number of health facilities with essential medicines available (Number, Custom)					
	Baseline	Actual (Previous)	Actual (Current)	End Target	
Value	0.00	176.00	155.00	200.00	
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021	
Comments:	UNICEF: 134				

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ICRC: 21

Tracer drug availability was impacted by transport and movement restrictions put in place to control the

COVID-19 pandemic.

Availability of 5 tracer drugs during supervision visits (oral paracetamol, oral amoxicillin, oral rehydration

solution, oral artesunate-amodiaquine)

## ▶ Number of health facilities providing at least 75 percent of the essential package of health services (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	169.00	88.00	200.00
Date	01-Jan-2019	12-May-2020	31-Aug-2020	31-Jan-2021
	pharmaceuticals. T infrastructure in Sou	tial package of health services his is further complicated by ca ith Sudan's environment.	, , , , ,	
Comments:	Total 88 ICRC: 18 UNICEF: 70			
	Essential package of	of services is defined in Annex 6	of the PAD	

# ▶ Proportion of disease outbreaks detected and responded to within 72 hours of confirmation (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	15.00	100.00	100.00	50.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
Comments:	ICRC: 100% UNICEF: 100%			
Comments.	Proportion of disease	outbreaks detected and response	onded to within 72 hours of	confirmation

## **Intermediate Results Indicators by Components**

Delivery of a package of essential health services

▶Number of children aged 6-59 months who received vitamin A supplementation (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target	
Value	0.00	89,385.00	131,454.00	250,000.00	
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021	
Comments:	Number of children aged 6-59 months who received vitamin A supplementation				

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	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	40,224.00	81,080.00	75,000.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
Comments:	ICRC: 9,293 UNICEF: 71,787	less than 1 year who received r	<del>-</del>	
►Number of pregnant	women receiving ANC four visits	s (Number, Custom)		
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	22,661.00	43,704.00	40,000.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
Commentar	ICRC: 11,405 UNICEF: 32,299			
Comments:	Number of pregnant	t women receiving ANC four vis	its	
	s receiving postnatal visit within t	Actual (Previous)	Actual (Current)	End Target
► Number of newborns	- 1			End Target
Value	Baseline 0.00	Actual (Previous) 6,118.00	Actual (Current) 12,070.00	17,000.00
Value	Baseline 0.00 31-Dec-2018	Actual (Previous) 6,118.00 12-May-2020	Actual (Current) 12,070.00 31-Aug-2020	
Value Date	Baseline 0.00 31-Dec-2018	Actual (Previous) 6,118.00	Actual (Current) 12,070.00 31-Aug-2020	17,000.00
Value  Date  Comments:	Baseline 0.00 31-Dec-2018	Actual (Previous) 6,118.00 12-May-2020 s receiving postnatal visit within	Actual (Current) 12,070.00 31-Aug-2020 two days of childbirth	17,000.00 31-Jan-2021
Value  Date  Comments:  ▶ Proportion of gender	Baseline 0.00 31-Dec-2018 Number of newborn	Actual (Previous) 6,118.00 12-May-2020 s receiving postnatal visit within	Actual (Current) 12,070.00 31-Aug-2020 two days of childbirth	17,000.00 31-Jan-2021
Value  Date  Comments:  ▶ Proportion of gender	Baseline 0.00 31-Dec-2018  Number of newborn -based survivors presenting at h	Actual (Previous) 6,118.00 12-May-2020 s receiving postnatal visit within	Actual (Current) 12,070.00 31-Aug-2020 1 two days of childbirth 10 chical management of rape s	17,000.00 31-Jan-2021 services (Percentage,
Value  Date  Comments:  ▶ Proportion of gender Custom)  Value	Baseline 0.00 31-Dec-2018 Number of newborn r-based survivors presenting at h	Actual (Previous) 6,118.00 12-May-2020 s receiving postnatal visit within realth facilities provided with clire. Actual (Previous)	Actual (Current)  12,070.00  31-Aug-2020  two days of childbirth  nical management of rape s  Actual (Current)	17,000.00 31-Jan-2021 services (Percentage, End Target
Value  Date  Comments:  ▶ Proportion of gender Custom)	Baseline 0.00 31-Dec-2018  Number of newborn -based survivors presenting at h Baseline 0.00 31-Dec-2018 ICRC: 95% UNICEF: 100%	Actual (Previous) 6,118.00 12-May-2020 s receiving postnatal visit within realth facilities provided with clir Actual (Previous) 99.40	Actual (Current)  12,070.00  31-Aug-2020  It wo days of childbirth  Inical management of rape s  Actual (Current)  98.00  31-Aug-2020	17,000.00 31-Jan-2021 services (Percentage, End Target 100.00 31-Jan-2021
Value Date Comments:  Proportion of gender Custom)  Value Date  Comments:	Baseline 0.00 31-Dec-2018  Number of newborn -based survivors presenting at h Baseline 0.00 31-Dec-2018 ICRC: 95% UNICEF: 100%	Actual (Previous) 6,118.00 12-May-2020 s receiving postnatal visit within health facilities provided with clir Actual (Previous) 99.40 12-May-2020 pased survivors provided with cl	Actual (Current)  12,070.00  31-Aug-2020  It wo days of childbirth  Inical management of rape s  Actual (Current)  98.00  31-Aug-2020	17,000.00 31-Jan-2021 services (Percentage, End Target 100.00 31-Jan-2021
Value Date Comments:  Proportion of gender Custom)  Value Date  Comments:	Baseline  0.00  31-Dec-2018  Number of newborn  -based survivors presenting at h  Baseline  0.00  31-Dec-2018  ICRC: 95%  UNICEF: 100%  Number of gender-b	Actual (Previous) 6,118.00 12-May-2020 s receiving postnatal visit within health facilities provided with clir Actual (Previous) 99.40 12-May-2020 pased survivors provided with cl	Actual (Current)  12,070.00  31-Aug-2020  It wo days of childbirth  Inical management of rape s  Actual (Current)  98.00  31-Aug-2020	17,000.00 31-Jan-2021 services (Percentage, End Target 100.00 31-Jan-2021
Value Date Comments:  Proportion of gender Custom)  Value Date  Comments:	Baseline 0.00 31-Dec-2018  Number of newborn -based survivors presenting at h Baseline 0.00 31-Dec-2018 ICRC: 95% UNICEF: 100% Number of gender-baseline	Actual (Previous) 6,118.00 12-May-2020 s receiving postnatal visit within health facilities provided with cliral Actual (Previous) 99.40 12-May-2020 based survivors provided with cliral cliral control of the control	Actual (Current)  12,070.00  31-Aug-2020  It wo days of childbirth  Inical management of rape s  Actual (Current)  98.00  31-Aug-2020  Inical management of rape	17,000.00 31-Jan-2021 services (Percentage, End Target 100.00 31-Jan-2021 services

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ICRC: 1,373 UNICEF:5,054

Comments: Number of health care workers trained in-service in topics such as safe motherhood, integrated

management of childhood illnesses (IMNCI), effective vaccine management and immunization in practice,

and malaria testing and treatment

## ► Number of community health workers trained to implement integrated community case management (iCCM) (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	1,436.00	1,843.00	200.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
Comments:	Number of community hea (iCCM)	alth workers trained to implen	nent integrated community	case management

## Monitoring, Evaluation and Learning

▶ Proportion of functional health facilities submitting standardized HMIS monthly reports into the DHIS2 or HMIS equivalent system within one month of the reporting month (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	60.00	84.00	93.00	75.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
Comments:	ICRC: 100% UNICEF: 92% Proportion of functional h	ealth facilities submitting stan	dardized HMIS monthly re	eports into the DHIS2 or

Proportion of functional health facilities submitting standardized HMIS monthly reports into the DHIS2 or

HMIS equivalent system within one month of the reporting month

#### ▶ Proportion of health facilities with structured supervision visit within a month (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	40.00	45.00	60.00	70.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021
	ICRC: 78%			

UNICEF: 58% (on average)

Comments: Proportion of health facilities with structured supervision visit using a standardized Supervisory

Tool/Checklist to assess and monitor quality of care within a month

## ▶ Number of monitoring reports submitted (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	1.00	0.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021

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Number of monitoring reports submitted is behind expectations. There are a number of reasons for this including security and COVID-19 related delays. The WB team has been working with UNICEF to improve the timeliness of monitoring reports.

Number of monitoring reports (including both health facility and LQAS) submitted in areas where external monitoring will be conducted. The performance monitoring methodology and reports will include citizen engagement mechanisms such as exit interviews conducted during data verification visits. The questionnaires will be customized to capture key domains on satisfaction and perceived quality of care, in order to capture community feedback on service delivery. Results from the quarterly reports will be used to engage with citizens on key elements related to improving service delivery in targeted communities.

#### **Emergency Preparedness and Response**

▶ Number of state-level Rapid Response Teams trained on investigation of alerts and immediate outbreak response (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	10.00
Date	31-Dec-2018	12-May-2020	31-Aug-2020	31-Jan-2021

RRT trainings were delayed; as of early 2020, these were planned for Q1 and Q2 2020. The training of RRTs could not be conducted during that period due to travel restrictions related to the COVID-19 outbreak in South Sudan. WHO, as per their mandate, has taken the lead in training State RRTs on the COVID-19 response. UNICEF is now coordinating with WHO and the MOH to plan for the training on emergency preparedness and response to take place in the next reporting period as early as feasible, based on availability of state RRTs.

Comments:

Number of state-level rapid response teams, in particular health and WASH personnel, on investigation of alerts and immediate outbreak response, as well as requirements for IPC associated with the preparation of disinfectants of different concentrations, excreta disposal and monitoring of water quality.

#### **Overall Comments**

Based on combined results from UNICEF and ICRC, eight of nine (89%) PDO indicators are on track to be achieved or exceeded by the project's closing date. The number of health facilities providing at least 75% of the essential package of health services is the only PDO indicator below expected achievement, at 88 total facilities, compared to an end of project target of 200. Eight of eleven (73%) intermediate results indicators (IRIs) are on track to be met or exceeded and six IRIs (55%) have already been met or exceeded. The number of children receiving vitamin A supplementation is currently 131,545, compared to expected achievement of 157,895 and an end target of 250,000. Current achievement is 83% of expected achievement and may increase when dry season vitamin A supplementation campaigns are possible, if such campaigns are possible given COVID-19 travel restrictions. Achievement on number of monitoring reports submitted is currently one, compared to an end of project target of six. Monitoring reports have been delayed for a number of reasons including security challenges and COVID-19 related restrictions. The WB team is working with UNICEF to address monitoring report delays. The number of State level rapid response teams trained is also currently at zero achievement, due to COVID-19 related delays and because COVID-19 response trainings are being conducted by UNICEF.

[1] UNICEF data are provisional through July, 2020

#### **Performance-Based Conditions**

### **Data on Financial Performance**

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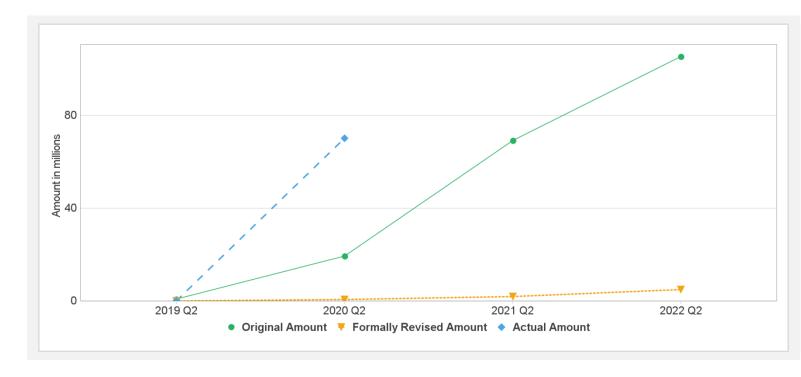
## Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Di	sbursed
P168926	IDA-D4270	Effective	USD	73.40	73.40	0.00	71.41	1.15		98%
P168926	IDA-D4280	Effective	USD	32.00	32.00	0.00	19.89	12.24		62%

# **Key Dates (by Ioan)**

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P168926	IDA-D4270	Effective	27-Feb-2019	28-Feb-2019	11-Mar-2019	31-Dec-2021	31-Dec-2021
P168926	IDA-D4280	Effective	27-Feb-2019	01-Mar-2019	19-Mar-2019	31-Dec-2021	31-Dec-2021

## **Cumulative Disbursements**



## **PBC Disbursement**

PBC ID	PBC Type	Description	Coc	Achievement Status	Disbursed amount in Coc	Disbursement % for PBC

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# **Restructuring History**

There has been no restructuring to date.

# Related Project(s)

P174049-South Sudan Provision of Essential Health Services Project Additional Financing

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