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Opportunities for Improving Urban Service Delivery in South Sudan: A Tale of Two Cities

PART I: Service Delivery Status Report

September 2017

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ABBREVIATIONS

DfID	Department for International Development (United Kingdom)
EMIS	Education Management Information System
GESS	Girls Education South Sudan
GIZ	Gesellschaft für Internationale Zusammenarbeit
GSURR	Social, Urban, Rural and Resilience Global Practice
JICA	Japan International Cooperation Agency
MW	megawatt
NGO	nongovernment organization
NRECA	National Rural Electric Association
OECD	Organisation for Economic Co-operation and Development
SPLA	Sudan People's Liberation Army
SPLA-IO	Sudan People's Liberation Army-In-Opposition
SSP	South Sudanese Pounds
SSUWC	South Sudan Urban Water Corporation
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USD	United States dollar
WASH	water, sanitation, and health

EXECUTIVE SUMMARY

The reciprocal relationship between service delivery and state fragility has been well established in the literature and acknowledged by major global aid and development providers. O*pportunities for Improving Urban Service Delivery in South Sudan: A Tale of Two Cities* is a three-part study that seeks to contribute to the existing knowledge of service delivery by recognizing and analyzing successful national and international models of alternative service delivery and identifying the contributing role/s of the government.

The current report presents an overview of the current status of service delivery in South Sudan and offers recommendations regarding the four service-delivery sectors that will be investigated in depth during the next phase of the study. The information presented here was obtained through a month-long desk review and key informant interviews conducted in South Sudan.

For this study, the service delivery sectors in South Sudan are classified into four groups: (1) social services—education and health care; (2) utilities—water and electricity; (3) core urban services—waste disposal, transport, and other; and (4) security and justice. The service sector development and assistance is distributed unevenly among the sectors; and urban areas are particularly affected by the disputed role of urban councils, resulting from an incomplete implementation of the Local Government Act, 2009. More specifically:

1. Both health and education, which constitute social services, have benefited from evolved government-run management and financing structures as well as extensive external assistance. While county-level institutions are incorporated into both service delivery frameworks, the role of urban councils remains unclear and unsupported.
2. The national water and electricity utilities provide limited coverage, are in need of capital investment, and struggle to cover costs through tariff collection. The establishment of a small number of small-scale utilities owned by local governments such as those set up by Gesellschaft für Internationale Zusammenarbeit (GIZ) or cooperatives fill service delivery gaps. The smaller-scale utilities appear to be better equipped for maintaining operations under the current conditions.
3. Urban councils directly manage core urban services, such as solid and liquid waste management, road maintenance, and public transport regulation. As a result, these services are delivered in an ad hoc manner and attract low levels of external support.
4. The civil war has affected the delivery of security and justice that took place between 2013 and 2015. As the first weeks of the transitional government unfolded, these represented highly sensitive and controversial topics in the country.

Service delivery sectors in this report have been evaluated on the following criteria:

Effectiveness[a]	This criterion assesses if the service delivery model is fulfilling its intended function. For example, is the water delivery model currently delivering water to customers?
Contribution to social cohesion	The Organisation for Economic Co-operation and Development (OECD) places social cohesion at the intersection of social inclusion, social capital, and social mobility (OECD 2011). Service delivery models that contribute to social cohesion are inclusive, strengthen social capital, and promote social mobility.[b]
Sustainability	According to OECD, advancing long-term sustainability in service delivery amounts to "helping to deliver essential services in a way that builds accountability and ensures government takes ultimate responsibility" (OECD 2008: 9).
Scalability	A service delivery model is said to be scalable if it can absorb additional funding and thereby increase its outputs (and impact).
Diversified models of delivery	The more diversified the grassroots service delivery among various models of delivery, the better the likelihood of capturing rich data on alternative models.
Integration with local government	This criterion captures the extent to which the service delivery model complies with the Local Government Act in terms of involving local councils in primary service delivery.

a. The original intention was to assess the cost-effectiveness of the service delivery models, but this proved to be beyond the scope of this initial assignment given the complex funding structures of the education and health sectors as well as an inability to access information on the cost of delivery of some of the government-run services, such as the South Sudan Urban Water Corporation or the core urban services funded by the city council. In the context of challenging conditions encountered in South Sudan, it was therefore decided that simple effectiveness is a criterion that should inform the assessment of the service delivery models. Meanwhile, efforts to collect cost-related data will continue into the next phase of research.

b. Social capital is defined as "the links, shared values and understandings in society that enable individuals and groups to trust each other and so work together."

Service delivery sectors assessed as having most strongly delivered on the above criteria are recommended for further study. Recommended sectors for further study include the following:

Primary education. Potential exists to investigate user-level perceptions of government-run, private, community-run, and faith-based models to come up with a more concrete and realistic analysis of education delivery in urban areas and to identify the most successful models.

Basic health care. There is an opportunity to determine whether there are substantial differences between the government-financed health facilities and alternative service providers in urban areas in terms of access and quality of service.

Electricity. A number of contrasting models of delivery including national utility and cooperatives offer an opportunity to investigate benefits and disadvantages of each delivery model.

Water. Similar to electricity**,** a number of contrasting models of delivery including national and local government-owned utilities, cooperatives and private providers offer an opportunity to investigate benefits and disadvantages of each delivery model.

It is further recommended that the subsequent parts of the study concentrate on the following three locations:[1]

[1] On December 24, 2015, President Salva Kiir announced the dissolution of South Sudan's 10 regional states, which constituted the top layer of administrative division in the country, and the formation of 28 new states. Because the transition from 10 to 28 states remained incomplete at the time of this writing and all written sources predating the end of 2015 refer to and are structured according to the 10-state system, the "old" administrative divisions are used in this report.

Juba—large population center, 24,971 households, according to the National Bureau of Statistics. Juba is the capital of South Sudan and the largest population center. As a capital and largest urban center, Juba has a variety of education and health care providers. The South Sudan Urban Water Corporation (SSUWC) delivers water with the help of private providers and multiple local boreholes and hand pumps. All electricity is privately generated through the use of generators and solar panels.

Wau—medium-sized center, 20,611 households, according to the National Bureau of Statistics. Wau is the capital of former Western Bahr el-Ghazal state and, along with Juba and Malakal, one of South Sudan's three historical urban centers. Its service delivery profile is similar to the two other medium-sized urban centers investigated for this report—Aweil and Rumbek—with a variety of local education and health providers. Water is supplied partly through the SSUWC distribution network and partly through local boreholes and hand pumps; all electricity is privately generated.

Yei—small-sized center, 1,602 households, according to the National Bureau of Statistics. Yei is slightly larger than a small-sized town, with an estimated population of 185,000 in 2011, but the town is overwhelmingly rural in character. The SSUWC and the South Sudan Electricity Corporation are not active in Yei, but both local water and electricity utilities are currently active in the town. Additionally, the data from Yei, located south of Juba, will provide a contrast to the medium-sized Wau located in the northern part of South Sudan.

1. Introduction

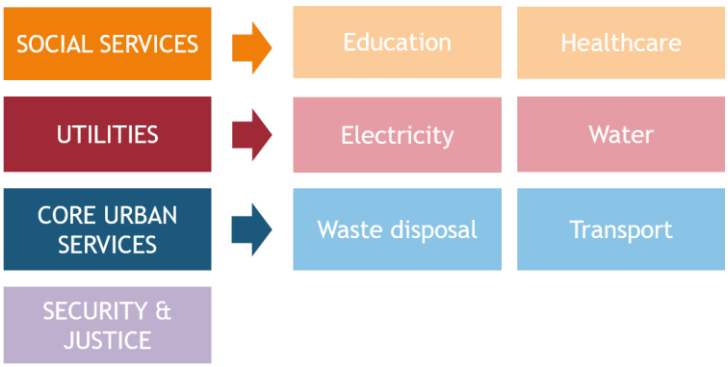
The reciprocal relationship between service delivery and state fragility has been well established in the literature and acknowledged by major global aid and development providers. *Opportunities for Improving Urban Service Delivery in South Sudan: A Tale of Two Cities* is a three-part study that seeks to contribute to the existing knowledge about service delivery in the urban areas of South Sudan by:

- Identifying and analyzing successful service delivery models in four sectors within select urban areas of South Sudan that can be supported and replicated;
- Recommending appropriate international service delivery models relevant to the South Sudanese context; and
- Identifying the appropriate roles of government for these alternative delivery models and the capacity building support required to ensure that they are fulfilled.

This report presents an overview of the current status of service delivery in South Sudan along with recommendations regarding the four service delivery sectors to be investigated in depth through household surveys and additional qualitative research.

The report is organized into four chapters. Following this introduction, chapter 2 provides an overview of South Sudan's service delivery sectors and information and analysis relating to each, chapter 3 summarizes the potential sectors and locations to be studied further and clarifies the criteria and factors used for selection. Finally, chapter 4 recommends the service sectors to be studied further. To increase clarity, services are organized into the following four groups: (1) social services—education and health care; (2) utilities—water and electricity; (3) core urban services—waste disposal, transport, and other; and (4) security and justice (see figure 1.1).

Figure 1.1. Service Delivery Sectors



Methodology

The information and analysis presented in this report is based on a month-long desk review and key informant interviews carried out in Juba in March and April 2016. The resulting report is intended to give an overview of nationwide service delivery frameworks and processes with a focus on urban areas wherever possible. Data sources were therefore selected to provide this general point of view, while subsequent parts of this study will focus on collecting primary data concerning service delivery in specific urban areas.

The documents reviewed for this study are:

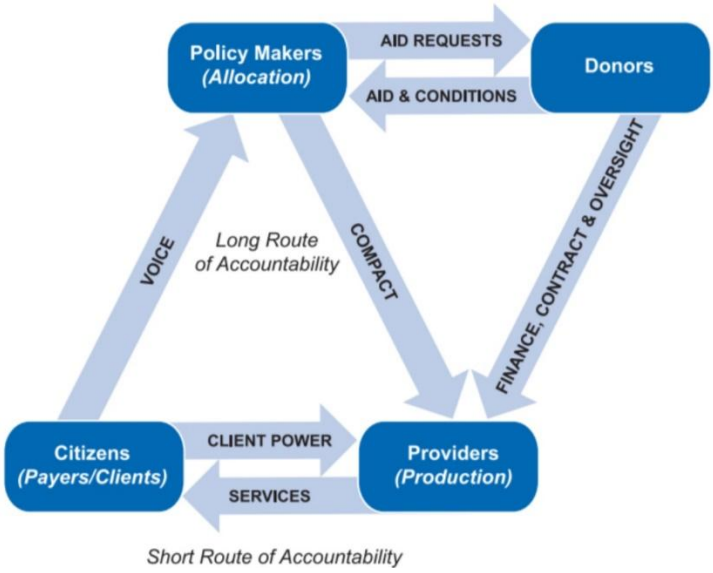
- Literature on best practices in service delivery in fragile contexts;
- Development plans, sector frameworks, and relevant legislation of the South Sudanese government;
- Donor funded assessments, work plans, and results frameworks;
- Indicator databases; and
- Available assessments and overviews of individual service delivery sectors.

The research team also conducted 19 interviews. See appendix A for a full list of key informants.

2. Service Delivery in Fragile Contexts

The reciprocal relationship between service delivery and state fragility is well established in the literature and acknowledged by major global aid and development providers. The World Development Report 2004*:* Making Services Work for Poor People (World Bank 2004) drew attention to service delivery in the development context. Focusing on basic services such as education, health, water, sanitation, and electricity, the report made a point of "putting poor people at the center of service provision." It introduced a diagram charting the "short route" and the "long route" of accountability between the people and service providers and between the people and the government, which was subsequently adopted in most studies dealing with service delivery in the context of international development. Figure 2.1 below is taken from OECD 2008 Report on Service Delivery in Fragile Situations and is one such adaptation of the long and short route of accountability outlined in the 2004 World Development Report.

Figure 2.1. Accountability Triangle with Donors



Source: OECD 2008.

In 2008, the Organisation for Economic Co-operation and Development (OECD) released the discussion paper "Service Delivery in Fragile Situations" (OECD 2008), which built on the "Principles for Good International Engagement in Fragile States" (OECD 2007), adopted by the OECD Development Assistance Committee in April 2007. OECD's position on service delivery in fragile and conflict-affected states highlights the reciprocal relationship between fragility and service delivery and makes a direct link between the quality of governance and government accountability with respect to service delivery. In the report, OECD defines service delivery as both a technical task and a governance process and calls for involvement of the governments of fragile and conflict-affected states in service delivery, even if that involvement is limited by the government's capacity or willingness to cooperate with the international community. Similarly, a trade-off is necessary between the humanitarian imperative to deliver life-saving services at a large scale and on a short timeframe and the technical, political, and fiscal imperative of setting up sustainable systems for long-term development.

A background paper to the World Development Report 2011 focusing on service delivery in fragile and conflict-affected states authored by Mark Baird further refined the OECD argument while adding specific observations relating to these states and international assistance (Baird 2010). The paper stresses that the first precondition of a responsive and pro-poor state is the ability of elites to peacefully coexist, a particularly salient point with

respect to the recent developments in South Sudan. The paper makes a case for using contractors and community-based service delivery as a valid long-term solution to service-delivery problems but stresses the importance of integrating financial management with government structures, particularly the Ministry of Financial Planning. While the international community has an important role to play in restoring service delivery to fragile and conflict-affected states, and while the OECD principles are sound, there is a risk of the donor community overpowering the government to the detriment of institutional capacity building.

Assessment Criteria

The service delivery sectors presented in this report have been screened against multiple criteria to select the four sectors of focus for further study. Four criteria were defined at the concept stage: contribution to social cohesion, sustainability, scalability, and effectiveness;[2] and two additional screening criteria were developed during the formative research process: diversified models of delivery and integration with local government and accountability). Where possible, the criteria definitions presented below draw on the presented literature, including the OECD's "Service Delivery in Fragile Situations" (OECD 2008) and relevant World Bank publications. See table 2.1.

Table 2.1. Selection Criteria

Effectiveness[a]	This criterion assesses if the service delivery model is fulfilling its intended function. For example, is the water delivery model currently delivering water to customers?
Contribution to social cohesion	The Organisation for Economic Co-operation and Development (OECD) places social cohesion at the intersection of social inclusion, social capital, and social mobility (OECD 2011). Service delivery models that contribute to social cohesion are inclusive, strengthen social capital, and promote social mobility.[b]
Sustainability	According to OECD, advancing long-term sustainability in service delivery amounts to "helping to deliver essential services in a way that builds accountability and ensures government takes ultimate responsibility" (OECD 2008: 9).
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b. Social capital is defined as "the links, shared values and understandings in society that enable individuals and groups to trust each other and so work together."

[2] The original criterion in the terms of reference was "cost-effectiveness," but in the light of uniformly high levels service delivery costs in South Sudan and the difficulty with the currently available data to establish a unit cost for each model, we propose that at this stage of the project, the criterion be simplified to "effectiveness." The cost-effectiveness of the individual selected models of service delivery would then be assessed in Phase 2.

Focus on Service Delivery Sectors

Service delivery is a wide-ranging area of study, and given the short timeframe allocated for Part 1 of one month, basic restrictions were needed to guide the formative research. In assessing which service delivery sectors to consider for the follow-up survey, special attention was paid to the mechanisms for *primary* and *core urban service* delivery:

- Service delivery in South Sudan continues to be severely underdeveloped; and very few citizens have access to secondary and tertiary services, such as hospitals and universities, even in urban contexts. It would therefore be challenging to capture data from the household survey regarding secondary and tertiary services at the household level.
- The focus of the study is on urban areas; therefore, services falling under the mandate of urban councils are highly relevant. According to the Local Government Act, these include primary education and health care; shelter; and public utilities, such as water and sanitation, energy, waste management, and transport.
- The review focused on direct delivery models rather than on interventions that have been designed to develop the capacity of the service delivery sector as a whole and thus indirectly improve service delivery.
- Due to their contentious and controversial nature in the current context of Transitional Government of National Unity formation and attempts to enforce a ceasefire following a two-year civil war, the justice and security sectors were not considered as main areas of focus for the Part 1 review.

3. Service delivery in South Sudan

3.1. Overview (2005–present)

Key Takeaways

- Since the signing of the Comprehensive Peace Agreement in 2005, South Sudan has relied on external funding for service delivery.
- South Sudan's central government institutions are becoming increasingly involved in service delivery through the Local Services Support initiative.
- Urban councils do not currently operate according to the Local Government Act and are excluded from the majority of service delivery processes.

Between 2005 and 2013, the majority of services in South Sudan were delivered through funds administered by the international community, particularly the Multi-Donor Trust Fund for South Sudan and the Basic Services Fund.

Current efforts to develop service delivery in South Sudan date back to the signing of the Comprehensive Peace Agreement in January 2005. In the year preceding the signing of the agreement between the government of Sudan and the Sudan People's Liberation Movement, a joint assessment mission carried out by the World Bank and the United Nations investigated the post-conflict needs in the country. In the resulting joint assessment mission assessment, published in March 2005, the authors found that "infrastructure is virtually nonexistent" in Southern Sudan, and "service delivery structures … must be created essentially from scratch" (World Bank and United Nations 2005: 9).

The precursors to the current service delivery financing frameworks were the Multi-Donor Trust Fund–South Sudan (2005–13), designed as the primary coordinated funding mechanism for the implementation of the Comprehensive Peace Agreement; and the Basic Services Fund, funded by the United Kingdom's Department for International Development (DfID), originally intended as a 20-month bridging mechanism, but it continued to provide funding for primary education and health care services between 2005 and 2013.

The Multi-Donor Trust Fund for South Sudan and the Basic Services Fund were phased out between 2012 and 2013, replaced by direct government funding of service delivery and individual donor-funded programs supporting specific service delivery sectors. The largest ongoing social service delivery programs include the DfID-funded Girls Education South Sudan (GESS), United States Agency for International Development (USAID)-funded Integrated Service Delivery and Health System Strengthening and the Health Pooled Fund funded by a DfID-led consortium of donors. The same year also saw the WB approval of the first IDA Credit for the Local Governance and Service Delivery Project for South Sudan, an ongoing program focused on the strengthening local government and implementing small-scale infrastructure in rural areas in support of service delivery.

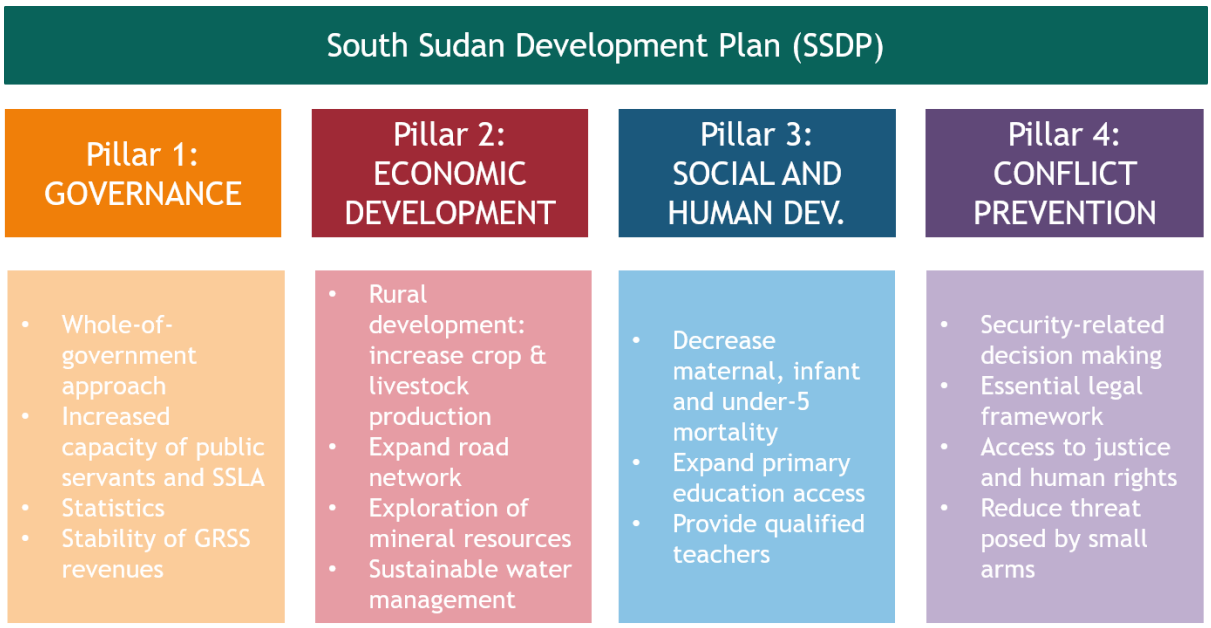
Local Government Act placed the responsibility for delivery of basic services with the local government bodies. Since mid-2013 steps have been taken to increase the involvement of counties.

Among the first laws addressing service delivery in the newly autonomous Southern Sudan was the Local Government Act, 2009, which defined the role of the "third level of government" in the form of the county, city, municipal, and town councils "on the principles of decentralization and democratic governance that demands the devolution of authority" The legislation gives the local councils direct responsibility for implementation of "primary services," which include primary education, health care, shelter, and utilities, under the supervision of the state governments and according to the policy set by the national government. It

lists funding mechanisms for local service delivery, including locally levied fees and taxes and contributions from the national government and external donors. Despite the passing of the Local Government Act in 2009, the law has not yet been fully implemented.

The overall vision for service delivery in post independent South Sudan is set out in the South Sudan Development Plan, which was created to guide development during the first five years of the country's existence (see figure 3.1). The nationwide priorities presented in this plan incorporate all three levels of government and are organized around governance, economic development, social service delivery, and conflict prevention and security. Although the plan covers the country as a whole, it explicitly prioritizes rural development due to the relative underdevelopment of rural compared to urban areas.

Figure 3.1. Four Pillars of the South Sudan Development Plan



Among other priorities, the plan proposed to "support the design and development of County Planning and Budgeting Systems" in all counties (Ministry of Finance and Planning 2011: 174–75). In order to support local government capacity for service delivery, the Local Services Support initiative was launched under the leadership of the Ministry of Finance and Economic Planning. Between 2012 and 2013, four service development frameworks were developed with the support of the initiative; and in July 2013, undersecretaries of six ministries signed on to strengthen the capacity of local government to deliver public services. Since the signing of the action plan, Local Services Support initiatives have included the design and implementation of the service-delivery financing framework, local government public finance management, and human resource tools. Most noticeably, "service delivery" transfers to counties were incorporated into the 2013/14 budget, and the national government began to release the funds in January 2014.

Service delivery in urban areas is affected by a lack of planning, a lack of funding, and incomplete implementation of the Local Government Act with respect to urban councils.

Between the South Sudan Development Plan, Local Services Support initiatives, and donor-funded programs, there has been relatively little support directly targeted at service delivery in urban areas. The bilateral donor agency most heavily involved in supporting service delivery in Juba has been the Japan International Cooperation Agency (JICA), with an ongoing investment of almost US$50 million to expand access to water delivery and past cooperation with the Juba City Council on solid waste management. GIZ is similarly involved in expanding access to water in three smaller urban centers in the Greater Equatoria region. However, many gaps in service delivery remain even as the towns and cities of South Sudan continue to grow in size. Perhaps

even more importantly, significant gaps remain in terms of urban policy and planning, local governance, and resource management.

Ten years after becoming the capital of South Sudan, Juba still has no zoning plan or master plan for sanitation and solid waste disposal; and the national urban planning policy, which must precede any local master plan, is still under development. The Ministry of Lands, Housing, and Physical Planning—the national-level ministry responsible for developing the policy—has undergone several transformations since its establishment in 2006. It was originally called the Ministry of Housing and Public Utilities, but the urban water and electricity responsibilities were then migrated to the Ministry of Electricity, Dams, Irrigation, and Water Resources, leaving only the urban sanitation directorate under its charge. Contributing to the slow pace of the production of national and local urban policies is an overall shortage of qualified architects, urban planners, and other experts whose input feeds into the urban master plans.[3]

On the local governance side, cities and towns continue to be affected by the incomplete implementation of the Local Government Act. Although urban councils have been set up in all state capitals, membership in a city or municipality council does not follow a uniform procedure and in most cases is a result of a unilateral appointment by the state governor. The territorial jurisdiction of individual councils has not been delimited, and the relationship between a county council and a city or municipality council contained within the same county has not been defined. At this time, there is no independent implementing budget for urban councils allocated at the national level and no available analysis of urban council income and expenditures, even though revenues are in fact collected and services financed at the urban council level.[4]

As a result of these capacity and governance constraints and pending issues, urban councils currently operate autonomously, with low levels of accountability, and are frequently bypassed by nationwide service-delivery programs. This is most apparent in primary education and basic health care. According to the Local Government Act, local government bodies hold the primary responsibility for the delivery of primary health care and education. However, under the Local Services Support Joint Plan of Action, national funding for both services is channeled through transfers to the counties, that then directly distribute them to the concerned facilities. City and municipal councils as well as the associated downstream administration, including blocks and quarters, conduct limited supervision of the facilities in their territory and occasionally supplement the school budget from city's own revenues.[5]

Similarly, the management of government utilities resides at the national level, with both the South Sudan Urban Water Corporation (SSUWC) and the South Sudan Electricity Corporation placed within the structure of the Ministry of Electricity, Dams, Water, and Irrigation. According to the interviewed director of planning at the Juba City Council, the council has no formal relationship with either of the utilities responsible for the public delivery of water and electricity in Juba City. Services left under the management of the city councils are the so-called "core urban services," which include liquid and solid waste disposal and maintenance of feeder roads that are not usually asphalted, as examples. The delivery of these services is mostly financed from the city revenues and often implemented in an ad hoc manner and on a scale that does not respond to the growing needs of South Sudan's urban areas.[6]

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[3] This is according to an interview with Peter Marino Modi Pitya, the undersecretary of the Ministry of Lands, Housing, and Physical Planning on July 4, 2016.

[4] This is according to an interview with Emmanuel Ssewankambo, advisor at the Ministry of Finance and Economic Planning.

[5] This is according to an interview with the Hillary Dada Woderif Limuga, director of planning for the Juba City Council on December 4, 2016, and Alex Madhi, executive director of the Munuki Block on July 4, 2016.

[6] Ibid.

3.2. Social services

Key Takeaways

- Primary health care and education are priority services for the government of South Sudan, and together they form Pillar 3 of the South Sudan Development Plan: Social and Human Development.
- The Local Government Act places the responsibility for the delivery of primary education and health care with the local councils.
- Service delivery frameworks define the roles of national, state, and county levels of government in delivering primary education and basic health care.
- The South Sudanese government directly funds the government-run primary schools through payroll transfers and capitation grants to individual schools.
- Basic health care is primarily delivered through large-scale programs funded by the DfID, USAID, the World Bank, and other donors.

Education

Education is predominantly financed by the government of South Sudan and implemented by a varied array of institutions, including government-run, private, community-run, and faith-based schools. Comparatively wide countrywide coverage of primary education has been achieved. Government financing and management structures operate independently with support from DfID-financed development programs. Because responsibility for primary education is placed at the county level in accordance with the law, no provisions are made for urban council involvement in education delivery in urban areas.

a) Legal framework

The full education sector plan is currently under development by the Ministry of Education, Science, and Technology. It will cover education-sector development from 2017 onward. Until then, the General Education Strategic Plan (2012 –17) defines the objectives for the development of early childhood, primary, and secondary education.

The Primary Education Service Delivery Framework, published in November 2012, sets out the institutional and financing frameworks for primary education delivery:

- **The national-level ministry** develops policy, establishes curricula, makes budget allocations, and oversees national examinations.
- **The state-level ministry** provides leadership and plans for the allocation of resources at the state level and inspects county-level performance.
- **County education departments** are responsible for the actual delivery of primary education in accordance with the Local Government Act. They work directly with payam (administrative division) supervisors and with parent-teacher associations to ensure service accountability at the community level.

In accordance with the Local Government Act, the Primary Education Service Development Framework elaborates the structure of education delivery: counties manage primary schools; and the national-level Ministry of Education, Science, and Technology directly manages secondary schools, universities, technical and vocational education and training centers, and teacher-training institutes. Even though local government is expected to play a role in primary education delivery, the framework makes no mention of urban councils or the specifics of primary education delivery in an urban context. According to the framework, the county- and state-level government is responsible for the oversight of nongovernmental schools based on the policy set by the national-level ministry. The financing mechanism divides resources into payroll and operational cost transfers to the state ministry and payroll, operational costs, and block transfers to counties.

b) Current situation

The system currently in place for primary education delivery generally respects the legal framework, with an additional support structure in the form of the DfID-funded GESS program. Under the system, state-level units of the Ministry of Education, Science, and Technology and county education departments receive a conditional salary transfer[7] from the central government to cover the cost of staff and teacher payrolls at facilities for which they are responsible as well an operating grant to cover their own operating costs.[8] In addition, since January 2014, most schools are eligible to apply for a capitation grant from the central government to cover their basic operating costs.

Primary-school capitation grants are fully funded by the government of South Sudan, while secondary-school capitation grants are funded by GESS. Both are delivered into the school bank account by the national- and state-level Ministry of Finance and Economic Planning. Any nonprofit primary or secondary school is eligible to apply for a capitation grant, including government, community, faith-based, and low-cost private schools. Schools begin to receive their grant once they meet the six predefined requirements, which include regular submission of attendance data and the opening of a bank account. Each school receives its grant in two tranches, and each must account for the first part of the grant to receive the second. Each month, the education transfer monitoring committee—composed of Ministry of Education, Science, and Technology and GESS program staff—meets to review and monitor the monthly capitation grant transfers.

GESS provides assistance to the capitation grant transfer process in several ways. For any school to become eligible for a capitation grant and maintain its funding, it has to regularly submit attendance data to the South Sudan Schools' Attendance and Monitoring System, which is run under the GESS program. Additionally, nongovernmental organizations (NGOs) subcontracted under GESS as "state anchors" work with the county education departments in each state to assist schools with capitation grant applications and processing.[9]

This robust system for service delivery centered on government institutions contributes to the effectiveness, sustainability, and scalability of the primary education sector model, while the incorporation of GESS at the county, state, and national level creates an opportunity for capacity building and skills transfer. However, the system is not yet fully efficient, and in its two years of existence, a significant proportion of the capitation grant transfers was retained at the state-level units of the Ministry of Finance and Economic Planning. During the 2014/15 academic year, the proportion of the capitation grant transfer held at the state level amounted to 22 percent of the almost 36 million South Sudanese Pounds (SSP) transferred by the national-level ministry.[10]

c) Existing models of service delivery

The actual delivery of education is undertaken by a diverse array of schools, most of which draw on support from the overall sector-delivery model described above. The schools differ primarily in terms of management and ownership structure. They include government, private (both low-cost and for-profit), community, and faith-based models. The major difference between urban and rural context is in the diversity of school types providing education services. The South Sudan Attendance Monitoring System currently registers 4,273 open primary and secondary schools that are drawing a capitation grant across the ten states of South Sudan, out of

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[7] Conditional transfer is a type of government grant intended to cover core service delivery functions in the education, health, infrastructure, natural resources, and rural development sectors at the state, county, and facility level.

[8] For the state-level Ministry of Education, Science, and Technology, this also includes the running costs of technical and vocational education training centers and teacher training institutes.

[9] In addition to capitation grants and the South Sudan National Police Service, GESS implements a cash transfer scheme for female students enrolled between Primary 5 and Primary 8, and includes an education quality improvement component and a behavioral change communication component

[10] There were significant differences among individual states: in Central Equatoria, Eastern Equatoria, Western Bahr el-Ghazal and Warrap all of the capitation grants were transferred to the schools, while in Northern Bahr el-Ghazal most of the transfer was kept at the state level. Due to the armed conflict in the Greater Upper Nile area in 2015, capitation grants were channelled through the GESS state anchors (NGOs) in the three Greater Upper Nile states rather than the state-level Ministry of Finance and Economic Planning.

which 93 percent are primary;[11] while the 2015 Education Management Information System (EMIS) counted 5,102 schools in the seven states not affected by conflict. Of the 5,102 schools, 63 percent are government operated, 57 percent are primary, and 4.8 percent are secondary. Only one government-run university is recorded, in addition to 11 private universities.[12] Using the National Bureau of Statistics population projections, the number of schools registered by the South Sudan Schools' Attendance and Monitoring System translates into one primary school per 2,674 citizens. The EMIS ratio of all counted schools (regardless of whether or not they receive a capitation grant) is more favorable at 1,459:1 because the school census only covered seven out of 10 states.

The following data give an overview of primary and secondary school composition in Juba (county and city), drawn from different sources:

- According to EMIS, There are 192 primary schools in Juba County; the South Sudan Schools' Attendance and Monitoring System registers 204.[13] Depending on the estimated population size of Juba County, the ratio of the number of primary schools to population ranges between 1:2,640 (using the 2016 National Bureau of Statistics projection of 506,888, based on the 2008 census results) and 1:5,208 (using a population of one million, a common estimate given by South Sudanese government officials during interviews).
- According to EMIS data, the ratio of enrolled students to primary school in Juba County is 426:1; while in 2015, the student-to-primary-teacher ratio was reported as 33:1.
- There are 34 secondary schools in Juba County, according to both EMIS and the South Sudan Schools' Attendance and Monitoring System.
- A survey of schools specifically dedicated to Juba City carried out in 2013 found 153 primary and 27 secondary schools (Longfield and Tooley 2009: 9).
- According to the 2013 survey, 23.5 percent of primary schools in Juba City were government-run; according to EMIS, the proportion of government-run schools has averaged 43 percent in Juba County between 2012 and 2015.
- According to the 2013 survey, 8 of the 27 secondary schools in Juba City were managed by the government; in 2015, EMIS found that 15 out of 34 secondary schools in Juba County were managed by the government.
- Private schools include those run by private proprietors, NGOs, communities, churches, mosques, and (very few) teacher's trade unions.

Despite discrepancies among sources, the overall data indicate that the majority of primary and secondary schools, both private and government-run, draw on government and GESS assistance in the form of the capitation grants.

d) Results

In 2012, the South Sudan Development Plan set a target of increasing the net primary enrolment rate from 46 percent to 63 percent. Based on most recent EMIS data, the enrolment target has not been achieved. Analysis of data collected in early 2015 puts the net enrolment rate at 43.5 percent for primary schools and 2.9 percent for secondary schools. The gross enrolment rate, which counts all students enrolled in primary school—regardless of age —against the total population of primary school-aged children, is 70 percent. This indicates that mature students— who should be enrolled in alternative education courses instead—occupy a significant amount of space in the primary schools. Completion rates also remain an issue: the overall reported number

[11] This is based on South Sudan National Police Service data, accessed on May 12, 2016

[12] The remaining 23 percent of the total number of schools counted by EMIS are those belonging to alternative education systems.

[13] EMIS data were collected between March and April 2015 and the South Sudan National Police Service data in January 2016.

of enrolled students falls by 85 percent between Primary 1 and Primary 8. There is, therefore, both a need for further development and potential for effecting change with external support. Finally, despite under-achieving the South Sudan Development Plan targets, primary education remains one of the most accessible services across the country and thus contributes to social cohesion.

e) Assessment

Table 3.1 provides a current assessment of the education sector in South Sudan.

Table 3.1. Assessment of Education Sector in South Sudan

Effectiveness	Primary education facilities are currently operating in South Sudan; the primary education delivery model is therefore considered effective. The same cannot be said about the limited number of secondary and tertiary education facilities, which offer limited access to the general population.
Contribution to social cohesion	With over 5,000 schools operating in seven states formerly controlled by the government of South Sudan and at least 711 schools operating in the accessible counties of the Greater Upper Nile area (according to EMIS), education sector offers most extensive coverage among services. Although there appears to be an imbalance between the number of schools in the Nuer-dominated Greater Upper Nile area and the rest of the country as a result of the recent conflict, education delivery appears to be relatively inclusive—at least among the major ethnic groups in the country. The presence of parent-teacher associations in at least some of the schools also contributes to social capital in the community.
Sustainability	Most education services are currently directly delivered by the South Sudanese government, with auxiliary support from the GESS program and capacity-building support from other actors, such Global Partnership for Education, USAID, and others, contributing to the overall sustainability of education delivery. Accountability mechanisms between citizens and providers in the form of the parent-teacher associations) are inconsistently implemented, and school supervision and monitoring remains weak.
Scalability	The overall education system is scalable through management and financing structures and through frameworks put in place by the South Sudanese government. The scalability may be constrained by the limited capacity of staff at the county and facility level.
Diversified models of delivery	Government-run, private, community-run, and faith-based schools are all active within the education delivery sector.
Integration with local government	County-level institutions are integrated into primary education service delivery, but no role is defined for urban councils.

Health

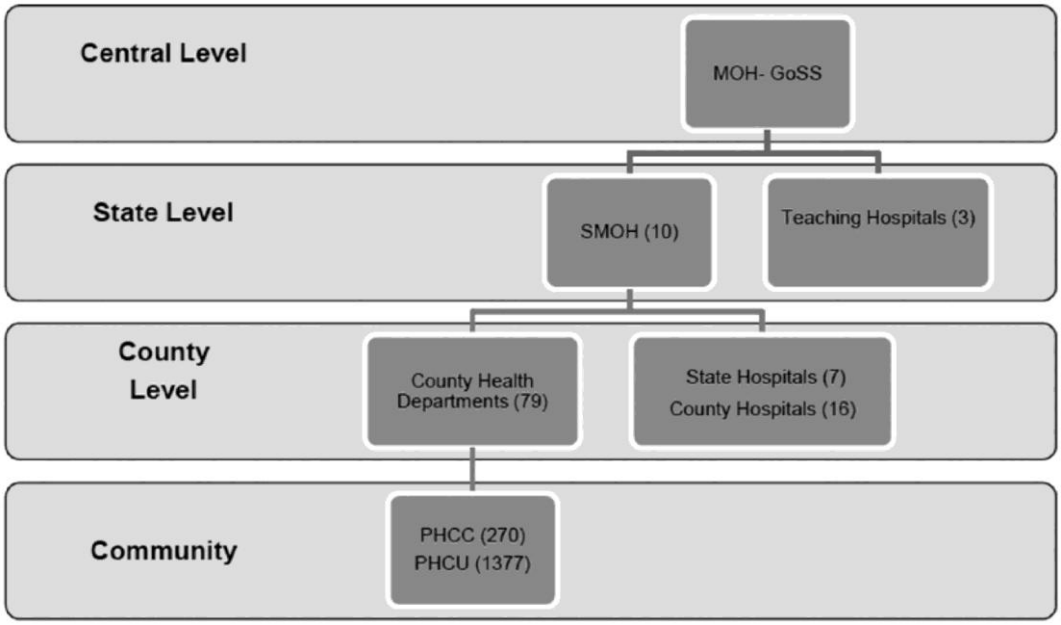
The government manages the delivery health care in South Sudan, but significant external assistance is required for its financing and implementation. The service delivery model for health is similar to the education model and thus benefits from the same built-in opportunity for capacity building and skills transfer. It differs from education in that health care delivery relies on to a much greater degree on implementing partners to provide the service. As with the education sector, the counties are responsible for the delivery of basic health care, but the model makes no provisions for the role of urban councils.

a) Legal framework

The Health Sector Development Plan (2012–16) provides strategic direction for health sector development with a focus on: (1) utilization and quality of health services with an emphasis on maternal and child health, (2)

health promotion at the community level, and (3) institutional strengthening. Figure 3.2 illustrates the overall organization of health institutions and facilities as proposed by the sector development plan.

Figure 3.2. Organizational Structure of the Ministry of Health



Source: Mugo and others 2015.

Like the Primary Education Service Delivery Framework, the Basic Health Care Service Delivery Framework presents the financing and institutional framework for basic health care delivery in South Sudan:

- **The national-level ministry of health** develops policy, allocates the budget, sets grading and staffing norms for all health staff and facilities, procures pharmaceuticals for all government facilities, and monitors the performance of the health sector as a whole.
- **The state-level ministry of health** provides leadership and oversees health care delivery at the state level, approves public health staff appointments, and coordinates the distribution of pharmaceuticals to the county health departments.
- **County health departments** are responsible for the delivery of primary health care services at primary health care centers and units and for coordinating preventative and community-based health activities within their counties. County health departments interact directly with boma health committees[14] to ensure accountability of the primary health care delivery process.

Under the service delivery framework, like the education framework, the county-level government is responsible for basic health care delivery, but there is no mention of urban councils or service delivery in urban areas. Aside from basic health care delivery, the national-level ministry of health directly manages teaching hospitals (tertiary health care), and the state-level ministries manage state and county hospitals (secondary health care). The funding flow envisaged by the service delivery framework is similar to the one proposed for primary education, with conditional salary and operating transfers passed from the national to the state, county, and ultimately the facility levels. Donor funding for service delivery is visualized as a separate fund flow going directly from donors to individual facilities.

[14] A *boma* is the lowest-level administrative division in South Sudan.

b) Current situation

Neither the financial nor the institutional framework as presented in the service delivery framework is currently fully in place. Health care delivery is expensive compared with education and requires many highly skilled personnel, neither of which the government has the means to address due to the high fiscal deficit. External support from donors and NGOs is required to provide adequate access to basic health care.

Since 2012–13, soon after independence, primary health care is delivered by the Ministry of Health in cooperation with subcontracted NGOs; it financed through three substantial programs:

- Integrated Service Delivery Project (USAID, US$85 million), which covers Western and Central Equatoria—the funds have been pooled with the DfID-led Health Pooled Fund under a specific memorandum of understanding;
- Health Rapid Results Project (HRRP) (World Bank, US$103 million), which covers Jonglei and Upper Nile; and
- Health Pooled Fund (HPF) (DfID-led consortium,[15] approximately 160 million United States dollars in the first phase and an anticipated 176m USD in the second phase covers Eastern, Western and Central Equatoria, Northern and Western Bahr el-Ghazal, Lakes, Unity, and Warrap.

The Ministry of Health for the Health Rapid Result Project contracts with NGOs to deliver basic health care in specific counties. The primary health care program, HPF, is led by the DfID conducts the contracting with government approval. Generally, all health care programs involve the following structure:

- Primary **health care centers** are first referral health facilities staffed by "qualified health professionals" and offering laboratory diagnostics, 24-hour basic emergency obstetric and neonatal care, and an observation ward (Ministry of Health 2009: 37);
- Primary **health care units** are frontline health facilities each staffed by two community health workers and a community midwife focused on basic preventive and curative services (Ministry of Health 2009: 36); and
- **Community**-based health workers include home health promoters and mother-and-child health workers.

NGOs are expected to interact with the county health department, albeit infrequently; and the interactions depend on the department's capacity to monitor, carry out joint budgeting, and gradually build its capacity to transition into independent service delivery.

Meanwhile, the Ministry of Health has been expanding and evolving its own funding framework to more closely match that of the service delivery framework: state and county payrolls were split in fiscal 2013/14, and county and state hospital operating transfers were divorced the following year. In fiscal 2015/16, additional transfers were introduced for primary health care centers, national hospitals, and other facilities. Currently, approximately 85 percent of the national budget for health care is deconcentrated rather than decentralized. Between 12,000 and 14,000 health staff are on the payroll of the South Sudanese government, and 8,000–12,000 staff are funded through external assistance, putting the total health staff-to-population ratio at between 1:550 and 1:439.[16] However, this is not an accurate reflection of the reality on the ground because "staff" includes both the clinical staff—doctors and nurses—as well as administrative workers, In fiscal 2014/15, approximately 25 percent of the overall health care budget was covered by the government; the remaining 75 percent was covered by the donor community, with significant humanitarian support delivered directly through NGOs and mostly outside the government's purview.

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[15] This also includes funding from Australia, Canada, the European Union, and Sweden in the first phase between 2012 and 2016. In the second phase from 2016 to 2018, Australia was replaced by USAID.

[16] The National Bureau of Statistics projected the total population of South Sudan to reach 11,425,377 in 2016.

The overall health care delivery model shares many attributes with the education model, such as its scalability, the high potential for skills transfer, and even its cost effectiveness because it delivers an irreplaceable service of great value to the people of South Sudan. However, the high cost of health care combined with the critical reliance on external financing and implementation affect the model's sustainability. While currently unavoidable, the marriage of the Ministry of Health and NGO health care providers creates challenges. Among the most pressing is the harmonization of ministry and NGO salaries because this creates a significant drain on the public sector.

c) Existing service delivery models

The main difference between urban and rural areas in terms of access to basic health care is a greater diversity of facilities found in towns and cities. While the Ministry of Health is the sole provider of health services in most rural counties, mostly delivered through subcontracted NGOs, most mid-size and larger urban areas also have clinics and facilities privately run or operated by faith-based organizations, many of which have long-standing relationships with local communities and private individuals. If a facility operated by a faith-based organization qualifies as a primary health care center, it still may not draw on ministry funding for its operating costs, but it may second few staff from the ministry. Another existing model is when the ministry subcontracts with county health departments as well as with NGOs under the performance-based model. Mobile clinics have been used to deliver services in some states and as temporary health facilities for internally displaced persons in the camps.

Since late 2014, the newly established General Medical Council has regulated private health care providers. Prior to its establishment, anyone with a license from the state-level ministry of health was permitted to set up and run a health care facility.

d) Results

The core health care objective of the South Sudan Development Plan is to "increase equitably the utilization of quality basic health services," with the associated targets of decreasing maternal and under-five mortality and increasing access to basic health care from 13 to 40 percent. While an updated countrywide measure of basic health care access was not publicly available at the time of this research, the number of health care facilities did increase substantially. In 2012, the development plan listed the available facilities for the entire county to include 2 tertiary hospitals, 3 secondary hospitals, 17 county hospitals, and 50 payam health centers. In 2016, the Integrated Service Delivery Project supported 364 primary health care facilities in the two states under its management; and the Rapid Results Health Project supported 284 facilities in Jonglei and Upper Nile prior to the 2016 conflict.[17]

Meanwhile, according to World Bank data, gradual but relatively slow progress has been made on key health indicators.[18] As per modeled data, between 2011 and 2015, maternal mortality rates decreased from 869 to 789 deaths per 100,000 live births (a decline of 9 percent), making South Sudan the fifth worst country in the world in 2015. Similarly, infant mortality has gone down from 68 to 60 deaths per 1,000 live births (making it the 19th worst in the world); and under-five mortality has dropped from 107 to 93 (a 13 percent decline, making it the 13th worst in the world). Malaria continues to represent 40 percent of outpatient diagnoses; the tuberculosis rate remains at 140 per 100,000; the HIV/AIDS infection rate is 3 percent; and the country is home to 11 of the 12 most neglected tropical diseases, including guinea worm, with new cases still being diagnosed.[19]

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[17] The exact number of primary health care centers and units in Health Pooled Fund states was not available at the time of this writing, but because it covers six states, it is expected to exceed that of the Integrated Service Delivery Project and Rapid Results Health Project.

[18] The source of the data is the World Bank Global Indicators, available at http://data.worldbank.org/indicator.

[19] See World Health Organization Country Cooperation Strategy brief for South Sudan. http://apps.who.int/iris/bitstream/10665/182763/1/CCS_Sudan.pdf

e) Assessment

Table 3.2 provides a current assessment of the health sector in South Sudan.

Table 3.2. Assessment of Health Sector in South Sudan

Effectiveness	Primary (primary health care units and primary health care centers), secondary (county and state), and tertiary (teaching hospital) health facilities are currently operating in South Sudan. While this delivery model is effective in secure areas, it is not operational in conflict-affected areas. The quality and quantity of services could be vastly improved in terms of physical structure, basic medicine, and presence of qualified staff.
Contribution to social cohesion	The health care delivery system has achieved a relatively high level of nationwide coverage, but the reach of primary health care is limited and worsened by the two-year conflict. In principle, the model is inclusive, with free basic health care delivery and the presence of volunteer community-based health workers, but payment for treatment is not uncommon.
Sustainability	Currently, the government of South Sudan directly manages state and teaching hospitals and funds approximately 25 percent of the overall health care payroll. However, implementing partners continue to deliver the majority of basic health care, sometimes more and sometimes less independently of government institutions, which affects the sustainability of the model. The sector's sustainability depends on the government's financial capacity to cover costs and its human capacity (clinical and administrative) to run the system; and the delivery by humanitarian agencies is dependent on donor funding.
Scalability	The overall health delivery education system is scalable through the management and financing structures and frameworks put in place by the government of South Sudan with wider geographical coverage, additional services offered, and improved quality—starting with preventing drug stock-outs. However, the current management and financing structures do not allow for scalability with the multiplication of counties and states because of the government's limited ability to manage additional partners and resources. The absence of robust financial input by the government, the multiplicity of states and administrative structures, and increased donor reliance makes the effective and efficient use of resources coming into the Ministry of Health a challenge.
Diversified models of delivery	Government, private, and faith-based basic health care providers are all active in the health delivery sector.
Integration with local government	County-level institutions are integrated into basic health care service delivery, but urban councils have no defined role.

3.3. Utilities

Key Takeaways

- According to the Local Government Act, local councils are responsible for the delivery of utility services.
- The Ministry for Electricity, Dams, Irrigation, and Water Resources manages the national urban water and electricity utilities.
- Utilities owned by the local government and cooperatives have been established to fill the gaps left by national utility companies.
- All utility delivery models have been affected by shortages of fuel, raw materials, and qualified staff.

Water

Urban water is delivered through three service delivery models: a national utility, a local utility owned by the municipality, and a private company. While they differ in their ownership and management approaches, all three models require substantial capital, and only the local utility model appears close to achieving full cost-coverage of its operation and maintenance costs.

a) Legal framework

The Water, Sanitation, and Hygiene (WASH) Sector Strategic Framework, issued in November 2011, proposes a dual focus on building infrastructure and "developing an enabling environment to encourage the emergence of an efficient, effective and cost recovering urban water supply service" (Ministry of Water Resources and Irrigation 2011: vii). The water delivery sector remains the only service delivery sector with a dedicated urban development plan: the Urban WASH Sub-sector Investment and Implementation Plan (2013–18). It followed the strategic framework and included a US$945 million development plan for urban areas that would incorporate infrastructure construction and capacity development. The plan was expected to increase the percentage of urban residents with access to clean water in the 249 bomas—lowest-level administrative division—considered urban by the National Bureau of Statistics, from 40 to 67 percent.[20] The plan mentions the assistance of USAID, GIZ, and JICA, which presently continue to support the urban water sector in Juba, Torit, Yambio, and Yei.

b) Current situation

Urban water is currently delivered through three models in South Sudan: the national SSUWC, local utilities set up by GIZ and owned by the municipalities, and one private-sector provider. Together, these models provide only limited coverage in terms of the number of urban centers and customers covered within the urban centers where they are present. The remaining urban population obtains water in ways similar to the rural population: through boreholes, hand pumps, or directly from the river.

National utility—South Sudan Urban Water Corporation

SSUWC was established in 2007 by the autonomous government of Southern Sudan. The corporation operates in six urban areas within South Sudan: Juba, Maridi, Wau, Renk, Bor, and Malakal. In each town, it operates a water treatment plant with a limited distribution network. However, not all of these treatment plants are currently in operation. Three of the branches have been affected by the conflict in 2015: the Malakal treatment plant has been partially destroyed in the fighting and is currently inactive. Renk remains partially operational but is only producing untreated water and supplying the armed forces in town rather than the few residents. Bor station is partially operational and ongoing refurbishment and repairs of damaged equipment, supported by the International Committee of the Red Cross. The other three SWUCC water treatment plants—

[20] Urban WASH Sub-sector Investment and Implementation Plan (2013 –18), p.6

Juba, Wau, and Maridi—are operational, but the capacity at which they can operate is subject to shortages of fuel and hard currency necessary to purchase the chemicals needed to treat water.

Local utilities

A local utility model has been implemented by GIZ in the three small towns of Yei, Torit, and Yambio. At each location, the installation consists of a water source (boreholes or treatment facility) adapted to local conditions and a limited piped distribution network connected to kiosks; water-truck filling stations; and, in some areas, individual households. Private service providers contracted to resell water at fixed prices operate the kiosks and water trucks.

Private provider

As a result of foreign investment, a relatively small privately operated water treatment plant, producing 10–12,000 m^3 per day, opened in Juba at the beginning of 2016. The plant is not attached to a distribution network but instead distributes water directly to privately operated tankers.

c) Existing service delivery models

Table 3.3 summarizes the key characteristics of the three urban water delivery models present in South Sudan.

Table 3.3. Urban Water Delivery Models in South Sudan

	South Sudan Urban Water Corporation	**Local Utility**	**Private provider**
Management/ ownership	Owned by the state Managed by the Ministry of Electricity, Dams, Irrigation, and Water Resources	Owned by the municipality Jointly managed by the municipality and GIZ	Private ownership
Capital investment	Funds are supposed to come from the South Sudanese government	GIZ/KfW	*Unknown*
Operation and maintenance	Expected to recover operation and maintenance costs from tariff collection	Operation and maintenance covered from tariff collection	*Unknown*
Price of water	8 SSP[a]/m^3 (to private resellers) 30 SSP[b]/month (connected households)	3 SSP[c]/4 x 20 l jerry can[21]	20 SSP[d]/m^3 (to private resellers)

GIZ = Gesellschaft für Internationale Zusammenarbeit.
a. The exchange rate of the South Sudanese pound against the U.S. dollar is highly unstable. At the time of this writing, 8 SSP corresponded to approximately 28 cents at the rate of 28 SSP for one U.S. dollar.
b. Equivalent to US$1.07 at the time of this writing.
c. Equivalent of US$0.11 at the time of this writing.
d. Equivalent of US$0.11 at the time of this writing.

[21] A large, flat-sided metal container for storing or transporting liquids such as water.

The GIZ-established local cooperative is the only one of the three models that respects the provision in the Local Government Act placing the responsibility for providing utilities in the hands of local government. The SSUWC is directly managed by the national-level Ministry of Electricity, Dams, Irrigation, and Water Resources; it bypasses urban councils in the towns where it operates. The private provider has signed a memorandum of understanding with the ministry, but it has no known relationship with the Juba City Council. The primary relationship with the national-level ministry also limits the accountability of both the urban water corporation and the private model to the customers.

All three models can be described as cost-effective because they continue to deliver services with their respective pricing and set up, although the SSUWC faces occasional shortfalls of hard currency to purchase the chemicals necessary for the treatment of water. All three rely on similar infrastructure and water treatment technology and therefore require capital investments, limiting the extent of their scalability. The budget for SSUWC's capital investments is supposed to come from the South Sudanese government, but this is not happening. SSUWC is currently receiving assistance from JICA to build a new water treatment plant and distribution network in Juba. Capital investment to set up water treatment plants for the local utilities was provided by GIZ and KfW, the German government's development bank.

Both SSUWC and the local utilities are expected to ensure sustainability by achieving full-cost coverage through tariff collection. For SSUWC, this is not currently possible due to the following factors: (1) the tariff is set up by the Ministry of Electricity, Dams, Irrigation, and Water Resources, and it is currently too low; (2) 50 percent of the treated water leaks through a dilapidated piped distribution network; and (3) none of the connected households have meters installed and therefore do not pay according to consumption. According to interviewed GIZ staff, the local utilities are on the path toward establishing full-cost coverage. The price is set based on local affordability studies, and the tariff for trucked and piped water is used to subsidize the water distributed through kiosks, which attract poorer customers.

a) Results

Besides the setting up of local utilities in Yei, Torit, and Yambio, as well as the recent introduction of a private water treatment plant in Juba, there has been very little development in urban water delivery in the past ten years.[22] The new water treatment plant, funded by the JICA, is expected to open in 2017. A new distribution network consisting of pipes, 120 new taps, and 8 new water tanker filling stations will bring treated water into all three blocks of Juba City and thus expand SSUWC coverage from 30 to 50 percent of Juba residents. This partial coverage by SSUWC and other models limits their contribution to social cohesion but shows ongoing high levels of need and potential for external assistance.

b) Assessment

Table 3.4 provides a current assessment of the water sector in South Sudan.

[22] Enquiry is still ongoing into water-delivery mechanisms in towns such as Rumbek and Aweil, which lack both SSUWC and local utilities. This report will be updated as more information becomes available on this issue.

Table 3.4. Assessment of the Water Sector in South Sudan

	SSUWC	Local Utility
Effectiveness	SSUWC service in Juba is currently active, with occasional interruptions; it is therefore partially effective.	The local utility model is currently active in all locations; it can therefore be described as effective.
Contribution to social cohesion	The model has limited inclusivity with only limited coverage of urban areas. Minimal interaction between SSUWC and customers results in minimal impact on social capital.	The model is more inclusive than SSUWC because it incorporates low-cost water kiosks subsidized through higher rates collected from water trucks and connected households.
Sustainability	The South Sudanese government is the sole manager of the SSUWC, which is housed inside the Ministry of Electricity, Dams, Irrigation, and Water Resources. Accountability links between citizens and the service, however, remain weak.	Municipal councils jointly manage the utility with GIZ support. The extent of community involvement and accountability is unclear.
Scalability	Both models are scalable until full customer coverage is achieved in a given location. Expansion to a new location involves significant infrastructure investment.	
Diversified models of delivery	SSUWC, local utilities, and a private provider are all present on the urban market.	
Integration with local government	SSUWC management bypasses local government; it is managed at the national level.	Local utilities are owned and managed by municipal councils.

Note: The private sector model was omitted from the assessment due to a lack of available information at the time of this writing.

Electricity

The urban electricity sector operates in similar way as the water sector, except exposure fuel shortages and fluctuating prices appear to have increased its dysfunction. The sector is composed of a single national utility and three small independent cooperatives.

a) Current situation

Electricity is delivered in urban settings primarily through the South Sudan Electricity Corporation and three cooperatives set up by the National Rural Electric Association (NRECA). Currently, each of delivery models are largely inactive because of disruptions caused by the conflict that erupted in 2015 and shortages of diesel on which both the corporation and NRECA generators rely to produce power.

National utility—South Sudan Electricity Corporation

The South Sudan Electricity Corporation was formally established in 2012. It inherited three isolated distribution networks connected to thermal generators in Juba, Wau, and Malakal, with an installed capacity of 30 MW; a total of about 15 kilometer of 11 kilovolt lines in all three towns; and a combined total of 21,500 customers. This legacy infrastructure has not been substantially upgraded or extended since 2012 and, currently, all three installations are not operational. The Juba branch of the corporation consists of eight generators with a total capacity of 20 MW; six have been refurbished and are in working order. However, the branch had to cease operations at the end of July 2015 because it could no longer afford to supply the 1.3 barrels of heavy diesel needed per hour per generator to keep the plant running.

Cooperatives

NRECA, an association of electrical cooperatives in the United States, collaborating with USAID, set up cooperative electricity utilities in three small towns in South Sudan: Yei (1.2 MW), Kapoeta (0.8 MW), and Maridi (0.8 MW). Unlike the local water utilities, the electricity utilities are set up as cooperatives owned by customers and operated independently of the national and local government. According to NRECA, all three utilities were fully operational and achieved cost coverage prior to the beginning of the armed conflict at the end of 2013. Currently, only the Yei cooperative continues to operate at full capacity. The Kapoeta cooperative operates at partial capacity, and the Maridi cooperative had to close down in 2015 due to ongoing conflict in the area.

b) Existing service delivery models

Table 3.5 summarizes the existing service models for urban electricity delivery in South Sudan.

Table 3.5. Urban Electricity Delivery Models in South Sudan

	South Sudan Electricity Corporation	**Cooperative**
Management/ownership	Owned by the state Managed by the Ministry of Electricity, Dams, Irrigation, and Water Resources	Owned and managed by customers
Capital investment	Funds supposed to come from South Sudanese government	USAID
Operation and maintenance	Expected to recover operation and maintenance cost from tariff collection	Operation and maintenance covered by tariff collection

Both the South Sudan Electricity Corporation and the cooperative models rely on high-capacity diesel generators to power their distribution networks at their locations. There is currently no commercial hydro- or solar-power provider present on the South Sudanese market.

Like SSUWC, the South Sudan Electricity Corporation bypasses local government and is managed directly by the Ministry of Electricity, Dams, Irrigation, and Water Resources, which puts distance between it and its primary customer base. Because it has ceased operating, it scores low on cost-effectiveness, scalability, and sustainability. On the other hand, as a cooperative, NRECA benefits from strong accountability relationships, although the extent of its involvement with local government has not been established. Despite contextual difficulties, the cooperative has managed to maintain cost coverage in at least one location (Yei), making it cost-effective and sustainable. However, high start-up costs of between US$2.7 and US$3 million per urban center limit its scalability.

c) Results

Urban electricity remains underdeveloped and highly under-served. According to the director of planning of the Juba branch of the South Sudan Electricity Corporation, even if the Juba plant had been running at full capacity, it would still have fallen 20–25 MW short of the minimal capacity required to satisfy customers currently connected to the distribution network. There is, therefore, a high level of need and potential for intervention, although issues of cost-coverage and sustainability need to be carefully considered.

d) Assessment

Table 3.6 provides an assessment of the electricity sector in South Sudan.

Table 3.6. Assessment of the Electricity Sector in South Sudan

	South Sudan Electricity Corporation	Cooperatives
Effectiveness	The South Sudan Electricity Corporation service is not delivering electricity anywhere in the country; it is therefore ineffective.	The cooperative model is currently delivering electricity in two of its three locations; it is therefore partially effective.
Contribution to social cohesion	Because the South Sudan Electricity Corporation does not currently deliver a service, it has no discernible impact on social cohesion.	The cooperative model contributes to local social capital as a community-owned and managed resource; Inclusiveness is limited to members able to afford the fees.
Sustainability	The government of South Sudan is the sole manager of the SSUWC, which is housed inside the Ministry of Electricity, Dams, Irrigation, and Water Resources.	The government does not manage the cooperatives; sustainability is achieved through strong accountability links at the community level.
Scalability	Both models are scalable until full customer coverage is achieved in a given location. Expansion to a new location involves significant infrastructure investment.	
Diversified models of delivery	The South Sudan Electricity Corporation and cooperatives are currently present on the urban market.	
Integration with local government	The South Sudan Electricity Corporation management bypasses local government; it is managed at the national level.	Cooperatives are managed and owned by customers. Their relationship with local government institutions remains unclear.

3.4. Core urban services

Key Takeaways

- Core urban services are those currently implemented and overseen by urban councils.
- These services attract limited external support and are mostly financed by council revenues.
- The main responsibilities of urban councils include waste collection and disposal, secondary road maintenance, and public transport management.

a) Current situation

For the purpose of this review, in the absence of a fully implemented Local Government Act, "core urban services" are considered those that are currently being implemented by urban councils rather than national ministries or through their county-level line departments. Core urban services are almost wholly financed with urban council revenue and tend to attract less external assistance than social services or even public utilities. For the purpose of this review, information was collected from Juba City Council and the Munuki block executive within Juba City. Information on other urban councils and their activities will be added as the research progresses.

The sources of revenue available to urban councils are defined in the Local Government Act. They include taxes, including a council property tax, a social service tax, and a council land tax; and local rates for user service charges, license fees, and administrative fines, among others (Republic of South Sudan 2009: 49). According to the interviewed Munuki block executive, most of the block's income comes from property taxes and business permits. However, this source of income has diminished in the past several months because numerous large and medium-sized businesses stopped operations due to the ongoing economic crisis and high inflation.

b) Existing service delivery models (in Juba)

Solid waste disposal. According to the Juba City Council, solid waste disposal represents the greatest challenge among core urban services. Currently, no waste management master plan exists in Juba—waste collection is organized in an ad hoc manner as resources become available. Fuel shortages have been a major constraining factor for city council-managed waste collection and on attempts to outsource waste collection to the private sector. The city maintains a single solid waste disposal site outside of the city limits, and any waste collected inside the city has to be transported to the disposal site. The high expense of transporting waste has also resulted in an increase in illegal dumping of waste on route to the dumping site.

In 2013 and 2014, the city council received support from JICA to expand and manage the waste disposal site. The city council also received ten compactor trucks to transport waste, but only 3–4 currently appear to be operational.

Liquid waste disposal. Liquid waste is collected by licensed and privately operated trucks that transport it to a disposal site outside of Juba, separate from the solid waste disposal site. The number of households and commercial buildings with installed septic tanks is relatively low and tends to be inhabited by residents who can afford the fee for a private disposal truck. Liquid waste disposal is therefore not currently experiencing difficulties on the same scale as solid waste disposal, but this situation is likely to change as the number of septic tanks increases.

Feeder road maintenance. The city council is responsible for the maintenance of feeder roads, which are not asphalted—even in Juba City.[23] Actual feeder road maintenance takes place on a small scale and in an ad hoc manner; it is normally organized by the block executive under the direction of the city council.

Public transport is partially regulated by the city council, which establishes and numbers the bus[24] routes. The council relies on the bus drivers' union to implement the system; the city ensures that all drivers are registered and assigns drivers to their routes.

The Juba City Council also **maintains traffic lights**,[25] **names and numbers streets**, **registers sellers in the main markets**, and **constructs buildings** on land belonging to the city council**.**

c) Results

The only major donor currently engaging with the Juba City Council is the World Bank with its Safety Net and Skills Development project. Launched in November 2014, the project focuses on social protection, skills development, and providing the most vulnerable citizens in Juba with seasonal income through employment in public works projects. The project staff works with the city council and the block/quarter development committees to identify suitable public works, include improvements to road access, drainage, waste collection and management, and planting of nursery beds. As a by-product of this social protection program, the World Bank has become one of the principal players in delivering core urban service in Juba.

d) Assessment

Table 3.7 presents an assessment of core urban service delivery in South Sudan.

Table 3.7. Assessment of Core Urban Service Delivery in South Sudan

Effectiveness	Currently, the most of the delivery of core urban services occurs in an ad hoc manner and is of insufficient quantity. The sector is therefore partially effective.
Contribution to social cohesion	Services such as solid waste disposal and feeder road maintenance achieve only low rates of coverage in urban areas and therefore have low rates of inclusiveness. There has been no known effort to organize service delivery through community-based initiatives, thus contributing to social capital.
Sustainability	For the most part, core urban services are currently delivered directly by the South Sudanese government, but the quality of delivery and accountability links remains weak.
Scalability	Development of core urban services such as solid waste disposal and feeder road maintenance requires relatively little investment and is therefore scalable.
Diversified models of delivery	Due to the limited extent to which core urban services are implemented, there is a lack of diverse delivery models.
Integration with local government	Core urban services tend to be directly managed and financed by the urban councils.

[23] Responsibility for maintenance of asphalted roads lies with the state-level Ministry of Physical Infrastructure. In Juba, however, the city council sometimes steps in because it tends to have access to more resources than the state ministry does.

[24] The term *bus* refers to *matatu*, a privately operated minibus.

[25] There have, however, been efforts to hand over the responsibility to the traffic police, which is a part of the Ministry of Interior.

3.5. Security and justice

Key Takeaways

- Security and justice delivery have been deeply affected recently by the civil war that began in December 2013 and ended in August 2015.
- The military presence in urban areas and the high levels of gun ownership in the communities negatively affect security.
- South Sudanese citizens continue to show a preference for customary over statutory courts.

Security

As the hostilities between the Sudan People's Liberation Army (SPLA) and the Sudan People's Liberation Army-In-Opposition (SPLA-IO) (see below) gradually come to a close, urban areas in South Sudan are affected by a significant military presence, high crime rates driven by the declining economic situation, and a police force with limited capacity to assist. In the context of the formation and first weeks of the Transitional Government of the National Unity, security is a highly controversial and volatile topic.

a) Current situation

There are three principal local actors:

- Sudan People's Liberation Army**.** Originally founded as a guerrilla movement in 1983, the SPLA became South Sudan's regular army following the country's independence in 2011;
- Sudan People's Liberation Army-In-Opposition**.** A splinter group of the SPLA engaged in an armed conflict with the SPLA from December 2013 to August 2015; and
- South Sudan National Police Service**.** Gradually established following the signing of the Comprehensive Peace Agreement in 2005 and originally formed with a mixture of SPLA veterans and former Southern officers of the government of Sudan's police force.

In terms of material and financial resources, the South Sudan National Police Service receives substantially fewer resources compared with the SPLA. The South Sudanese government frequently deploys the SPLA to manage civilian security matters, thus involving them in the police service's jurisdiction. The current state of the SPLA–South Sudan National Police Service relationship can be best described as resentful, with occasional reports of violent incidents between members of the two forces.

These days in the capital of Juba, SPLA and South Sudan National Police Service checkpoints are commonly encountered after dark on main intersections. Although their primary purpose appears to be searching vehicles for weapons and carrying out random identity checks, some of the armed forces manning the checkpoints are known for their predatory behavior and are both feared and avoided by the local population.

In an effort to address the rising criminality, a rapid reaction police service unit was introduced in Juba in 2014 with the assistance of the United Nations Development Programme (UNDP). The unit can be reached on the emergency number 777, but the service continues to struggle with constraints. Obstacles include: a lack of fuel for the unit's vehicle, limiting its mobility; the fact that the use of the 777 number depends on the operational stability of a single network operator; and the numerous unnamed streets in Juba makes it difficult for the unit to find locations (Radio Tamazuj 2014, 2015).

b) Results

Following the almost two-year civil conflict between 2013 and 2015, both SPLA and SPLA-IO are currently associated with fostering conflict rather than providing security. While in May and June 2013, 65 percent of respondents nationwide told UNDP that general security conditions have improved since independence, in a follow up study two years later only 52.5 percent said that there was peace in their community (UNDP 2013,

2015). Moreover, when asked to rank various actors based on how much they contributed to the breakdown of peace in 2013, the two top ranked actors were some members of SPLA-IO (27.3 percent) and SPLA/Sudan People's Liberation Movement (21.7 percent).

The lack of disarmament of the SPLA and SPLA-IO as well as at the community level is widely perceived as a major contributor to conflict and a constraint to peace. Forty-two percent of respondents in the 2015 survey believe that a reduction in the illegal firearms possessed by communities could be a major contributor to peace; 53.5 percent that a rise in the number of people killed with firearms is a major indicator of insecurity; 32.7 percent that a proliferation of weapons and the militarization of politics played a major role in the breakdown of peace in December 2013; and 27.8 percent that the proliferation and prevalence of sophisticated weaponry was a major contributor to the breakdown of peace (UNDP 2015). The four-year UNDP Community Security and Arms Control project has been working with the Bureau for Community Security and Arms Control to strengthen institutional capacity; and the Firearms Control Bill, supported under the project has been tabled in Parliament; however no comprehensive nationwide disarmament initiatives have taken place.

Justice

a) Legal framework/current situation

The judiciary in South Sudan is a combination of constitutionally established courts and customary courts—defined in the Local Government Act and presided over by traditional authorities who rule according to custom. Customary courts have a long tradition in South Sudan and are derived from local courts originally established under the British colonial rule. The statutory and customary courts operate in parallel within a single legal system. Although a decision issued by a customary court can be appealed to a statutory court, the process is not well defined or implemented and, in most instances, the case is effectively tried twice under two different legal systems.[26]

b) Results

In the 2013 UNDP survey, respondents showed a strong preference for the customary courts: when asked whether they would be willing to take a case to the statutory court, 43 percent responded negatively. When asked if they would consider taking a case to a customary court, 67 percent of respondents said they would. Respondents criticized the statutory courts for being slow and expensive; 67 percent of those who had taken a case to the statutory court in the past found the process unaffordable. By contrast, customary courts were perceived as closer to people, more affordable, aligned with the respondents' customs, neutral, independent, and faster.

The UNDP-implemented Access to Justice and Rule of Law Project and the DfID Access to Justice Program in South Sudan currently support the service delivery of justice. Both focus on institutional capacity building; legal advisory services; community-level mediation; and access to justice, with a special focus on access by women, who can be underserved by the current legal system.

[26] An overview of South Sudanese legal system can be found at http://www.nyulawglobal.org/globalex/South_Sudan.html.

4. Recommendations for Further Study

4.1. Service Sectors Recommended for Further Study

The sector evaluation and selection was limited by the relatively short duration of this review and the amount of information that could be gathered and processed in one month. Sectors were also evaluated with the objective of selecting service delivery sectors that have the potential of yielding sufficient and relevant information on alternative service delivery models in urban areas.

Proposed Sectors

To summarize the assessment of service delivery sectors on a variety of criteria relevant to this research project, the following presents a sector assessment matrix as well as detailed explanation of the assessment criteria and other factors involved in the selection.

As a result of Part 1 review of service delivery in South Sudan, it is proposed that the follow-up survey of three urban areas focuses on **primary education, basic health care, and water and electricity utilities.**

Overall, there is a significant discrepancy between the resources attracted by social services countrywide and the core urban services overseen and implemented by the urban councils. Social services therefore represent more diversified models of delivery, while core urban services take place on a smaller scale with less involvement by external actors and alternative service delivery systems.

Primary education

The primary education delivery system scored well on most criteria, including effectiveness, contribution to social cohesion, sustainability, scalability, and diversity of service delivery models. It is proposed that the household survey and associated qualitative research focuses on investigating the specifics of urban primary education delivery and the differences among the individual micro-models of delivery that include South Sudanese government, community, private, and faith-based schools.

The only criterion where education is assessed as relatively weak is the integration with local governance structures in the form of urban councils. The follow-up research will look for ways of strengthening the accountability relationship between urban residents and local governance bodies.

Basic health care

Similar to primary education, basic health care scored well on most criteria. Compared with education, health care delivery is affected with both a higher cost and greater need for highly skilled staff, which has led to the contracting out of major aspects of basic health care delivery. The follow-up research in Phase 2 will investigate the specifics of urban access to basic health care and potential gaps that remain unaddressed by the nationwide health care delivery system.

Electricity

A number of contrasting models of delivery including national utility and cooperatives offer an opportunity to investigate benefits and disadvantages of each delivery model.

Water

Similar to electricity**,** a number of contrasting models of delivery including national and local government-owned utilities, cooperatives and private providers offer an opportunity to investigate benefits and disadvantages of each delivery model.

4.2. Urban Locations Recommended for Further Study

The household surveys and second round of qualitative research will be conducted in three urban centers:

Juba

1) **Large population center, 24,971 households, according to the National Bureau of Statistics**

Juba is the capital of South Sudan and its largest population center. The National Bureau of Statistics projected its population to reach 500,000 by 2016; however, according to multiple interviewed government officials, the actual population might be approaching one million, partially as a result of internal population movements.

As the country's capital and largest urban center, Juba has a variety of education and health care providers. The SSUWC delivers water with the help of private providers and multiple local boreholes and hand pumps. All electricity is privately generated through the use of generators and solar panels.

Wau

2) **Medium-sized center, 20,611 households, according to the National Bureau of Statistics**

Wau is the former capital of Western Bahr el-Ghazal and, along with Juba and Malakal, one of the three historical urban centers of South Sudan. Its service delivery profile is similar to the other two medium-sized urban centers investigated for this report (Aweil and Rumbek), with a variety of local education and health providers. Water is supplied partly through the SSUWC distribution network and partly through local boreholes and hand pumps; electricity is all privately generated.

Due to the recent security disturbances, there are currently many internally displaced persons from surrounding villages in Wau town. According to local sources, these displaced people number in thousands and are residing all over town, with most living with relatives in mixed households.

Yei

3) **Small-sized center, 1,602 households, according to the National Bureau of Statistics**

With an estimated population of 185,000 in 2011, Yei is slightly larger than a small-sized town, but it remains overwhelmingly rural in character. SSUWC and the South Sudan Electricity Corporation are not active in Yei, but both local water and electricity utilities are currently active in the town. Data from Yei, which is located south of Juba, will provide a contrast to the medium-sized Wau, which is located in the northern part of the country.

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APPENDIX A.

LIST OF KEY INFORMANTS

Date	Name	Position	Organisation
March 25, 2016	Manisha Marulasiddappa	ODI/Budget and Planning, Ministry of Education, Science, and Technology	ODI/Ministry of Education, Science, and Technology
March 30, 2016	Vishal Aditya Potluri	ODI/Ministry of Electricity, Dams, Irrigation and Water Resources	ODI/Ministry of Electricity, Dams, Irrigation and Water Resources
March 31, 2016	Francis Middleton	CGA/Ministry of Health	Charlie Goldsmith Associates/Ministry of Health
March 31, 2016	Isaac Liabwel	Undersecretary	Ministry of Electricity, Dams, Irrigation and Resources
March 31, 2016	Primo Celerino	Consultant	Gesellschaft für Internationale Zusammenarbeit (GIZ) South Sudan
April 1, 2016	Aggrey Tisa	Presidential Adviser for Economic Affairs	Presidential Office
April 4, 2016	Ayako Oi	Representative	Japan International Cooperation Agency
April 5, 2016	Agnieszka Mikulska	Fellow	Girls Education South Sudan (GESS)/Mott McDonald
April 6, 2016	Emmanuel Ssewankambo	Team Leader Local Services Support	ODI/BSI
April 6, 2016	Christina MacLellan	Project Manager	GESS, Health Pooled Fund/CGA
April 6, 2016	Lawrence Busuk Muludyang	Deputy Director for Planning	South Sudan Urban Water Corporation (**SSUWC**)
April 7, 2016	Alex Madhi	Executive Director of the Munuki Block	Local government
April 7, 2016	Peter Marino Modi Pitya	Undersecretary	Ministry of Lands, Housing, and Physical Planning
April 8, 2016	Eng. Faustino	Juba General Manager	South Sudan Urban Electricity Corporation
April 11, 2016	Nicolas Herbcq	National Education Cluster Coordinator	UNICEF
April 12, 2016	Hillary Dada Woderif Limuga	Director of Planning	Juba City Council

April 12, 2016	Nadia Selim	Consultant, Social Protection	World Bank
April 13, 2016	Cristina Paro	Project Manager	Usratuna Rehabilitation Centre
April 30, 2016	Anke Peine	Project Manager	GIZ South Sudan