

TECHNICAL SUPPORT EFFECTIVENESS ASSESSMENT OF CIVIL SOCIETY AND COMMUNITY GROUPS IN BOTSWANA, LIBERIA, SIERRA LEONE, SOUTH SUDAN, SWAZILAND AND TANZANIA



SOUTH SUDAN COUNTRY REPORT



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ABBREVIATIONS

AAH	Action Africa Help
AIDS	Acquired Immunodeficiency Syndrome
AYA	Active Youth Agency (AYA)
CCM	country Coordinating Mechanisms
CG	Community Groups
CRG-SI	Community, Rights and Gender Special Initiative (CRG-SI)
CS	Civil Society
EANNASO	Eastern Africa National Networks of AIDS and Health Service Organizations
FGD	Focus Group Discussion
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
KVP	Key and Vulnerable Populations
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
M&E	Monitoring and Evaluation
PR	Principal Recipient
SOSUCCA	South Sudan Community Change Agency
SR	Sub-recipient
TA	Technical Assistance
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV and AIDS

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EXECUTIVE SUMMARY

Introduction:

South Sudan has a population of about 12 million people as of 2016.^[1] HIV prevalence among adults aged 15 to 49 years was 2.5% in 2016. In the same year, South Sudan notified about 18,000 TB patients and had incidence rate of 146 TB patients per 100,000 population.^[2] There were estimated 1.9m cases of malaria in South Sudan in 2016.

To respond to AIDS, TB and malaria epidemics, effective response needs also to address the barriers related to human rights, gender and other inequalities and exclusions by involving capacitated civil societies (CS) and community groups (CG). Therefore, CS and CG need the right capacities to assume such the roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.



Aim:

To assess the TA Effectiveness to CS and CG as they engage in the national and Global Fund processes in South Sudan. The results will then help to improve the TA delivery to CS and CG in South Sudan.

Methods:

TA Effectiveness study for was done in Juba, South Sudan between 08th and 09th February 2018. CS and CG and Key Informant Interviews (UN agencies and Implementing partners) and were involved in the study. We used SurveyMonkey, KII and Focus Group Discussion to gather data. We used SurveyMonkey, and interviews and Focus Group Discussion to collect data. A validation meeting was done on the 13th of February to present the findings to stakeholders working with CS and CG responding to HIV, TB and Malaria epidemics.

Summary of findings:

CS and CG are the main stakeholders in addressing the AIDS, TB and malaria epidemics in South Sudan. CS and CG are involved in the national processes and Global Fund processes at different levels. The key findings are:

- CS and CG have become not only advocacy groups but also delivery especially in war-torn areas.
- TA has been provided to few CS and CG, which are currently implementing Global Fund Programmes. However, there are other funding agencies that have provided TA to CS and CG which may or may not be implementing Global Fund programmes.
- TA resources through CRG-SI has not been accessed in South Sudan for the CS and CG interviewed during this study.
- TA needs are diverse and include establishing systems of the organization such as governance and technical TA needs such as project and financial management, proposal writing.

[1] WWW.UNAIDS.ORG

[2] WHO (2017). GLOBAL TUBERCULOSIS REPORT 2017.S

[3] WHO (2017). WORLD MALARIA REPORT 2017.

Recommendation:

These are some of the recommendations

- Develop/adopt TA needs assessment tool for CS and CG. A good example is from HIV alliance which can be customized in consultation with stakeholders to assess TA needs of the CS and CG.
- Develop a national TA plan that will be used to solicit fund, develop local TA providers to provide the identified TA to CS and CG.
- Increase visibility of the CRG-SI initiative through various social network platforms and CS coordinating organization within the country.
- TA provision through international TB provider is deemed expensive and may not be timely, therefore explore the building local expertise to CS who can then provide TA to CS. This could be a cheaper option which is may also be timely.

Conclusion:

South Sudan is the Challenging Operating Environment with a history of civil wars and which do occur sporadically even at present times in some parts of the country. The CS and CG have not received any form of CRG-SI support in the three components. The country is gaining stability and efforts from different stakeholders have to be unified to increase the number of TA providers in South Sudan and TA to CS and CG who are working in areas where the government health services may not be available.



1. INTRODUCTION

South Sudan has a population of about 12 million people as of 2016.^[1] HIV prevalence among adults aged 15 to 49 years was 2.5% in 2016. In the same year, South Sudan notified about 18,000 TB patients and had incidence rate of 146 TB patients per 100,000 population.^[2] There were estimated 1.9m cases of malaria in South Sudan in 2016.

To effectively respond to AIDS, TB and malaria there is a need to also address the barriers related to human rights, gender and other inequalities and exclusions by involving equipped civil societies (CS) and community groups (CG). The Global Fund supports South Sudan since 2005 and addresses the gaps in health care delivery, including financial management, procurement, supply and management of medical and pharmaceutical products, health information systems, monitoring and evaluation, and service delivery.^[3] To date the summary of the achievements of Global Fund in HIV, TB and Malaria are shown in the box below.

The Global Fund funding circle also known as “allocation periods” is available for every three years (see Figure 1). CCM which is a national committee oversee the Global Fund application and implementation in Botswana. CCM has the representatives from all sectors such as government, development and implementing partners, CS and CG.

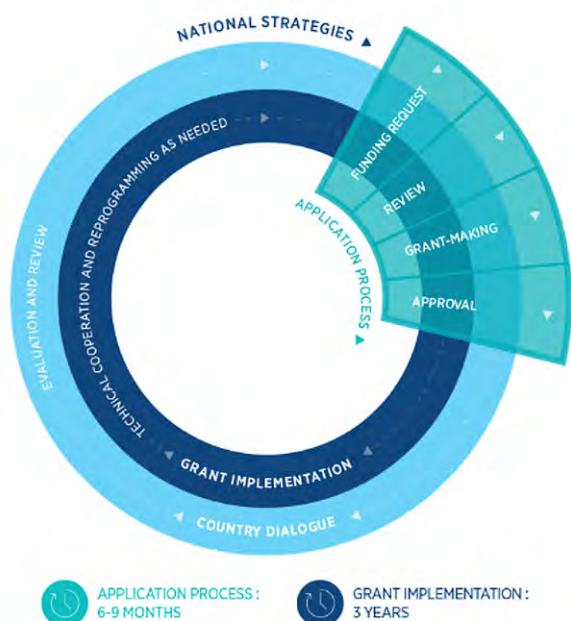


Figure 1. The GF application and implementation processes

Summary of GF achievements in South Sudan

HIV/AIDS:

People currently on antiretroviral therapy — **35,000**

TUBERCULOSIS:

Laboratory-confirmed pulmonary TB detected and treated (cumulative) — **23,700**

MALARIA:

Insecticide-treated nets distributed — **7,850,000**

INVESTMENTS:

To date in health — **US\$ 377,840,877**

[1] [HTTPS://DATA.WORLDBANK.ORG/](https://data.worldbank.org/)

[2] WHO (2017). GLOBAL TUBERCULOSIS REPORT 2017.

[3] [HTTPS://WWW.THEGLOBALFUND.ORG](https://www.theglobalfund.org)

Therefore, CS and CG are important stakeholders in the national responses especially for HIV, TB and Malaria. CS and CG require long- and short-term technical assistance and capacity development initiatives to enable them to effectively take on the roles of the roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes. In November 2016 the Global Fund Board approved \$15 million for Community, Rights and Gender-Strategic Initiative (CRG-SI) scheme for the period 2017-2019 to support the following three components:

1. Short-Term Technical Assistance Program;
2. Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations; and
3. Regional Platforms for Communication and Coordination.

The TA to CS and CG may include, but not limited to the following areas (see in Figure 2).



Figure 2. Example of TA areas under Global Fund CRG-SI

1.1 CS & CG PROFILES IN SOUTH SUDAN

The national responses for HIV, TB and Malaria needs a multiple stakeholder such as CS and CG as previously eluded. The CS and CG engaged in HIV control are by observation many as compared to TB and Malaria. However, TB activities by CS and CG are gaining the momentum because of the need to address TB/HIV co-infection in communities were CS and CG serve. Malaria is also being done by CS and CG but at a rather small case, considering few organizations are working on Malaria.

CS and CG are part of the health system in South Sudan especially in areas where war and unrest are still happening. The displaced people are mostly served by the CS and CG in those localities. The general overview of the CS and CG in South Sudan is as follows:

- CS and CG are the among the key stakeholders in the national responses for AIDS, TB and Malaria.
- The mandate of the CS and CG is advocacy and community awareness of diseases and programmes.
- Government health services do not reach to a wider community because of war which has dismantled the health systems resulting to critical shortage of staff and damaged infrastructure. In some areas, CS and CG provide also clinical services to complement the inadequate health services by the government.
- The CS and CG beneficiaries include people living with HIV (PLHA) and other Key and Vulnerable Populations (KVP) such as Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersex (LGBTI), Men who have Sex with Men (MSM), people who inject drugs (PWID) and Female Sex Workers (FSW), Transgender, Adolescent Girls and Young Women (AGYW) and prisoners.



1.2. LEGAL AND POLICY FRAMEWORK OF CS & CG

The CS and CG are legally registered in the country and required to follow the constitution and other rules and regulations. The recognition of the KVP needing health services has resulted to several organizations in South Sudan given registration and operate to serve such population.

There has been some development of registering the organizations working with KVP. Equal access to health and social support is supported by the country plans and frameworks which ensures inclusion of all regardless of race, creed, religious or political affiliation, sexual orientation or socio-economic status.

1.3. CS & CG ENGAGEMENT EXPERIENCES IN COUNTRY PROCESSES

Considering the country context, CS and CG are important stakeholders in the national response not only for AIDS, TB and Malaria, but also other health programmes especially in areas the government health services are not available. CS and CG are engaged in the following processes:

National processes: CS and CG are involved in the i) development of National Strategic Plans, and ii) they serve in various committees and Technical Working Groups (TWG). Because of dismantled health services in some parts of the country, the CS and CG provide services to some of the government programmes.

GF processes: CS and CG are engaged extensively in the GF processes from country dialogues to program implementation.

- Part of the National Strategic Plan development and review processes.
- CCM members: CS and CG participant in grant writing. They also do the oversight role in the Global Fund programmes.
- Implementing partners: CS and CG are implementing several Global Fund programmes. Charity Aid Foundation and South Sudan Network of PLHIV are some of the organizations that are implementing Global Fund programmes.
- Community monitoring of GFATM and other grants: There were no evidence of existence of community monitoring done by CS and CG in South Sudan.



2. OBJECTIVES

2.1. BROAD OBJECTIVE

To assess effectiveness and innovations in provision of TA to CS and CG in the implementation of Global Fund Grants to end HIV, TB and Malaria in South Sudan.

2.2. SPECIFIC OBJECTIVES

1. To evaluate if the technical assistance that has been provided to civil society has supported CS and community groups involved in country processes related to GFATM including NSP review and development, GFATM fund request development and grant making process, Implementation and as CS/CG representatives on their country coordinating mechanisms (CCM).
2. To identify existing knowledge challenges/gaps and lessons on technical support and capacity building delivered to CS and CG in South Sudan.
3. To determine recommendation on improving technical support to Civil Society and Community Groups engage in implementation of Global Fund grants in South Sudan.
4. To identify TS needs and opportunities to support improved engagement of CS and CG in GF processes in South Sudan.
5. To document national case studies in South Sudan on how CS and community groups have been able to access TA and its effectiveness in country GFATM related processes.



3. METHODS

3.1. SETTING AND STUDY POPULATION

TA Effectiveness study was done in Juba, South Sudan between 08th and 09th February 2018. The online data collection was conducted between 01st February to 31st March 2018. The participants of the TA Effectiveness Study came from CS, CG, UN agencies, Ministry of Health officials, implementing partners. The list of study participants interviewed are shown in Appendix 1. The findings of the TA effectiveness study in South Sudan collated from the SurveyMonkey, KII and FGD as responded by the participants. The consultant shared the preliminary findings of the TA Effectiveness study in a validation meeting with stakeholders on the 09th February 2018 in Juba.

3.2. DATA COLLECTION AND MANAGEMENT

Data collection combined several data collection tools to capture quantitative and qualitative data.

Table 1 below summarizes the data collection tools and the target population. The data collection tools are shown in the appendices.

3.3. DATA ANALYSIS

We used mixed-methods approach to analyse the collected data:

Qualitative data: we used both thematic and content analysis of the data.

Quantitative data: we used Stata version 14 to produce frequency tabulation tables. In addition, we used Microsoft Excel to create figures.

Type of data collection tools	Description	Target population
ONLINE SURVEY (SURVEYMONKEY)	The tool was circulated to CS and CG identified by the coordination organization (SAIL).	TA Provider TA users (CS & CG) Technical partners
KEY INFORMANT INTERVIEWS (KIIS)	KIIs were done and the findings are presented in this report.	TA Provider TA users (CS & CG) Technical partners CCM secretariats
FOCUS GROUP DISCUSSION (FGD)	The FGD was conducted with CS or CG to further explore the TA assistance experience.	TA users (CS & CG)
VALIDATION MEETING	Presented the summary of preliminary findings	TA Provider TA users (CS & CG) Technical partners

Table 1. Summary of data the data collection tools to be used in the TA assistance six countries

3.4. STUDY LIMITATION

The TA Effectiveness Study employed several data collection tools to minimize the bias in selection of the CS and CG group. However, we would like to mention the following limitations attributed to our methods:

Sampling bias: The KII and CG and CG were only included based on their availability to take part in the study. Therefore, we might have missed other stakeholders who might have different experience on TA especially those living in the rural area.

Connecting flights challenges: The challenge of the single day connecting flight for the consultant from Sierra Leone to South Sudan resulted to a loss of a half-day, and hence fewer interviews.

Organizational development components (e.g. governance, Organizational Development, Strategic Plan, Project management, Financial Management, Grant management) were included within the assessment because some of the CS are implementing partners and the idea was that we can't talk about the effectiveness of an organization without discussing how it is also maintained.

4. FINDINGS

4.1. GENERAL FINDINGS

The results of the SurveyMonkey online consultation tool are written in a separate report entitled “Technical Assistance Needs Assessment of Civil Society and Community Groups in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania: Summary of Findings from Online Consultation Tool.” The report combines the responses of the CS and CG in Anglophone Africa.

We interviewed 10 people in South Sudan as shown in Figure 3. We conducted one FGD involving the CS and CG to further understand TA provision and effectiveness in South Sudan. The validation meeting involved all the stakeholders and additional views and opinions on TA in South Sudan were collected.

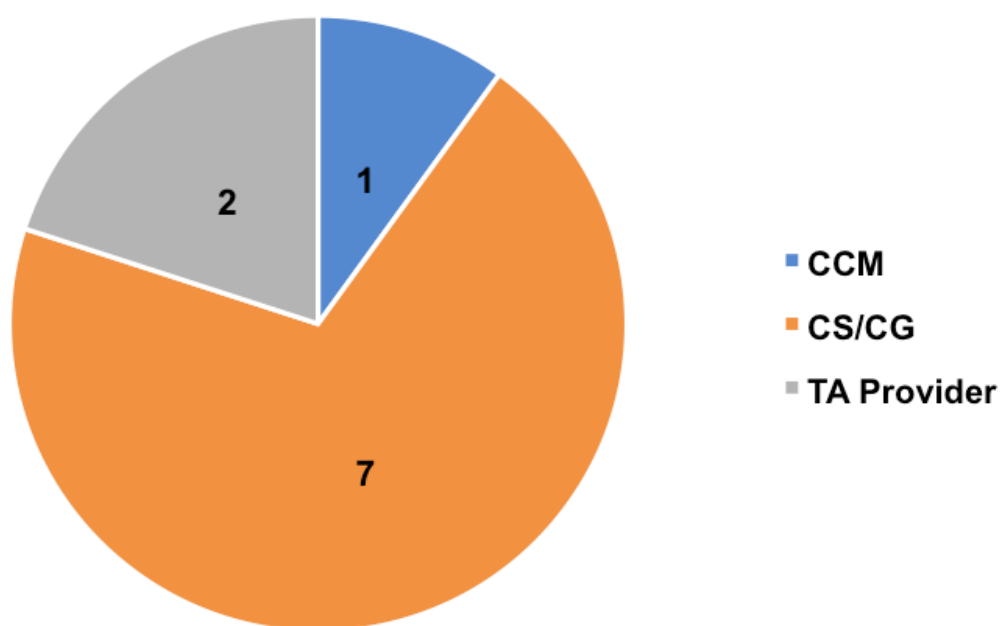


Figure 3. The study participants in TA Effectiveness study in South Sudan



Figure 4. Interviews with various stakeholders in South Sudan clockwise from top left: FGD with stakeholders and Executive Director of SOSUCCA.

4.2 SOUTH SUDAN CS & CG ACCESS TO TA

TA to CS and CG was identified by both KII and CS as a critical component to the effective engagement in the national response. TA provision is biased more towards the implementation of the programmes/ project compared to other GF processes.

The following organizations were reported to provide TA to CS and CG. It is worthwhile to note, the TA provided were not necessary intended for organizations implementing Global Fund programmes.



Organization	Description of the TA
UN AGENCIES	<p>UNAIDS ^[1] overall is hugely involved in the TA provision to the CS and CG for their engagement in the HIV response. United Nations Development Programme (UNDP) which is also a PR in South Sudan provides TA to CS and CG especially those implementing Global Fund programmes.</p> <p>UNDP core functions is to build capacity to organizations including CS and CG is the systems to make them function.</p>
MINISTRY OF HEALTH	South Sudan AIDS Commission (SSAC) provides from TA to CS and CG.
CCM	Provides TA to CCM members on the Global Fund processes.
IMPLEMENTING PARTNERS	Implementing partners such as Population Service International offer various TA to CS and CG.

Table 2. Some of the stakeholders providing TA to CS and CG in South Sudan.

4.3 ACHIEVEMENTS IN ACCESSING TA IN SOUTH SUDAN

The success of accessing in TA is largely driven by development and implementing partners. The example to highlight in this study is from Charity Aid Foundation (CAF)-South Sudan and Active Youth Agency (AYA).

CAF model shows the TA needs assessment for a potential SR for the Global Fund program implementation. Whereas, AYA TA given demonstrate a good practice model to be adopted for CS and CG either implementing or wanting to implement Global Fund programmes.



[1] WWW.UNAIDS.ORG

4.4. CHALLENGES & GAPS IN TA

The challenges of accessing TA in South Sudan are various and mostly affected by the insecurity in the country. The following are the highlights of the challenges and gaps in TA:

1. **Funding:** the availability of funds to access the TA in for the CS and CG is one of the important challenges identified by the CS and CG in South Sudan. Below are some of the views of the CS and CG representatives on issue of funding. “We (CSS and CG) are small organizations, and we only receive funds to implement a certain program from our partners. These funds cannot be repurposed for TA, even though we need such TA.”

“TA are expensive as we have to source them from outside South Sudan, thus making it difficult to address our TA needs”.

CS representative.



2. **Few local TA providers:** “We have only few TA providers in the country, and if we seek TA from outside South Sudan, few TA providers are willing to come to South Sudan because of the fear of war or civil unrest”. CS representative. In such a challenging country, TA providers are too few to cater for the TA needs of CS and CG.
3. **Unplanned TA:** “We have seen countless times the organizations that come to provide the TA to South Sudan without involving the stakeholders. Such approach lacks the ownership of the TA process, and we not progressing further in building capacity to our CS and CG.” These comments were made by CCM-South Sudan Chairperson on TA delivery to CS and CG, but also stressed such an approach affects also other TA delivery in the health system.
4. **Civil war and unrest:** “In any extreme security alerts in South Sudan, international organizations implementing health programmes reduce or stop the activities which may result almost paralyzed health systems. CS and CG miss the opportunity to receive timely any planned TA”. CCM-South Sudan Chairperson on TA delivery.
5. **Geographical coverage:** The CS and CG who are not in Juba are at times not reached by organizations wanting to provide TA. The problem of geographical reach is further amplified by the civil wars and insecurities in hard to reach areas.

4.5. CS & CG TA NEEDS

The study participants in this study in South Sudan have acknowledged the contribution of the different partners in providing TA to CS and CG.

However, there are still TA needs to i) transform CS and CG to be better performers and also ii) grow in their responsibilities from being SSR to SR and finally PR. Building capacity to CS and CG is a process and is summarized in Figure 5. Such transformation will need to build the systems that runs the organization such as governance and technical skills to contribute to grant making and implementation.

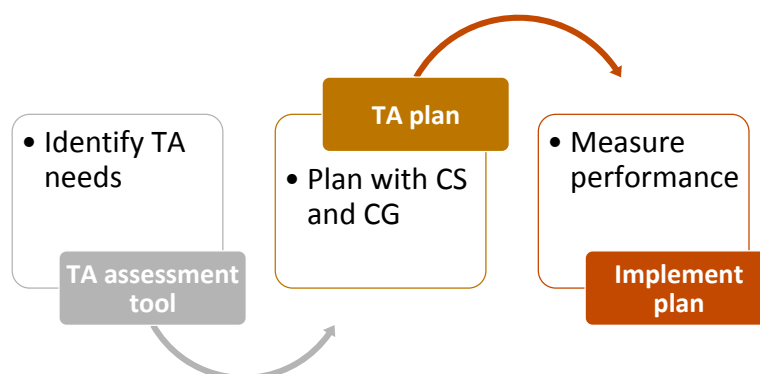


Figure 5. TA needs assessment and TA implementation plan.

TA needs of CS and CG been suggested by both KII and CS and CG and are pragmatically grouped into two main categories namely: i) application process and ii) grant implementation as shown in Table 3. The CCM Chairperson stressed on proper TA delivery to CS and CG to ensure there are more CS and CG involved in the national and global fund processes.

Priority ranking	Grant writing & monitoring	GF implementation
HIGH PRIORITY	Project management Disease specific grant management	Organizational Development Governance Strategic Plan Project management Financial Management Grant management Strategic planning M&E Proposal development Absorption capacity
LOW PRIORITY	M&E Proposal writing	Advocacy Resource Mobilization Documentation e.g. assessments or evidence Disease specific needs such as drug resistance TB Policy development and analysis Operational research

Table 3. TA needs and prioritization for CS and CG in South Sudan for GF processes.

4.5.1 APPLICATION PROCESS

The skills highlighted are key in engagement of CS and CG in reviewing grants and understanding programmes especially for Global Fund to be implemented in the country. The CS and CG should have the capacity to will ensure they evolve in their roles as PR and SR for Global Fund processes.

4.5.2 GRANT IMPLEMENTATION

Global Fund program implementation needs capacity in project, financial management and others. Inadequate capacities especially on the systems separates most CS and CG from International Non-Governmental Organizations which systems (ie. governance, fiscal management, monitoring and Evaluation (M&E) and technical know-how (project management and disease specific knowledge).

The list of priority TA in Table 3 are gathered from various documents and those mentioned by the study participants in the TA Effectiveness Study in South Sudan. The proposed TA will need a consultative meeting with all stakeholders to agree on what are the priority items crucial for the CS and CG to fully engage in national and Global Fund processes.

Priority ranking	Grant writing & monitoring	GF implementation
HIGH PRIORITY	Project management Disease specific grant management	Organizational Development Governance Strategic Plan Project management Financial Management Grant management Strategic planning M&E Proposal development Absorption capacity
LOW PRIORITY	M&E Proposal writing	Advocacy Resource Mobilization Documentation e.g. assessments or evidence Disease specific needs such as drug resistance TB Policy development and analysis Operational research

Table 4. TProposed recommendations for to improve TA in South Sudan

5. RECOMMENDATION ON IMPROVING TA TO CS & CG



The country context is taken into account in the recommendations suggested by the participants of the TA Effectiveness Study. Talking to the CCM-South Sudan Chairperson, he had several things to suggest with regards to moving forward with building capacity to CS and CG.

“South Sudan has security issues that limits the number of people who come to provide TA to health care workers including CS and CG. Therefore, we need to have local capacity to provide TA as these TA providers will be resilient during emergencies, likely to be a cheaper option, reliable and can provide the TA timely on basis.”

CCM-South Sudan Chairperson.

5.1. TA PRIORITIES FOR CS & CG IN GLOBAL FUND PROCESSES

The need to improve access and delivery of the TA is key to capacitate CS and CG in South Sudan. The current study was focused self-assessment of the CS and CG on their capacity and technical needs to enable them to engage fully in the Global Fund processes. We observed the modalities of delivery is driven by the funding agencies who may be the PR.

Improving TA to CS and CG will enable:

- Productive dialogue during the concept note writing
- Submit good quality proposal to Global Fund during concept note writing
- Increase the number of CS and CG to implement Global Fund programmes.
- Effective implementation of Global Fund programmes.
- Facilitate growth in responsibilities of CS and CG from SR to PR

The following recommendations are ranked by priority for CS and CG in South Sudan. The recommendations are directed to government and other stakeholders that work with CS and CG such as government programmes, UN agencies and implementing partners.

The TA to be provided is geared towards to improve the number of CS and CG to implement GF programmes/projects in South Sudan.

Priority	No.	Category	Descriptions of possible outcomes
HIGH PRIORITY	1	Objective assessment of TA needs of CS and CG	<ul style="list-style-type: none"> Conduct an objective assessment of the TA needs based on the robust tool developed.
	2	Increase the number and access to local, regional and international TA providers.	<ul style="list-style-type: none"> Disseminate the list of TA providers especially that produced by EANNASO for Anglophone Africa. Build capacity to local CS and CG to provide TA to another CS and CG.
	3	Develop National TA plan	<ul style="list-style-type: none"> South Sudan can develop a TA plan that needs to be adequately funded to ensure wider coverage of the CS and CG.
	4	Develop local TA provider	<ul style="list-style-type: none"> South Sudan needs TA provider who are local and can continue to offer services even in times of current insecurities situations.
LOW PRIORITY	5	Mentoring program	<ul style="list-style-type: none"> The mentoring program should be included in the priority. The mentoring program will ensure TA is utilized by the CS and CG.
	6	Engage with regional platform	<ul style="list-style-type: none"> CS and CG need to engage EANNASO (www.eannaso.org), the regional platform for Anglophone Africa. Through the platform, the CS and CG will know and have access to TA providers and have access to additional information that may be useful in TA resources.

Table 4. Proposed recommendations for to improve TA in South Sudan.

5.2. GENERAL RECOMMENDATIONS

The implementing partners, CS and CG recognise the importance of government support in improving CS engagement in national response by increasing their capacity through TA. The political commitment should be reflected in the following areas:

1. Funding: CS and CG to explore funding from the government to fund the National TA Plan so as to capacitate the CS and CG to engage in the national response and Global Fund processes.
2. Platform for CS and CG: the CS and CG coordination platform to be i) strengthened in resources to coordinate TA to CS and CG especially those implementing Global Fund programmes, and ii) capacitated and act as a local TA provider to its members.
3. Other recommendations: learning from other networks in the region, comprehensive capacity building for CS and CG, continued advocacy for greater involvement of CS and communities, advocacy for capacity building and support to South Sudan AIDS Commission, advocate for effective representation of CS on CCM.

6. CONCLUSION

South Sudan is the Challenging Operating Environment with a history of civil wars and which do occur sporadically even at present times in some parts of the country. The CS and CG have not received any form of CRG-SI support in the three components. The country is gaining stability and efforts from different stakeholders have to be unified to increase the number of TA providers in South Sudan and TA to CS and CG who are working in areas where the government health services may not be available.

NOTES

7. CASE STUDY ON TA

7.1. CHARITY AID FOUNDATION

The capacity building of CAF is presented here as the case study for South Sudan in TA Effectiveness. The case study highlights the importance of i) using a tool to identify gaps, and ii) a tailored TA provided to CAF to enable to undertake the roles of SR in Global Fund programmes under UNDP-South Sudan.

The key areas of the assessment tool are on:

1. Governance
2. Management practices
3. Service delivery
4. External relations
5. Sustainability plans
6. Human resource
7. Financial resources
8. Program and beneficiaries

In this approach, the use of a tool to assess CS and CG TA needs is preferable as it helps in the following ways:

- Established the minimum standards to which all CS and CG will be measure
- Develop a TA tailored plan
- Provides a reference point to monitor the use such capacities in implementation of different programmes and projects.

7.2. ACTIVE YOUTH AGENCY

Active Youth Agency institutional capacity building in South Sudan was done in 2011 to 2014 by Oxfam Novib in partnership with Institute for promotion of civil society (IPCS) with funding from European Union. The Capacity building program name was strengthening of CSO Systems in South Sudan (SOCSISS). The program trained 15 Resource persons (RP) and 15 Civil Society Organizations (CSO) which Active Youth Agency (AYA) benefited from.



The approach of the SOCSISS was:

- Mapping of Community based organizations (CBO) and Civil Society Organizations (CSO) in Western Equatorial State and Central Equatorial State.
- Selection and prioritize the selected CSOs and CBOs.
- Recruitments of Resource persons (RPs) according to the number of CSOs/CBO.

After recruitment of RPs they attended the training for 9 months then the graduation of RPs follows. On the process of training of RPs the Directors of the Organization attended also the governance and financial training.

This training is done in such a way that one month the RPs were in class and one month they go to their respective CSOs to improve their system and procedures. RPs was made to present report on the activities of their respective CSOs.

RP attached to selected organization with this period of 9 months, the reason of attachment of RPs is to help the organization to develop Internal System Policies and Procedures (ISPP).

Within 9 months the role of RP is to train the organization staff on filling system, develop the HR manual, accounting policies and train the Board members on their role and responsibilities.

After the elapse of 9 months period, the organisation had developed the Internal System policies and procedures, necessary financial and HR policies. These skills were necessary for lobbying and fundraising for effective organizational management.

NOTES

8. APPENDICES

8.1. LIST OF PARTICIPANTS IN THE STUDY IN SOUTH SUDAN

S. NO	ORGANIZATION	CONTACT PERSON	CONTACT
1	ACTIVE YOUTH AGENCY (AYA)	Repent Woroh Executive Director	mayumundri@yahoo.com wororrepent@yahoo.com
2	SOUTH SUDAN COMMUNITY CHANGE AGENCY (SOSUCCA)	Llyntton Tucker Country Coordinator	Festo Bali Christopher Executive Director
3	CHARITY AID FOUNDATION SOUTH SUDAN	Adong Lacere Executive Director	cafjuba@gmail.com
4	YOUTH PEER SOUTH SUDAN SOUTH SUDAN	Moi Isaac Executive Director	lokmahei@gmail.com
5	YOUTH PEER SOUTH SUDAN SOUTH SUDAN	Lodai Aurelio Lawrence Program Officer	lodaiaurelio@gmail.com
6	ACTION AFRICA HELP INTERNATIONAL (AAH) SOUTH SUDAN COUNTRY OFFICE	Richard Ofwono Head of Program	rofwno@actionafricahelp.org
7	SOUTH SUDAN AIDS COMMISSION (SSAC)	Mr. Gabriel Atillio Director for Prevention	Gab.atillio@gmail.com
8	SOUTH SUDAN NETWORK OF PLHIV (SSNEP+)	Lole Laila Lole Coordinator	ssnepjuba@gmail.com
9	SOUTH SUDAN NETWORK OF PLHIV (SSNEP)	Dr. Peter Lado Jaden Technical Advisor	lojaden@gmail.com lojaden@live.com
10	COUNTRY COORDINATING MECHANISM (CCM) SOUTH SUDAN	Dr. Kediende Chong Country Coordinator	mkediende@gmail.com



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The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) is a regional network bringing together civil society and community voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities.

As of September 2017, EANNASO was re-selected by the Global Fund Community Rights and Gender Strategic Initiative (CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the period of December 2017 to December 2019 covering 25 Anglophone African countries.

The regional platform for communication and coordination has a key role in engaging civil society organizations and community networks in Global Fund processes. It is responsible to foster regional dialogue, exchange knowledge and good practices among civil society and community actors and networks, as well as to disseminate information on technical assistance opportunities across all Anglophone countries where the Global Fund has grants countries.

CONTACT THE REGIONAL PLATFORM

Regional Platform for Communication and Coordination for Anglophone Africa
Hosted by EANNASO, Arusha, Tanzania
Tel: +255 739 210 598
Email: eannaso@eannaso.org | **Website:** www.eannaso.org
Facebook: www.facebook.com/eannaso.org | **Twitter:** @eannaso