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SECURITY, FOREIGN AID, AND SERVICE DELIVERY IN HEALTH SYSTEM STRENGTHENING

Qualitative study on a post-conflict country South Sudan

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ABSTRACT

Hannele Toivola: Security, Foreign Aid, and Service Delivery in Health System Strengthening. Qualitative study on a post-conflict country South Sudan.
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The purpose of this study is to evaluate the effect of security, foreign aid and service delivery in health system strengthening of South Sudan. In post conflict situation in South Sudan all these have a great importance as the system has been mainly run by humanitarian organizations and largely on ad hoc basis.

The qualitative research project collected data through structured interviews that were conducted with 13 participants. The group was selected to represent multi-level international as well as national experts and professionals conducting practical work. Thematic analysis of the answers found similar issues and needs between all the interviewees. The cooperation with locals matters on every level, and the sustainability and development of the foreign aid are significant for refining of security. To realize these on practical level requires planning of the educational needs. And to succeed with this need's government cooperation on every level and progress with the implementation of the written health strategy protocols. This positive chain would prevent the professional brain drain to other countries.

There is need for rigorous analyses of how humanitarian aid and development aid frameworks could be utilized parallelly in post conflict situations. This would help to know how these kinds of continuities of foreign aid would work as successful contexts for rebuilding health system.

Keywords: Health Services, Developing Countries, South Sudan, Foreign Aid, International Cooperation, International Relief, Development cooperation

TIIVISTELMÄ

Hannele Toivola: Turvallisuuden, ulkomaanavun ja terveydenhuoltojärjestelmän vahvistaminen. Laadullinen tutkimus konfliktin jälkeisestä Etelä- Sudanista.
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Tämän tutkimuksen tarkoituksena on arvioida turvallisuuden, ulkomaanavun ja palvelutoimituksen vaikutusta Etelä-Sudanin terveydenhuoltojärjestelmän vahvistamiseen. Etelä-Sudanin konfliktin jälkeisessä tilanteessa kaikilla näillä on suuri merkitys, koska järjestelmää ovat olleet pääasiassa humanitaariset järjestöt ja suurelta osin tapauskohtaisesti.
Kvalitatiivisessa tutkimusprojektissa kerättiin tietoa strukturoiduilla haastatteluilla, joihin osallistui 13 osallistujaa. Ryhmä valittiin edustamaan monitasoisia kansainvälisiä sekä kansallisia asiantuntijoita ja käytännön työtä tekeviä ammattilaisia. Vastausten temaattinen analyysi löysi samanlaisia ongelmia ja tarpeita kaikkien haastateltujen välillä. Yhteistyö paikallisten ammattilaisten kanssa kaikilla tasoilla sekä ulkomaanavun kestävyys ja kehittäminen ovat tärkeitä turvallisuuden kehittämisen kannalta. Niiden toteuttaminen käytännön tasolla edellyttää koulutustarpeiden suunnittelua. Ja menestyä tämän tarpeen hallitusyhteistyössä kaikilla tasoilla ja edistyä kirjallisten terveysstrategiapöytäkirjojen toimeenpanossa. Tämä myönteinen ketju estäisi ammatillisen aivovuodon muihin maihin.
Tarvitaan tiukkoja analyyseja siitä, kuinka humanitaarista apua ja kehitysavun puitteita voitaisiin hyödyntää rinnakkain konfliktin jälkeisissä tilanteissa. Tämä auttaisi ymmärtämään, kuinka tällaiset ulkomaisen avun jatkuvuudet toimisivat onnistuneina konteksteina terveysjärjestelmän uudelleenrakentamiselle.

Keywords: Health Services, Developing Countries, South Sudan, Foreign Aid, International Cooperation, International Relief, Development cooperation

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PHCC	Primary Health Care center
PHCU	Primary Health Care Unit

1. Introduction

South Sudan gained independence, 9th of July 2011 from Sudan and became the 195th country in the world, and the 193rd member of the United Nations. South Sudan consists 10 states and is one of the most diverse countries in Africa. Ever since mainly Humanitarian Aid has been directed to South Sudan internationally while Development Aid is still in the beginning. The U.S. Government is the leading donor, in Fiscal Year 2019 it provided 481MU.S. Dollars to lifesaving humanitarian assistance. The European Union is allocating 42.5MEUR in support of humanitarian action in 2020 (ECHO, 2020). And Finland Ministry of Foreign affairs 6.1MEUR (UM.fi, 2020). All these donors agree on the same issues as strengthening core institutions and refining governance transparency processes to make them more comprehensive, fighting corruption, and reacting to the expectations of the population for essential services, like health and improved livelihoods. (U.S. State Bureau of African Affairs, 2020).

This thesis assesses the health system strengthening issues at stake and the challenges that have emerged in South Sudan. The intention is to provide a deeper understanding of post conflict reconstruction processes in the rebuilding sustainable health system. Importance of this issue has come up since after independence of South Sudan health system is still run by donors' money and on the interviews done to this research from national and international experts. This research will bring understanding to this concept and inequality it is bringing to different parts of the country. Having a strong governance that can implement and take in action the different plans like The National Health Policy 2016-2026, composed with guidance of WHO, needs the support of aid financially, in form of knowledge, support, continuity of officers and control, Dr. Patric Otim, NPO Emergency Preparedness and Response.

Researcher analysis interviews done, based on the WHOs health system framework, for national and international experts. As results it is confirmed what researcher, as experienced humanitarian worker, has faced as working in several different war wounded hospital settings at urban and rural areas of South Sudan.

"Humanitarian aid vs. **Development aid** form the focal conceptual division in this study. **Humanitarian aid** is provided to address short-term and immediate needs after a crisis. It aims to save lives and assist people to rebuild. In contrast, **development aid** addresses long-term, systemic issues faced by poorer nations and aims to improve economic, political, and social

development in low- and middle-income countries." (OCHA, 2021; Humanitarian careers 2021; The Ministry of foreign affairs Finland, 2021).

Humanitarian and Development aid policies are parts of e.g. The Finnish Ministry of Foreign Affairs, goals, and principles. Humanitarian aid as described above has its own department and development aid another financially. Cooperation between departments is effective but could be more active and flexible, says Martti Eirola Senior adviser in African policy. In countries with prolonged conflicts responses start to get mixed e.g., in Palestine at refugee camps where financing comes via UNHCR and Humanitarian organizations. This causes inequality locally between refugees and citizens living around the camps e.g., Kakuma refugee camp in Kenya. Population there is 160,000 refugees (January 2021) from South Sudan, Sudan, Somalia, the Democratic Republic of the Congo, Burundi, Ethiopia, and Uganda and it is in one of the poorest counties in Kenya at Turkana County. Refugees are people fleeing conflict or persecution and protected in international law. (UNHCR, 2021).

Table 1. Differences Between Humanitarian Aid and Development: An Overview. (Based on Humanitarian careers, 2021).

Humanitarian Aid	Development Aid
Short-term	Long-term
Responds to a specific crisis	Aims for systemic change
Focused on immediate lifesaving aid	Work to alleviate poverty
Delivered in any country affected by a disaster	Delivered low and middle-income countries
Nonpolitical	Political

2.Background

2.1. War and state of healthcare

South Sudan's health care systems physical infrastructure and social structures have been violently destroyed because of the liberation war that started right after independence in August 1955. It took fifty years to end it, with signing of the Comprehensive Peace Agreement in January 2005 (Collins, O. et al., 2019) but violence continues. South Sudan has the worst key health indicators globally and those remained at a very low-level right after the agreement (see below). There is high incidence of fatal infectious diseases, hygiene is poor, malnutrition is widespread and only 20% of population can reach hospital within 24 hours (Collins, O. et al.; Green, A., 2014). Most common diseases in South Sudan are Malaria, measles, tuberculosis, meningitis, cholera, schistomiasis, visceral leishmaniasis, Guinea worm disease, trypanosomiasis (sleeping sickness) (UNICEF, 2009).

Selected key health indicators: (UNICEF, 2006; UNICEF, 2009)

- South Sudan has one of the highest **Maternal Mortality Rates** in the World, estimated at 2054/100,000 live births (UNICEF, 2006).
- **Infant Mortality Rate** and **Under-five Mortality Rate** are very high at 102 per 1000 live births and 135 per 1000 live births, respectively. The Expanded Program of Immunization (EPI) program performance is suboptimal with only 13.8% of children under 12 months having received DPT37 and just 1.8% children under-five years of age fully immunized.
- **Malaria** accounts for almost a quarter (24.7%) of all diagnoses reported by health facilities in South Sudan.
- The overall prevalence of **Global Acute Malnutrition** and **Severe Acute Malnutrition** (SAM) amongst children under five is 21% and 7.63% respectively.
- **Tuberculosis (TB)** is among the major causes of morbidity and mortality in South Sudan. The annual incidence of all forms of TB is estimated at 140 per 100,000 population.
- The prevalence of **HIV/AIDS** in South Sudan is estimated at 3%, the prevalence is expected to increase.
- Neglected **Tropical Diseases** are endemic in South Sudan and account for a considerable proportion of the disease burden.

- Besides Malaria, TB and HIV/AIDS, **epidemic prone communicable diseases** contribute to the burden of diseases in the country, such as **measles, Kala-azar, Meningitis and Cholera.**
- Anecdotal evidence indicates that the burden of **non-communicable diseases (NCDs)** is on the rise, especially injuries related to road traffic accidents, cardiovascular diseases, and diabetes.

NGOs provide most of the health care, since states have limited capacity to manage, regulate, and coordinate services. Only 44 percent of the population of South Sudan is covered by health services (Study report, 2020).

2.2. Structures of public Health in South Sudan

"Health services delivery in South Sudan is structured along the following four tiers: PHCUs, PHCCs, County Hospitals (CH) and State Hospitals / Teaching Hospitals. Pic. 5. These facilities are to a large extent aligned to the administrative subdivisions of the Country in both rural and urban areas. PHCUs, which are the first level of primary care, provide basic, preventive, promotive and curative services and are expected to serve a population of 15,000. PHCUs are located in Bomas, lowest level of administrative division below Payams, second lowest administrative division below counties." (BSF South Sudan, 2021).

"PHCCs are the immediate level of referral for the PHCUs. In addition to services provided at the PHCUs, PHCCs deliver diagnostic laboratory services, maternity and in-patient care. They are expected to serve a population of up to 50,000. PHCCs are usually situated at Payam headquarters. However, in urban areas, due to the size of the population, PHCCs are located at Bomas and Payams as well. Besides offering facility-based services, outreaches are organized from PHCCs to Bomas and Villages, if the PHCC is situated at Payam headquarters or from Boma to villages if the PHCC is situated in a Boma." (BSF South Sudan, 2021).

"The County Hospitals (CH) are situated at County administrative headquarters of local government. The CHs serve as the referral level for PHCCs. Besides the services provided by the latter, CHs provide emergency surgical operations. CHs are likely to serve a population of

300,000, whilst State Hospitals serve a population of approximately 500,000. County and State hospitals represent the secondary health care level, where general medical specialists such as surgeons, obstetricians, physicians and pediatricians provide care, training and mentoring of interns." (BSF South Sudan, 2021).

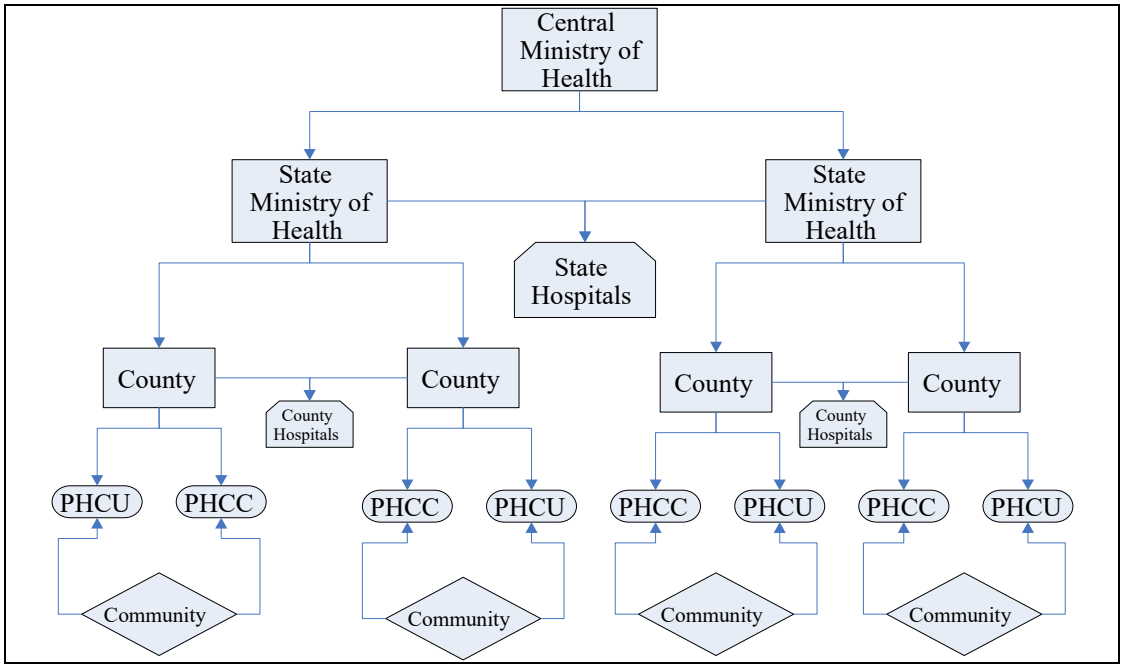

Figure 1. Structure of South Sudan's health care system (USAID, 2007)

In total there are 1,487 health facilities in the 10 States. From these 1,147 are functional, while 340 are non-functional. From the functional ones, 3 are Teaching Hospitals, 7 State Hospitals, 27 CHs, 284 PHCCs, 792 PHCUs, 10 Private facilities, and 14 specialized hospitals/clinics and 10 police and military health facilities. (BSF South Sudan, 2021).

"Regarding the state of infrastructure in these health facilities, 376 (26%) are in good condition, 347 (23%) require minor renovation, 274 (18%) require major renovation and 490 (33%) need complete replacement. Furthermore, these facilities lack medical equipment, transport and communication, water and power supplies. It is estimated that 44% of the population are settled within a 5-kilometer radius of a functional health facility. The per capita Outpatient Department (OPD) utilization rate is estimated at 0.2 visits per annum." (Study report, 2020).

“A combination of factors leads to the low utilization rates:
1. Lack of qualified staff; inadequate equipment and supplies in County and State hospitals
2. Long distances to health facilities
3. Poor roads and transport
4. Limited to no ambulance service
5. Dysfunctional referral system
6. Cultural and financial barriers. Patients often arrive to health facilities very sick because they choose to consult traditional healers at village first.” (Study report, 2020).

2.3. Private health care in South Sudan

Agok (2014) has said in his study concerning Juba, that “private health care practice is one of the main elements of health care financing strategy in the Republic of South Sudan.”
Many private funded health clinics are functioning in capital, Juba. These clinics are expensive and for that reason, serve mainly the expatriates from multiple organizations working in South Sudan.

“South Sudan physician’s organization has a private project with funding from Grand Challenges Canada in partnership with Cape Breton University to mobilize and train community health workers to perform outreach from their clinic to underserved communities, particularly focusing on camps of internally displaced persons.” (South Sudan Physician Organization, 2022).

2.4. Strengthening of Health system case studies in post conflict concepts

As doing the literature research, two post conflict countries Somalia and Afghanistan, emerged on their effective ways in strengthening national health system. Somalia is known for its political instability, conflicts and chronic health crises, it ranks to one of the fragile states. (Warsame, 2014.) The Land has been divided to three administrative regions, with their own ministries of health, Puntland state in the northeast, Somaliland in the northwest, and south-central regions. (Warsame, 2014; Warsame, et al., 2016) Each one of these regions have their own unique challenges but also opportunities. E.g., in Somaliland region, OCHA, United Nations and World Bank reported, infant mortality/1000 has reduced 65%, from 1990(152) to 2010(53) as the MDG target in 2015 was 51, and compared nationwide the reduction was 11%,

from 1990(321) to 2010(286). Just in 2019 the reduction reached 31%, so the areal differences are enormous due to geographical and healthcare infrastructure of country/area.

National Health system plan **1.** 2013-2016 is more general and **2.** 2017-2021 is based on WHO Health system strengthening, six building blocks (see fig.1.). Plan **2.** has been done in cooperation with UNICEF, UNFPA, WHO and NGO's. Its main targets are concentrated on implementations of health strategic plan 1. (Puntland Ministry of Health, 2013; Warsame, A., 2014; The Federal Government of Somali Republic, 2013; Ministry of Health and Human Services Federal Government of Somalia, 2017).

The format of health sector strategic plan has developed between plan 1. and 2. (based on WHO health system strengthening framework) and the results, in health indicators are visible, e.g., HIV ratio has started to degrease significantly since 2013, 28% to 0.03% in 2019. (WHO, 2020).

3. Aims of the study

The aim of the study is to recognize the issues considering humanitarian and developing aid benefits and differences to health system strengthening, in post conflict country South Sudan at the stage of independence. This is done by analyzing the perceptions of the national and international experts through the following research questions:

A. Which societal factors contribute most to health system strengthening in South Sudan?
B. What are the roles of humanitarian aid and development aid in health system strengthening in South Sudan?
C. What are the challenges of health service delivery in health system strengthening in South Sudan?

4. Metodology

Study design

The research data were collected with semi-structured qualitative interviews. Interview questions follow the WHO's concept for health system strengthening as introduced earlier in Figure 1.

Study population

The study includes 13 interviews from the following categories of interviewees on different levels of international and national experts:

1. Experts from different countries who have done research on this area, 3
2. Public health personnel in SS, 6 (3 doctors, 2 nurses, 1 physiotherapist)
3. Finnish Ministry of Foreign affairs, 4: Humanitarian Aid vs. Development Aid

Inclusion criteria
Humanitarian Aid and Development Aid differences and ways of working.
Security.

Exclusion criteria
Economical, budged and security issues.

Data collection and entry
Data collection and entry was done with semi-structured interview questions (see attachment) based on WHO health system framework (Figure 2 below):

1. Leadership and governance
2. Information
3. Health workforce
4. Financing
5. Medical products, vaccines and technology
6. Service delivery

All interviews were recorded by using two different technical systems to ensure the collection. One pilot interview has been done via zoom to test the questions. Transliteration to texted form word by word and conversion to framework via codes is one it's way. The researcher has a previous experience working in such war zone humanitarian aid circumstances as hospital manager and expert nurse, that reflects on the precision and valid choice of questions to be included in the interviews as pilot study is not feasible to be done.

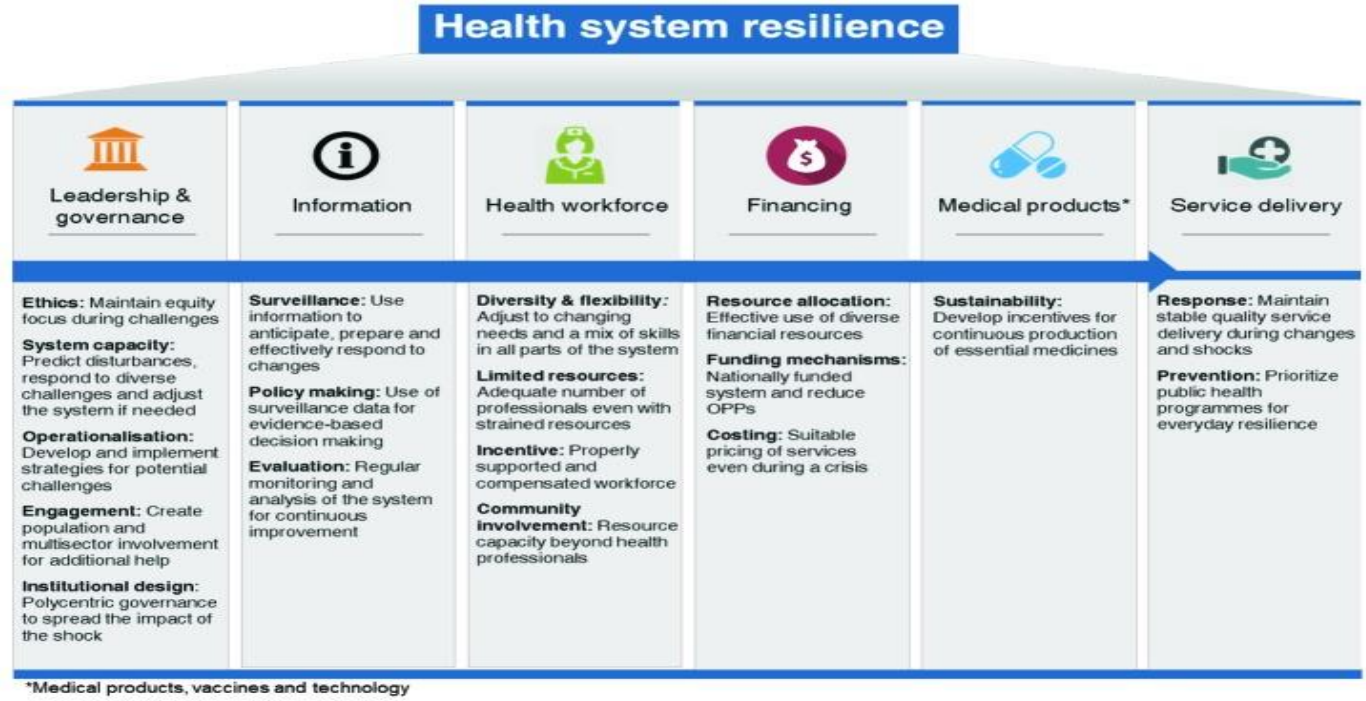

Figure 2. The WHO Health System Framework (International Journal of Health Policy and Management; 2020)

Data analysis

Qualitative data were conceptualized and formed into common themes using deductive approach and thematic analysis. Computerized coding technique was adopted using Atlas.ti 9 software package. First, the researcher will read and transcribe all participants answers to get a general sense of the whole ideas presented. Next, significant statements and phrases pertaining to the concept are extracted from each transcript. Then the codes are organized into metathemes and eventually into theme categories as framework: 1. Frames for the Development Aid, 2. Actors, and 3. Context. Afterward, the researcher will write a rich description of the experience and a reflection on the theory will be formulated.

Data quality assessment

The data was collected by the researcher who made sure that all the questions are answered by the participants and following up with them personally. “Validity of the qualitative research will also be captured through trustworthiness, authenticity, and credibility. Trustworthiness is determined by credibility, transferability, dependability, and conformability.” (Creswell and Miller, 2000).

To enhance quality of the master’s research report requirement, the data analysis was scrutinized and validated in discussions with the researcher’s supervisor. An additional independent help was provided by a colleague experienced in Grounded theory methodology.

5. Results: Structural barriers for health system strengthening

International and national expert point of views are that part of the Humanitarian Aid should be addressed already from the beginning of the crises/conflict to development aid. This is also part of Finland's Development policy and Africa Strategy (um.fi) as an example of one country. "In form of emphasizing on high-quality education, improved tax systems and support for democracy and the rule of law. Humanitarian assistance is intended to save lives during and immediately after crises." (The Ministry for Foreign Affairs Finland).

5.1. The safety situation overshadows the development of the health system

Even though there is a signed peace agreement in South Sudan today there are still lot of violence happening that keeps sick people from going to health care facilities when needed. Especially at nighttime also health care personnel are prevented to go to work. In the streets of Juba non-government troops are setting roadblocks, insisting people to pay or their life is in danger. The situation is worse at the rural areas and affecting humanitarian aid workers from reaching areas where help is needed. This is significantly slowing down the development of health system as at the root level care cannot be provided. Health professionals, doctors, nurses and paramedical don't want to stay in the country as they feel their families being in danger, and this leads them to flee the country. Humanitarian aiders are substituting them but that is not sustainable solution. The continuous insecurity makes it difficult to make moves towards development aid programs. Government funding is directed on building secure country and that is away from development of the health system as the salaries cannot be paid for health care personnel and they start to flee to other countries with their families. Insecurity may be intense and unpredictable as NE1 describes. It is no surprise this has fatal consequences on health professionals.

> *(...) South Sudan got independent and it started to really develop in a very good pace I would say, and then 2013 incidents came which stopped everything and again you are starting now from the zero, I have gone in afterwards and realized that many of the things that have been already established are fallen apart again. (IE1)*

(…) Performance in Non- supported health facilities drastically drop down and citizen are forced to travel long distance in search for health services amidst insecure and poor roads networks. (NE1)

(…) The main strength in healthcare are the doctors and nurses, paramedical staff and some of them, the good doctors, the best doctors, they fled the country because of the instability. (IE2)

(…) The security in the country is one of the big questions, doctors don't want to stay if they feel their spouse and children are in danger. (IE6)

(…) So, the stabilization of the country is very important, security for the people is very important and then all this can happen in a solid environment. As I talk today with you in Juba by 7 to 8pm people are rushing to their houses because if you stay outside you will fall, in Juba now…what is common in Juba now is people called non-government, and non-government are killing people every day and stealing from people every day. So how can non-government people operate in a city today? What is the work of the police? In some instance you even find it is the police who are non-government, it is them, who are using the legal weapon at night to steal from people. So, if this can be happening in Juba, what about the rural areas like Akobo, like Leer, like Yambio, like Bibor etc., you get it. (NE1)

Summary

Public safety is a fundamental corner stone in building society, especially in creating a health sector. Next, we will look at how the health system has been successfully developed during a period of instability. the next section will analyze the fundamental challenges and threats of the development of the health system.

5.2. The development of the health system is being condescend due to problems in central government

There should be strong governance and leadership in national, state and county level (strong institutions). This means that there are professional experts, not "good bodies", war heroes and family members only. This enables sustainability, and continuity in their work. All governance members should not be changed at the same time, there needs to be members who are familiar with the plan done for previous five years, continue to plan effectively and to secure the

continuity. The need for a steady central government came up in 7 out of 12 interviews, both national and international experts pointed this out.

> *(…) And what I have seen e.g., is the people, because you have such, let's call it now weak human resources at certain key positions, because that is also not so easy, some have gotten the position because they have been good in the war but not because they have the skills for it. And so..so the issue there is then that you have maybe not the most best people, especially in the district. And what was then happening is that you bypass the district, and you go directly to the state level. And by doing so you are actually weakening the system even more, because the once who are responsible and running the system at the district level, they don't get information and they are not involved in a discussion. (IE5)*

> *(…) So, and those are things that really in post conflict situations we need to try and fix the leadership and governance so that then it can be able to plan effectively to address the challenges that the health system has. (NE2)*

There are cases of well-organized governments driven health systems like one in Sierra Leon, and South Sudan is contrasted to that case by an interviewee.

> *(…) There (in Sierra Leon) was strong government ownership of health system, and that helped them even partly when they were hit by the Ebola, because they had fairly strong leadership and governance structure in place. Now in South Sudan, effectively we have not been able to have strong leadership and governance established, you have … political and sometimes ineffective structures that have not been uncut by strong policies or administrative structures that should govern how the health system is operated. (IN2)*

The interviewees saw that MOH cannot be trusted, as they promise things to citizens but do not act accordingly. E.g., during Covid-19 pandemic MOH promised masks to citizens in public media, but NGOs ended up doing mask delivery. Government is relying blindly to

organizations support even though these are not always working aligned to country's strategic plans and priorities. Which may delay the completion of National Health Policy of South-Sudan.

> *(…) It has not been assured because you would find the MOH maybe in Juba they call a press conference and tell people this is going to be done and this is going to be done. First of all, even the masks, MOH has not been able to provide the masks across the country. You now find that …. local non-governmental organizations, local NGO's write some little project. I know about it, some in my hometown in Yambio, I come from Yambio Western Equatorial State, I know such organizations in Yambio brought some projects and projects are funded. And then they produce masks locally and then it is distributed to people, this shouldn't be the case, the MOH with the funds from WHO should be able to provide masks at least maybe to all schools, to people in the markets and all this. (NE1)*

> *(…) The Ministry of Health has not lived to attainment of its National Health Policy; Health Sector Development Strategic Plan over the years because the humanitarian Aids are not aligned to Country's strategic plans and priorities. (NE2)*

On South Sudan latest published government health care budget has been losing 6% of GDP (year 2021 estimation was 2% of GDP in budget according to National Budget plan fiscal year 2020-2021), to security during the war time. This is understandable but according to international experts (3), to get this reversed back will take time. Government seems to trust that the humanitarian funding continues to finance some parts of the health sector. All this donor dependency slows down the strengthening of health system. Donor dependent money comes with strings attached that serve the donor, not necessarily governments plans. Furthermore, the large share of donor funding brings coordination problems and confuses who oversees the health sector policy processes and decision making.

(…) I'm not sure if you have been having some information how the financing part or how they finance the health system. It's mainly financed by…by…by an organization, it's very little financed true the government themselves only about 2%.
(...) It will take, it really will take time, to get back to "normal" share of the health expenditure. And because, you know, the thinking is all the health sector has a lot of aid..eehh…coming into the health sector, so they cover the cost there is no need to distribute more money into…into the health sector. (IE1)

(…) Nearly 90% of the current funding for the health sector funding is donor dependent with strings attached (donor related priorities and deliverables). (…) The humanitarian aid system is donor driver and not country driven in the sense that most of the aid are not aligned to the country' national health policy for 2016-2026 and health sector development strategic plan for 2017-2027. (NE2)

(…) Think about the conflict country, they are already getting aid from external support but that they cannot expect endlessly. You have to grow your internal sustenance, I don't want to give as aider or funder "water to the bugged that has holes; water goes in but doesn't stay, runs out; you have to blog those holes. (IE6)

Health strategies, policy plans and guidance documents have been done with the help of WHO, but the problem is that those have never been implemented. So, the actual work at the root level is not organized and serving the bigger picture of health system strengthening. Well planned exit strategy for humanitarian aid, that is negotiated with the host country government, is an important platform, and forms a basis for continuation to development aid. That makes it possible for government to direct the aid on certain building blocks and develop that part of health system e.g., leadership and governance.

(…) HR, leadership and governance and health care financing. When we can fix those three then we can address the rest of the issues. (…) there has been a National Health Policy developed, there is also National strategy of plan which has been develop, I think there is recently updated one, last year or so, and then

you also have number guidance documents develop. So, this National policy plan, fairly well thought through because WHO participated and agencies' participating in those, they are linked to priorities of the country, but the implementation is another thing, and it is not been done proper. (...) we do not have a aspect of leadership, when you do lead governors you should allocate the recourses, monitor how they are implemented it and then evaluate what is the impact of your interventions. (IE5)

(...) Before "jumping into the bond" we need to think how we will exit the conflict country, to have an exit tragedy. Then to have a clear plan what the organization will be focusing on; to give focus objective for government that will help them to be able to plan their action of continuity, which would then possibly receive DA. (NE2)

5.3. Humanitarian aid and development aid in health system strengthening in South Sudan

The United Nations sustainable development goals, Agenda 2030, in general and especially at articles number 3. Good health and well-being, 8. Decent work and economic growth and 16. Peace, justice, and strong institutions, in cooperation with international and national NGO's and government. At the beginning of 2020 and 2021 plans for this cooperation has been published under name NEXUS e.g., by the European Union and the United Nations. (EU, 2020; UN, 2021).

At the beginning of war there were only the UN and the Red Cross present in South Sudan, and they had quite a good cooperation and mutual understanding with MOH. As the war has been on and off several times for two decades, many different organizations have taken South Sudan as part of their ad hock projects. This has decreased the coherence, effectiveness, and sustainability in response. OCHA, whose responsibility it is to manage and coordinate humanitarian response in UN with its partners, has not been capable to keep up anymore and reduce duplication between organizations. This is also affecting OCHAs policy statement to increase and develop the capacity of national Government and local actors. As there are many organizations working on ad hock premises the development of health system is not a priority and slows down the strengthening of health system, especially without proper exit strategy. Organizations that do have a system to work parallel humanitarian- and development aid are

often having internal issues with financing. Different departments and human recourses are competing against each other and about the funds in use.

> *(…) you have a lot of different players … a lot of different organizations ... who are humanitarian aid workers, and they are the doers and not the ones who are thinking of health system strengthening in a long run (…) this is not very coherent ... you should start in a beginning correctly and looking into a long-term vision to make a system to develop... otherwise you end up losing a lot of time afterword's because you don't have people who are skilled to help to develop the system. (IE4)*

> *(…) it's even making it worse at the moment the organization drops out. Because in the meantime you have replaced the system, which should function by something else, and it goes out and nothing comes behind…that is not really in strengthening way of looking into how you can strengthen the system. (IE5)*

> *(…) The donor agencies (GoV's, ECHI/EU, WB) and also academia and media in western countries blame the aid organizations on ground that they are too emergency oriented (or too dev oriented) and do not understand the other way of working. There are aid agencies like that, doing only one way or another, but there are also organizations who know how to do both and how to do both in parallel and closely interlinked. The donor agencies (ECHO-EU, Ministries of Foreign Affairs, hum aid vs. development aid DPT's) do have a great problem as their internal structure does not allow linking, funding flows through different departments and civil servants compete for their funding allocations (and for their jobs inside the donor agency). (IE5)*

> *(…) I don't believe that we should have this divide the humanitarian aid and development aid, especially in health…even in humanitarian context the outcome should be the strengthening of health system, which is a development goal…so that you start an intersect between them." (IE2)*

The key to a well-functioning aid is co-operation with local authorities. From the beginning this relationship should be emerged and sustained. Local authorities are the expertise on their area and village and working together is most productive way for the community. This shows respect to the country, humanitarian aid is going in and not substituting but building the system from root level together, with the finance, organization is bringing in.

> *(...) at the local level you had the good governance, and it works well. If you work with the people, if you work with the additional leaders and if you also work with the authorities, I think it rather works well. They take up responsibility, they are looking into how to support the local level. The further up you go the more difficult it starts to be, so the states are strong (...) e.g., if the medical supply is a very good one but stuck in Juba. And it was not really reaching the peri ferial places, except if they had some support from some NGOs to help to distribute that one. (IE1)*

> *(...) one of the areas that need to be strengthened is the relationship between Humanitarian Aid and the local authorities. (NE1)*

> *(...) If the country is not in conflict, you can go there with no strings attached and help, like in Nepal 2005, that was pure humanitarian in and out! (...) e.g., in Afghanistan one organization was taking care of HR, one financing etc. with DA, like it should be, as in my objective area. (IE3)*

The security of country should be improved by government and rule of law. Locating the donations on a long-term perspective equally to different states, not just to capital Juba area, would give possibility for citizens to be self-reliance and build up their family's life´s. That is the base for functioning community. SS is a big country and in different parts of it, farming could be very productive, because the land is very fertile and on the other areas breeding stock is possible. Food production would not be a problem, even for all the citizens of SS, if it was secure to settle down in one place and get a loan from the bank to get started.

> *(…) constantly moving from one place to another... you can only recognize your potential in life when you are self-reliant, and you are able to build yourself. And you are living in a country which has a fertile soil... What if fertilizers are brought? That means you could harvest in SS two to three times a year. That would provide enough food for people in Equatorial, we are farmers. And the people in Upper Nile and Bargasa are (patriotists) livestock breeder. So, we in Equatorial would be able to produce food and then transport it to Upper-Nile and we buy the cows and poultry from them, because we love the meat, this is development. But again, it can only happen in a country where there is a rule of law, where institutions are in place, and it is secure...now you can't even get a loan from the bank to get a farm started... and to start slowly remove War Lords*, rebels, roadblocks and all that, then people can slowly start to plan. (NE1)*
> **War Lords; military troops that do not agree with Government of SS in Juba*

> *(…) We are waiting for things to get better and most of us are willing to go back and put things together. (IE6)*

There should be a descending scale on aid. What would develop and strengthen countries health system, is to take apart from humanitarian aid from the beginning to long term development. As thinking back ten years from now we could have built up South Sudan's health system by strengthening the education on health care sector a great deal and organizations substitution would be less. There would be possibility for government to pay salaries and keep doctors and nurses working in their own country. This could be seen as an investment to country on a long term.

> *(…) two of them start concurrently, but then as things move on you gradually diminished the HA and you gradually increase, what you call the DA…60% goes to the humanitarian work and 40% goes to into areas of strengthening the HS…we pick one area each two years, we say we are going to strengthen governance or leadership, strengthening HR for health, we could have invested this money in the training institutions for long time development and graduates could stay and work in their own country.(IE2)*

> *(…) Because there are no strict adherents to the budget, so usually the budget is made at first but at the end of the day the President decides where the money goes. And at those times when you are having the fighting the military takes all the money, so these can be on paper written that the location for health is 2% but health sometimes receives only like 1%... now the government abrogate from their responsibility of funding the HS and there for the oversight and the leadership which is necessary is not there…then the donors need to step in and fill what has been left by the government.(IE2)*

5.4. Workforce and health service delivery

South Sudan has had for decades many international organizations working in a country, some at the humanitarian aid and some partly in developing aid face. All this, with its good intensions is at the end of the day weakening the health system, because well trained health personnel seek for work opportunities in organizations since the salary is better and secured. Ministry of health cannot provide this kind of salaries, partly because of service delivery structure, especially on PHCC (Boma and Payam) level so it is not sustainable, and families monthly income is not secured which makes everyday life very difficult. Health care workers and doctors need to travel to rural areas without families because lack of infrastructure and security. This reduces the health delivery equably to entire country.

Well planned exit strategies are deficient or not done in cooperation with government, leaving key positions unfilled after project ends. Structured training of Health Care personnel and Doctors has been lacking for decades. Which should be provided by Government not rapid "bed site", trainings by different organizations.

Health care workers searching to work in private sector and for organizations is adding insult to the Health System of South Sudan. This is happening because of security issues and government not being able to pay proper, or at all, salaries. Development of HS would need recruiting and motivating national staff, not replacing them under Humanitarian Aid by international staff.

> *(…) there has been a massive, massive exodus of health care workers from the system, which causes a huge lack of, well trained workforce…the good people are out of the system in an organization, because of the secured salary…that is*

directly weakening the health system and they are not there where they actually should be, to develop the system…there is need for recruiting of the HR in health strategy for the country. (IE6)

(…) National human resources and development capacities are not strengthened under humanitarian aid. Most of the health services are delivered by international staff. (NE2)

There is a lack of proper teaching institutions in different parts of the country that would provide professional staff equally to every county (Old opposition areas). Government should invest rapidly to quality of training in different levels, recruiting and retaining competent tutors and to scholarships for students.

(…) I think we need to do four things; the first one is to stream line the preservice training, so we need to look at our curriculum for the different institutions that are training, need to renew the curriculum, make sure that they are propriety and they are delivering the right content, we need to invest in providing training, equipment's and requirements… so invest in training, recruiting and retaining competent tutors...to make sure that each state has one health institution that people can enroll in and have more opportunities for people to apply to training institutions of different level, like there used to be Government scholarships. (IE6)

(…) location of these structures (Universities) and funding is ethically and geographically very unequal so still all at the old opposition areas are outside of all these education systems and possibilities within South Sudan, so those people have to go abroad the education. (IE3)

(…) still not everyone can not work everywhere or are willing to work everywhere in the country. So being able to actually train people from the, so called old opposition areas as well would be crucial in getting the people also to work there

and retaining the staff there as well if you have people originally from that area. (NE3)

In prolonged conflict countries, like SS, economics fall down, people don't know where to even get food and the infrastructure and access to health units is destructed. The coordination of different governmental levels is disconnected and disturbed by non-governmental military troops.

(…) violent conflicts where people are killed, livelihood disrupted – people don't know how to get their food and there is a completely disturbance in service delivery system …economics fall down, people are unemployed and health staff (doctors and nurses) are fleeing the country to save their and their families lives. Only the health staff that have lack of knowledge stays. There is a lack of infrastructure for health units, medicines, equipment's etc. completely destructed in prolonged conflict countries. (IE2)

(…) developmental health delivery in health service has been ineffective only that it is not sufficient…you find themselves overwhelmed with the needs that are on the ground. And they can only do much within their capacity, but they have been effective in-service delivery to the local people in SS. (NE1)

(…) I think what bit of an issue is that you have the national level, and you have the state level and you have the county level and the Boma level. And this kind of coordination in a context like SS is extremely difficult…sometimes it's a bit disconnected. (IE5)

(…) access to Health centers in rural areas is a big problem. Even in Juba itself the ambulance is not capable provide evacuation for people more than ten or twenty people in a month…local people rely either on friends or relatives or put somebody who is very ill in bus to go to the hospital…by the time people get into the hospital they give up or you hear that oh it was too late. (NE1)

> *(…) the health workers are denied access into certain areas…War Lords form military troop in their own place and they put conditions...e.g., food program that wanted to deliver food and essentials for some IDPs and probably they reach a roadblock and the soldiers at the road blocks say you need to give us a portion of the food before we allow you go. (NE1)*

5.5. Ways out of the fragile situation

"The people of South Sudan have lacked health services for too long due to the war and instability in the country", said His Excellency Hussein Abdelbagi, Vice Precedent of Service Cluster, South Sudan. "It's time to come together and work with development partners to deliver health care services to the people of South Sudan who need it the most". He also added that the Government of South Sudan has increased the health budget allocation from 1.9% to 10% this fiscal year 2021/2022. This was at the first leadership and governance conference with WHO, conducted after the formation of the transitional government of national unity in the Republic of South Sudan in 2020. (WHO, 2021). Next two chapters are giving insights on how to come out of the fragile situation. First, I analyze Macro level, and second the ways that link to Policy and Health systems.

5.5.1 Ways on Macro level

Work of different organizations needs to be well structured and cooperated with government. This provides the continuity for the accumulation of achievements.

> *(…) Before "jumping into the bond" we need to have an exit strategy…clear plan what the organization will be focusing on…to give focus objective for government that will help them to be able to plan their action of continuity…at the National level this planning has been happening, but I cannot say the same in the state and county level, especially the Strategy one but at the operational level we have problems. (IE6)*

> *(...)* they never have been really looking into how they would go for the future so it was more of action, let's say you see a need, you do an action…it was not so coherent as you could do it. (IE1)

The donor organizations need to retain control at the projects. It is part of South Sudanese working culture, as ideally working with local staff. There is a well-structured system in use for that called the Health Information Management System (HIMS). At the Macro level the counties DG office collects the monthly data. Building up good and open relationships with local authorities is essential.

> *(...)* if you are unable to give satisfactory feedback, then the support will be cut or we will suspend the aid. (NE1)

> *(...)* the relationship between organizations, local authorities, governing institutions in places is still a hinderer in a lot of delivering Humanitarian Aid. (NE1)

Security for movements need to be augmented to retain medical staff working at all shifts, it takes to run a hospital. Especially at nighttime there is a lack of personnel, still even in Juba area.

> *(...)* that medical officer could and do not want to work at night, because on their way home they could be killed and all this kind of things. (NE1)

5.5.2. Policy and health systems related ways

Process on rebuilding the Policy and Health system and related infrastructure in a post conflict country is multisectoral. It needs international competence support, like training of professionals and functional employed middle class to continue funding of the social/health insurance system. Health system cannot be built in a vacuum, it is part of a functional society and good political system. Major contributors for good health are outside health sector.

In South Sudan a National Health Policy and National strategy plan has been developed with help of WHO. The implementation is a problem though because of poor governance.

> *(…) I think what really worked well is that they developed a policy for the whole SS that they developed this strategy plan and then they start developing some of these basic baggage's of health services where the focus is on how you want to do things. (IE2)*

> *(…) there has been a National Health Policy developed, there is also National strategy of plan which has been develop…and then you also have number guidance documents develop… WHO participated and agencies' participating in those, they are link to priorities of the country and in some counties, some states you have what we call management committee. (IE6)*

> *(…) I have seen in some counties they have very good health facility management committees…implementation that maybe a second question but developing those documents has been good. So, at the National level this planning has been happening, but I cannot say the same in the state and county level, especially the Strategy one but at the operational level we have problems." (IE7)*

> *(…) Probably what has affected the implementation of this information is the many years of war, the lack of political will and governance to strengthen the health system. (NE1)*

> *(…) they have now standards, they have now developed quit a lot and have given frames, so it is easier to navigate in it. They have a clear vision on how the health system should be, it is a primary health care system…they have been developing the Boma health initiatives which is helping very much to react to bottom up abroach. (IE1)*

Now South Sudan has two Health Information Management Systems, HIMS; and The Early Warning, Alert and Response System, EWARD. The second operates through WHO. These

two should be integrated for appropriate results. HIMS report is operated by counties DG monthly to Ministry of Health. It contains e.g., the information on OPD utilization, on inpatient admissions, on consumption of drugs. It is also used for monitoring and implementation of Public Health care projects like HIV, Malaria, Pneumonia, TB and Guinea worm. All these reports are given via the District Health Information System software DHIS electronically using mobile phones that also work at the rural areas.

> *(…) the health information management system the HIMS, which is run by the office of DG for planning and research, which does collection of monthly data that looks understanding the disease, but it's also used for monitoring the implementation of the bigger Public Health care projects like HIV, Malaria, guinea worm and so. (IE7)*

> *(…) And then to help you in your planning to location of the association you need that information on OPD utilization, on inpatient admissions, on consumption of drugs and all these things, so all these information's you get true HIMS. (IE6)*

> (…) *WHO deployed what they call EWARS the Early Warning, Alert and Response System which is really integrated in the IDSR (Integrated Disease Surveillance and Response) system. So those are the two systems that are operating in the country and lively the importance of HIMS (Health Management Information System) is to understand the pattern/burden of the top Public Health diseases of concern Malaria, Pneumonia, HIV, TB, the Guinea worm, and the other diseases of priority…SS has done very well in terms of the disease surveillance and response aspect of the Health Information system… all the 1000 and something health facilities report electronically or from mobile phones using the WHO EWARS system. Also, in rural areas it works." (IE7)*

Help from the Humanitarian Organizations is not always straight forward. Communication lines with the Ministry of Health doesn´t excess or is neglected, this makes a lot of fragmentation to the system.

(…) the ministry of health has not yet the capacity to run the whole health system in the South Sudan. …work of NGO´s running the health system and there I think the issue is that you have a big fragmentation. (IE1)

(…) the Humanitarian Organizations like even in some of the places where you have IDPs, e.g., MSF… it's their responsibility to report on behalf of the health facilities that are there. (NE3)

(…) the smaller NGO's don't have the communication lines or other interests to communicate their findings with the ministry of health necessarily or there is no cooperation or they are trusting local authorities which don't have the communication lines with the ministry of health… your own data collection but with doing so you even weaking more the local structure instead of investing something in a really sound system… Issue of WHO plans(protocols etc.) that they have helped SS to do, are not implemented actually at the field/rural areas. (IE3)

6.Discussion

The outcomes of this research have provided insights into possibility of strengthening the health system in a post conflict country South Sudan. With the help of foreign aid, it may be possible to improve parallelly security situation and health delivery system. However, the results should be interpreted with caution as there are some limitations in this research, which I discuss in the end of thesis chapter. This chapter specifies a reflection on the research process. The limitations and potential concerns of the design are discussed, as well as the implications for the interpretation of the results. At the end of this chapter there are recommendations for future research.

6.1 Interpretations

This study demonstrates a connection between security, foreign aid, and service delivery in strengthening health system. When the country's security situation is still unstable, people must be ready to relocate constantly. This prevents them from gaining regular income, settling down and getting financing for cultivating.

The research questions answered to this as follows in a nutshell:

Which societal factors contribute most to health system strengthening in South Sudan?

The safety situation overshadows the development of the health system.

The development of the health system is being condescend due to problems in central government. Well-functioning Health system involves well-designed society and political system. Strengthening the infrastructure of the country is multisectoral.

What are the roles of humanitarian aid and development aid in health system strengthening in South Sudan?

A descending scale of aid should be established, where all aspects from humanitarian aid are considered from the initial emergency responses to national long term development plans. South Sudan’s health system could have been developed by strengthening the education of the health care sector. This would have resulted in a lesser need for organizational substation in the country. This would have subsequently created job opportunities in South Sudan and strengthened the nation’s economy long term.

The key to a well-functioning aid is co-operation with local authorities.

What are the challenges of health service delivery in health system strengthening in South Sudan?

Ministry of health cannot provide this kind of salaries, partly because of service delivery structure, especially on PHCC (Boma and Payam) level so it is not sustainable, and families monthly income is not secured which makes everyday life very difficult. Health care workers and doctors need to travel to rural areas without families because lack of infrastructure and security. This reduces the health delivery equably to entire country.

"The Sphere Minimum Standards for Healthcare is a practical expression of the right to healthcare in humanitarian contexts, which is a practical expression of the right to healthcare in humanitarian contexts. The standards are grounded in the beliefs, principles, duties, and rights declared in the Humanitarian Charter. These include the right to life with dignity, the right to protection and security, and the right to receive humanitarian assistance based on need." (Sphere Guidelines, 2018). State needs to provide security for citizens.

"States that are unwilling to assist their people or which are themselves actively involved in creating crisis are clearly the most difficult to deal with; in these circumstances, a combination of substitution and advocacy, to encourage states to fulfil their obligations, is likely to be necessary." (OCHA; General Assembly Resolution 46/182 of 1991).

Humanitarian organizations must cooperate with a state at all levels of the health system. After earning trust in the eyes of the doner countries it is possible to build a bridge towards long time development aid programs. While there are unquestionable tensions, it is possible to remain committed both to humanitarian principles and to developmental principles. Doing so obliges humanitarian actors to realize that commitments to neutrality and independence are compatible with principled engagement with states to encourage and support them to fulfil their responsibilities to protect and assist their citizens. Humanitarian actors also need to consider respecting state sovereignty and ownership over the humanitarian actor as well as over the development strategies. This emphasis the substitution for the state as more of a last resort. (HPG,2009).

The well-functioning health system requires good service delivery system from administration to the practice level. That obligates well-planned society, functioning infra structure and administration. In the context of a post conflict, foreign aid could provide support in the form of knowledge. This is how the amount of brain drain, highly trained or qualified people

emigrate from a particular country, from South Sudan could be decreased. This is pivotal for how health system could be strengthened – from the top to the root levels, as this research, based on the interviews of both national and international experts clearly states.

6.2. Implications

The results of this research the very basic rights and needs of people are not satisfied in South Sudan. Security is still very unstable, and people need to be prepared to relocate anytime for their safety. This makes it impossible to settle down, start cultivating, establish a business, just conduct one's own a way to earn a living. Due to a normal life is not possible, part of the professional health care personnel reacts by applying work in a safer country. They move out to neighbouring countries with their families to make a decent living. This causes a lot of brain-drain form health sector, and its duties then needs to be substituted by the work of NGOs. Also, cronyism and corruption are an endless vicious circle and needs to be rigorously tackled by the cooperation of the South Sudan Government and the UN.

We have examples of post conflict countries e.g., Somaliland where the strengthening of health system has been very effective. At Somalia rebuilding of health system has been started at 2015, just one year after the conflict ended, in cooperation with a Swedish university and the UN. In the Somali-Swedish research cooperation for health, the priority has been given to research capacity development of the faculty staff at the Somali universities' health faculties and of the staff of the Ministry of Health. A 'training of trainers' course on health research methodology was carried out during 2016-2018, supported by WHO-based Alliance for Health Policy and Systems Research. Institutional and research capacity in public health has a key role in rebuilding national health services for better health and wellbeing and to reach the Sustainable Development Goals. (European Journal of Public Health, 2020).

6.3. Limitations of research and ethical considerations

The research results do not clearly show that it is necessary implementing the UN support to the practical level. International Experts who have previously worked in health system development tasks in South Sudan referred that prepared Health plans remain at the ministry level, in between the lines. A larger sample for the interviewees may have brought this point visible as well. The number of international experts interviewed in the study and members of the national health ministry could have been supplementary data, if conducting a survey. The researcher's many years of fieldwork experience in South Sudan strongly brings the lack of

implementation the research design. Working several years in the war-wounded and 2nd level hospital and launching projects as a perioperative medical care specialist and as a project manager has helped her to understand the context of this research.

Recruiting interviewees was a successful project through the relationships the researcher created in her humanitarian work. Working in the field for 10 years, gave good understanding to all levels of Health system and connections to people working there. Working and living under the same cultural conditions deepened the researchers understanding on people's lives, situation of health system and possibilities of the international aid in helping with this further. All the interviews were defined anonymously by scripting codes. There is no risk that anyone's cooperation would create any kind of political issue for participants.

6.4. Recommendations

Future research needs to explore how to ensure sufficient resources of United Nations office for the coordination of Humanitarian Affairs for rational organization of foreign aid in post conflict countries in order to make the development aid and humanitarian aid to meet as policy frameworks. This trickles down to questions on the country's security situation as an operating environment for the development of politics, healthcare education and its resources, the country's infrastructure, and the conditions of work in the Ministry of Health. The holistic approach would make the rebuilding the healthcare system possible at every level.

Another study could also analyze the modes of working and ways of cooperation in a multicultural context of rebuilding a health system in a post conflict country.

It was found that practical implementation the development aid could function well as means of knowledge and expertise and facilitate rebuilding a health system. So, the aid would stay in the country and serve as a good platform to strengthen the health care system in the long term.

7. Conclusions and recommendations

This qualitative study aimed to identify the main concerns of security, foreign aid and service delivery at health system strengthening in South Sudan. In a post conflict country, the most applied framework of international involvement is the humanitarian aid, which is not optimal for long term development, but it helps with resolving ad hoc situations.

The main research questions for this study were as follows:

1. Which societal factors contribute most to health system strengthening in South Sudan?
2. What are the roles of humanitarian aid and development aid in health system strengthening in South Sudan?
3. What are the challenges of health service delivery in health system strengthening in South Sudan?

The overarching principle of international aid is that a descending scale of aid should be established, where all aspects from humanitarian aid are considered from initial emergency responses to national long term development plans. The evidence of the study shows that South Sudan's health system could have been developed by strengthening the education of the health care sector. This would have resulted in a lesser need for organizational substitute in the country. This would have subsequently created job opportunities in South Sudan and strengthened the nation's economy long term.
The study concludes that the key to a well-functioning aid is co-operation with local authorities. What also matters is the co-operation between different level of administration – local (PHCU and PHCC) – county – State Ministry of Health – Central ministry of Health.

The training and education are pivotal as professionals with good knowledge are able to work in demanding setting as such as the rebuilding systems and service delivery in a post-conflict situation. Furthermore, the data consists of the aim of ending cronyism.

There is a call for well-planned and organized development aid but also there is a need for bridging between humanitarian aid and development aid, instead of a sharp division between these forms of aid. This view was common between both international experts and national experts, who were interviewed.

It was surprising that this bridge, what results address, between humanitarian and development aid doesn't exist. This calls for further conceptual development research could these 'camps' that have existed sequential for decades, also co-exist or to be united at some level for a better developmental outcome. Or is there still a fair justification that the stability with the security situation (mainly) allows the development aid to flow in. During unstable situation it is time for only humanitarian aid.

The researcher has worked in several healthcare projects and war wounded hospital projects around South Sudan between years 2012 to 2018. Based on the personal experience, the infrastructure and quality of healthcare facilities are often very poor in South Sudan. Building may have no doors or windows, even nets preventing malaria mosquitos are often lacking. Furthermore, there is no running water nor electricity, or poorly maintained electricity provision run with compressor that uses fuel. Fuel needs to be transported with a special cargo plane (49 CFR § 175.310), to rural areas, which is not possible at rainy season. At rural areas facility conditions are health hazardous because bats, scorpions, rats, and various poisonous snakes nesting inside. The health personnel have fled due to security and buildings have not been used at all or are only used partly for past 20 years. These kinds of needs for rebuilding and service delivery should have development aid fundings, as humanitarian aid fits better to ad hoc situations.

"In many contexts, donors are simultaneously committed to the OECD-DAC Principles for Good International Engagement in Fragile States and Situations, the Paris Declaration on aid effectiveness and the Good Humanitarian Donorship initiative (GHD). This entails balancing a commitment to respecting the independence of humanitarian action with a commitment to 'state-building as the central objective' of engagement with fragile states and respecting countries' 'ownership' of development strategies." (HPG, 2009).

The researcher transcribed all the interviews herself. This deepened her knowledge of the research material. When the research sample had to be kept to a reasonable size. The interviewees were international and national experts from different levels of the health care system (PHCU, PHCC, County and State Ministry of Health). Thus, the answers gave a good

picture of the current functioning of the system. The consistency in the answers was remarkable and they complemented each other.

A major surprise in the interview data was that the function of different departments (Humanitarian and Development Aid) was not cooperating and supporting each other within donor countries' administration. There were corresponding coordination challenges in monitoring and managing aid between various humanitarian organizations such as the World Health Organization, the UN and OCHA. The creation and sustaining continuity of the health care system should be a main goal for any international health related form of cooperation. The benchmarking the exact successful forms of coordination would be a significant topic for future research.

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APPENDIX 1.

26.3.2021

Information for international and national (South Sudanese) experts participating in research

This thesis is a part of my master's degree studies in Public and Global Health Program at the University of Tampere, Finland.

The thesis is focused on:
Forms of foreign aid in health system strengthening at post conflict country South Sudan in qualitative international and national experts' views

The need for this research has emerged from the researcher's experiences working in several war wounded hospital projects in South Sudan as hospital project manager and expert nurse. These projects have been run with humanitarian aid which is one form of foreign aid, meant for short time cost coverage and healthcare substitution, e.g., with foreign workforce.
As a post conflict country, South Sudan needs models and continuity for long term aid, e.g., development aid, to enable building and strengthening its nationwide health system.
WHO has developed health system strengthening model that contains six building blocks (annex 1.):

1. Leadership and governance
2. Information
3. Health workforce
4. Financing
5. Medical products, vaccines and technology
6. Service delivery

Since this model has been used in similar contexts in Afghanistan and Somalia with successful outcomes it has been chosen as a framework for this study.

I am welcoming you to be part of this research as an interviewee.

The interviews will be conducted during spring 2021. Due to the COVID-19 pandemic, all interviews will be conducted online. Interviewee's anonymity is protected by division into two groups: 1. International – and 2. National experts. All interviews are confidential, and no information of interviewee's participation nor responses are reported anywhere, e.g., company, colleagues or government institutions.

Handling and storage of research material
Study material will be all collected via interviews. Researcher may publish an article in an international scientific journal based on the thesis. Online interviews will last between 30 to 45 minutes and are double recorded, to have a back-up copy in case one fails. Recordings will be transcribed to text form by the researcher. All data will be saved in files and secured with a password. After successful approval of thesis all audio recordings, contact information and anything that might expose the identity of interviewees will be destroyed.

Benefits and disadvantages of the study
This study will provide valuable information on health system strengthening in South Sudan that has not been studied before from this point of view. Interviews done to international and national experts will provide valuable practical and scientific knowledge. After data processing, the study delivers and generates globally.

As this study is not conducted by a research group, the number of interviews is limited to 12.

Interviewees rights
Interviewees participation in the study is voluntary. There is a consent form which is signed by both the participant and the researcher. Interviewee has the right to leave the interview by saying so as well as being left out of the entire study. The researcher will provide more information if required. The confidentiality of all interviewees will be maintained throughout the study.

Researchers contact information
hannele.toivola@tuni.fi
+358 50533 99 88

APPENDIX 2.

CONSENT FORM

I have accepted an invitation to be part of study for Tampere University as interviewee:

Forms of foreign aid in health system strengthening at post conflict country South Sudan in qualitative international and national experts' views

I have received information about the purpose of this study, collection of research material, confidentiality protection and my rights as an interviewee, both verbally and in writing. I have had an opportunity to ask questions regarding the research.

I understand that my participation is voluntary, and I may interrupt my participation at any time by saying so to the researcher.

Place and date Signature of the interviewee Name clarification

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Place and date Signature of the researcher Name clarification

APPENDIX 3.

26.03.2021

QUESTIONS FOR INTERVIEW
according to WHO Health system strengthening building blocks

5min

1. General question's part 1.
   a) What has been your experience on working in South Sudan or similar contexts, briefly?
   b) Compare your experience in health system strengthening in other post conflict concepts?
   c) What do you see is the main challenge in the strengthening of the South Sudanese health system?

20min
As we are talking here about WHO Health system strengthening building blocks in post conflict areas…

2. Leadership and governance
   a) What aspects of health system governance do you see that have worked well towards reconstruction efforts of Health system strengthening in South Sudan?
   b) How do you see the challenges of governance in the health sector?

3. Information
   What is the current importance of the health information collection system in place?

4. Health workforce
   a) How do you see recruiting, and retaining of local health workforce working at the moment?
   b) What is your opinion on organizing and supporting education for health workforce, how does it work?

As we are talking here about WHO Health system strengthening building blocks in post conflict areas…

5. Financing of Health system strengthening
   As we are now working strongly under Humanitarian Aid and moving towards the need of Development Aid
   a) Does the current aid design for the health system in South Sudan assist or delay the health system strengthening?
   b) In these contexts, there are always some unpredictability in funding, how has it effected health service provision?

6. Medical products and technologies
   a) Could you comment on the availability of medicines, vaccines and technology?
   b) Has it been assured?

7. Service delivery
   How do you see Development Aid´s effect in service delivery?

10min

General question’s part 2.

8. What are the building blocks that can be strengthened at the Humanitarian Aid stage?
9. How do you see when would it be effective to change to Development Aid?
10. What would be the advantages of Development Aid compared to Humanitarian Aid?