

Lessons From the Joint Assessment of National Strategy (JANS) Process in Ethiopia

Abebe Alebachew and Veronica Walford

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Acronyms

BSC	Balanced Score Card
CORHA	Consortium of Reproductive Health Associations
CRDA	Christian Relief and Development Association
CSO	Civil Society Organizations
DPs	Development Partners
ETB	Ethiopian Birr
FMOH	Federal Ministry of Health
GAVI	Global Alliance for Vaccine and Immunization
GF	Global Fund
HPN	Health Population and Nutrition
HSDP	Health Sector Development Program
IHP	International Health Partnership
JANS	Joint Assessment of National Strategy
JCCC	Joint Core Coordinating Committee
M&E	Monitoring and Evaluation
MBB	Marginal Budgeting for Bottlenecks
NGOs	Non-government Organizations
NS	National Strategies
WHO	World Health Organization

1. Description of the process

1.1 Purpose of the Joint Assessment and context

Joint Assessment of National Strategies (JANS) is a shared approach to assessing the strengths and weaknesses of a national strategy, that is accepted by multiple stakeholders, and can be used as the basis for technical and financial support. The expected benefits of this joint assessment include enhanced quality of national strategies and greater partner confidence in these strategies, thereby securing more predictable and better aligned funding.

Ethiopia is in the process of developing its fourth national health strategic plan¹, the Health Sector Development Program (HSDP) IV. Previous HSDPs have been developed with an open and participatory process and have been implemented with strong government ownership, through relatively strong government systems including public sector management. For HSDP IV, the government has clear vision on 'where to go' and is actively 'driving' the process of improving the effort towards realizing the health MDGs. The IHP process in general and this JANS process in particular have built on the existing sector coordination and dialogue mechanisms established for the HSDP. The JANS was initiated at a right time as it was carried out when the HSDP IV is under development and is still a technical and not a political document. It was carried out in a context of the government not feeling satisfied with the progress, despite various efforts, in changing the donor behavior towards more aligned support. This aim is summarized in Ethiopia as 'one plan, one budget and one report' for health.

1.2 Description of the use of the JANS in Ethiopia

The Federal Ministry of Health (FMOH) started work on developing the HSDP IV in August 2009. The possibility of using the JANS during the development of HSDP IV was discussed with development partners (DPs). The FMOH Ethiopia invited the IHP+ Core Team to give a briefing on the added value of using the JANS approach and tools. The scoping mission took place in early February 2010 with membership from WHO (Phyllida Travis), World Bank (Iraj Talai), GAVI (Bjorg Sandkaer), Global Fund (David Daniels, Martin Taylor) and UNAIDS (Shona Wynd).

The Scoping mission defined the merits and limits of the JANS process. The scoping mission resulted in:

- gaining the interest and commitment of the FMOH and other resident partners to use the JANS process for more credible and transparent dialogue process;
- reaching consensus on the possible added value: a mix of quality improvement, added confidence and greater investment in the strategy;
- Clarifying the limits of the JANS process: it is not a validation process where judgments on national strategy will be made in terms of 'pass or fail'.

¹ Ethiopia has been implementing sector wide approach since 1997/98 with a vision to develop a common plan, budgetary framework and M&E steered through joined coordination and governance structures.

FMOH decided to use the JANS process and JCCC started the technical work shortly after. On 18 February **the JCCC set up a small JANS Steering Team to manage and plan for the JANS** involving Government and DP officials (government, WB, DFID, WHO, UNFPA, and Italian Cooperation). They put together the “Roadmap” for use of the JANS, for agreement by the JCCC (see Annex 2). The development of the Roadmap was led by one of the DPs.

The Roadmap sets out **the expected benefits of JANS** “for Ethiopia, include the enhanced quality of strategy, widely acknowledged; benefits for DPs include greater confidence in the strategy and systems for implementation and joint agreement on approaches to address weaknesses, leading to a more effective, coordinated response.” The results expected from the JANS were listed (see annex 2) as:

- “Findings feed into further iterations of the strategy
- It will bring more Partners on plan and ‘on budget’
- It will inform decisions on technical / financial support.”

The JANS has been used to assess two versions of the HSDP IV: the zero draft which came out in March 2010 and the first draft that was issued in June 2010. In each case, the draft HSDP was assessed using the JANS tool, comments were compiled and presented to the HSDP IV drafting team for consideration and incorporation in the next draft of the HSDP IV.

The assessment was organized by working in three working groups and with broader participation of DPs which includes UNICEF, UNAIDs, CDC, Italian Cooperation:: group 1 addressed parts 1 and 2 of the JANS tool – Situation Analysis, programming and process. Group 2 covered attributes 3 and 4 of the JANS tool – Finance and auditing, implementation and management. Group 3 covered section 5 of the tool – Results, monitoring and review. Each group was co-chaired by a government and a DP official. The assessment was scheduled to be carried out in two phases: The first phase by in-country stakeholders and second phase by in-country and international partners. The FMOH invited DPs and CSOs/NGOs to participate in the groups as based on their area of interest. Partners were also invited to contribute to other working groups by attending the meetings or sending written comments. Partners were also encouraged to provide their agency specific comments during the first phase. These were summarized by one partner under the JANS attributes. According to the development partners and CSOs, most of the comments given in the first round were reflected in the next version of the strategic plan.

The working groups met on several occasions to review and discuss the drafts of the HSDP IV. Participation was reported to be good with many development partners providing comments on the drafts. The groups used the JANS tools and guidelines more consistently in the second round of consultation. Comments were provided on the attributes using the format of general comments, strengths, weaknesses and suggested actions.

The contribution by CSO/NGO partners in the review of the zero draft was limited, so the JANS steering team arranged a workshop to encourage and enable their participation. This took place on 9 July. The CSO/NGOs developed their own comments on the strengths, weaknesses and suggested actions to improve the plan.

In order to provide an opportunity for a wider range of interested partners, and bring a further independent element to the process, the review of the first draft culminated in a two day **JANS workshop** to which non-resident international partners were invited. This took place on 12-13 July. The workshop was well attended and well organized. External workshop participants came from Global Fund (Secretariat and TRP); GAVI Secretariat; World Bank HQ; WHO HQ and sub-

regional office; DFID HQ (see annex 3). Potential new health DPs (AusAid, NORAD, and Chinese) participated. In addition there were NGO/CSO representatives and resident partners as well as active involvement of FMOH.

The JANS workshop included a presentation by the Ministry of Health on the plan, and work in groups to review the plan against the JANS attributes. The three groups started with the feedback from the resident working groups and from the CSOs/NGOs, and then discussion among those present to identify further issues. The findings were discussed in plenary and the summary of the recommended actions given at the plenary will be shared for the HSDP IV drafting team for inclusion (see annex 4).

The FMOH then presented its vision for aligning support behind ‘one plan, one budget, one report’ and invited partners to comment. Selected DPs and both NGO umbrella organizations (Christian Relief and Development Association (CRDA) and Consortium of Reproductive Health Association (CORHA) welcomed the participative process and the sector plan and committed themselves to move towards ‘one plan, one budget, and one report’. A joint statement from World Bank, GAVI and Global Fund stated their intention to work together to develop their support for HSDP IV in a coordinated way, with joint working where possible, under the Joint Funding Platform. At the end of the workshop the FMOH asked all DPs to respond on how they intend to work in the next five years towards one plan, one budget and one monitoring framework (see annex 5).

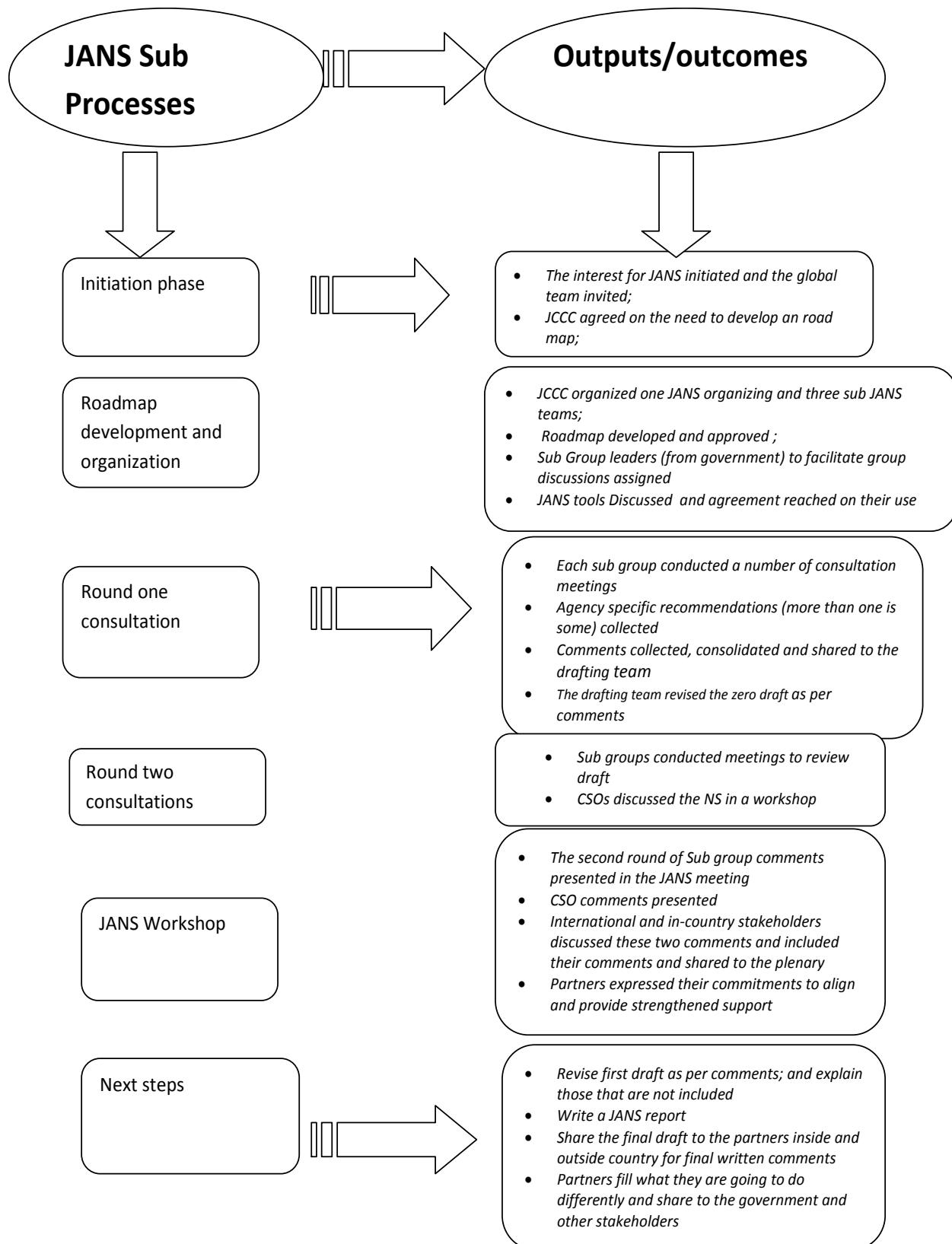
The next steps are:

- the FMOH will revise the HSDP IV, using the comments from the partners (and from other consultative processes with regions, local government (woredas), other ministries etc).
- At the request of the DPs, there will be a final chance to comment in writing on the next draft, so they can see how issues highlighted in the JANS have been addressed. It will be sent with a specified date for returning the comments on the final draft and the completed questionnaire on how they will provide their support during HSDP IV (using the format in annex 5).
- The HSDP IV will then be submitted for political approval as an integral part of the national development plan.

The JANS team is in the process of producing a report of the JANS process to record the process and how identified weaknesses were addressed in the final HSDP IV.

The **lesson learning** was carried out by two consultants who both attended the international JANS workshop and who carried out interviews with key players in FMOH, DPs (DFID, WB, WHO, UNAIDS, Global Fund Secretariat and TRP, GAVI Secretariat and UNFPA,) and members of CSOs (CRDA, CORHA, World Vision). The consultants are grateful to those interviewed for their useful and thoughtful contributions and comments.

Figure 1: Schematic Presentation of the Ethiopia's JANS process and some of its outcomes



2. Assessment and lessons from the JA

2.1 Assessment of the JANS process

The JANS process has been inclusive and transparent.

The development and appraisal of the HSDP was steered and overseen by the FMOH and regional joint steering committee which enabled regions to contribute to the development of the national strategic plan. All regions and 801 woredas participated in the development of the strategic plan. All woredas have developed a draft five year strategic plan that is aligned to the national strategy, through a planning process that drew on the zero draft of HSDP IV. The regional governments are consolidating their regional strategic plans based on the woreda plans. However, regions and woredas have not participated in the JANS process as they were part of the whole development process and the international consultation was agreed to be handled by the Federal Ministry. Their inclusion would have had significant transaction costs.

All development partners (both in-country and non resident) including prospective new donors to the sector have participated in the JANS process. The partners were given opportunities to provide written comments on the draft strategic plan and participate in the working groups and main international JANS consultation meeting. Non-resident DPs commented that the JANS process was well managed, systematic, and a genuine effort to be inclusive and consultative. The workshop provided a good opportunity to learn about the process and (through working in small groups) to have substantive discussion and raise additional points. Country leadership was clear, including in the involvement of the Minister of Health in chairing the workshop.

NGOs and CSOs were invited to participate in each stage of consultation and active efforts were made to gain their participation. However their participation was weak in terms of number of participants and quality of contribution especially in the first round of consultation. CSOs were given a month to provide comments on the zero draft of national strategic plan through the two umbrella organisations, CORHA and CRDA, but only CORHA, as institution, and not involving the network of its members, provided written comments. Neither coordinating organization was able to mobilize their members. The JANS team organized a meeting to discuss the draft plan during the second round of consultations and about 54 participants from 35 CSO/NGO organizations attended, compared to a membership of over 400 CSOs in the sector. The discussion with the CSOs themselves as well as development partners and government indicated that the main reasons for the limited participation are:

- the weak networking capacity of the umbrella organizations, CRDA (Christian relief and development organization) recently renamed as CCRDA and CORHA
- Inadequate familiarization of the members of the CSOs with the JANS tools as well as the strategic plan, making it difficult to generate comments.
- Limited incentives for small NGOs/CSOs working in a few Kebeles to engage in strategic documents like HSDP IV.

The JANS process has however provided opportunities for CSOs and NGOs to contribute to Ethiopia's national health strategic plan in an organised manner for the first time and there were some useful contributions made. Most of CORHA's comments on the zero draft have reportedly been included in the revised version and the comments of CSO/NGOs on the three sub-group themes during the second round were presented in the international JANS workshop. The

presence of the umbrella organizations during the JANS workshop and the expression of their readiness to align and harmonize their activities to the HSDP IV is a significant step forward in enhancing the dialogue process. Their engagement could be sustained by measuring and valuing their contribution to the health sector, ideally by using the national planning and reporting formats. Development partners could assist CSOs/NGOs if they allow them to use government reporting formats as opposed to donor specific reporting formats.

This experience suggests the need for CRDA (now CCRDA) and CORHA to focus on and strengthen their networking role if they are to be active members of the HPN group that contributes to policy dialogue on behalf of their members. There is also a need to strengthen the negotiating capacity of the network organizations to obtain resources for their coordination and representational roles. Their weak financial capacity has forced them to focus their attention more on service delivery and managing projects than on coordinating their networks.

As a result of the JANS process, it is reported that CSO members have started demanding their umbrella organizations to adequately represent them in the dialogue process. HPN group can play a very significant role if they, together with CSOs, assessed the reasons for weak participation and take strengthening measures. The government can play significant role by encouraging donors to support this constructive engagement.

The transaction cost of the JANS process was low as it used existing structures and processes. The steering of the process was managed and overseen by the JCCC, the joint government and donor coordinating committee. With or without JANS, there would have been consultations on the content of the HSDP IV draft document by partners. The only difference was the establishment of the JANS team and the three working groups. When detailed work of this nature is required, it is usual for JCCC to establish a small team to steer the process. Consequently, the additional transaction cost particularly for government for undertaking JANS is reported to be very marginal. The comments regarding the composition of the JANS team were that (i) more or all members of the IHP+ country team (those that steered the development of Ethiopia's IHP Road Map and the JFA) could be members of the JANS team; some members are already in the team; and (ii) NGO/CSOs umbrella organizations could have been selected as members as well.

The major challenge that took some time was the translation of the agency and group comments presented during the first round of consultation into the JANS attributes. This transaction cost was born by a development partner.

All the respondents (government and DPs, including those who coordinated the process) said that the JANS process has not been associated with additional transaction costs. The perception is that it rather reduced the transaction cost by making the dialogue and consultation process more efficient and organized. The total cost incurred for consultation was about ETB 158,036.23 or \$11,700² which was financed through the Health Pooled Fund. CRDA and CORHA covered the cost of the one day consultation workshop organized for member CSOs/NGOs.

The independent element of the JANS was achieved through engagement of civil society and DPs in country, and increased by the involvement of the external partners in the

² This includes the JANS workshop and team meeting costs but not the costs of the one day workshop for CSOs. We will include this as we get the information. It also does not include the costs that non-resident partners incurred for the scoping and JANS workshop.

JANS workshop³. The first round of comments and assessment was the first opportunity for non-Government partners to input to the HSDP, and enabled inputs on a wide range of technical areas (e.g. different health topics and financial management). The second round of comments through working groups provided additional opportunities for review and could look in depth at the supporting documents and evidence. The workshop with international partners provided an opportunity for partners based outside the country to provide comments and also to review the robustness of the in-country Joint Assessment process and the outputs of detailed group work and civil society consultation.

The three working groups used the JANS attributes and guidelines differently. The results monitoring group used as it as a development tool to revise the section on M&E in HSDP IV to ensure that its targets are aligned to MDG, Global Fund, UNAIDS and IHP trigger indicators and results frameworks. The other two groups used it more as an ‘appraisal’ tool and came out with the strengths, weaknesses and recommended actions as per the JANS format. One group also analysed many health service delivery programs for each attribute. The depth of analysis in using the attributes varied from group to group. While this shows the flexibility of using the tool on one hand it also highlights the need to have clearer common understanding and guidance in among different working groups on its future use on the other.

In its current form the JANS process is useful as an appraisal or assessment of a national strategic plan whilst it could be improved as a developmental tool. Undoubtedly this process has helped to improve the quality of the HSDP IV by making sure that all attributes are addressed in the national strategic plan. Suggestions to increase the value of the tools to support the plan development process include, but are not limited to:

- Guidance showing how to use the tools in the development process. This would also contribute to consistency in use of JANS across countries.
- A mechanism to address more technical (disease and health system specific comments for instance) that were found difficult to address in the Ethiopian JANS.

The timing of the JANS was appropriate. The first round of comments provided opportunities for broad input on strategic issues. The second stage of consultation including the workshop was based on a well developed plan, well edited and including costing and funding estimates (although further work was suggested on these to include a realistic/resource constrained funding scenario). This provided a good basis for assessment and making comments.

The existence of the second round was instrumental in getting valuable inputs. Partners provided comments through the three working groups. In the first round, about 58 pages of comments were consolidated from individual agency specific and group comments. Some contradictory comments were given among and within agencies. Initially comments were given without following the JANS tools and a DP consolidated all these comments. In the second round group co-chairs summarised the comments. Overall, the second round of consultations and comments were more organised and strategic than the first round. This is mainly due better convergence in the understanding and interpretations of the JANS tools, better participation from development and implementing partners, and the existence of a better quality draft document to appraise. The increased awareness about the process, the more organized effort made by the working groups to engage, and the anticipation of international team for the workshop are all reported to have motivated more DP engagement in the second round.

³ It has been agreed that for the JANS process, independence is defined as ‘not involved in development of the national strategy’.

Better understanding of partners of the Balanced Score Card model achieved. The HSDP IV has been developed using the balanced score card (BSC) approach for its programming and marginal bottleneck (MBB) approach for its costing. While partners are aware of the MBB approach, there was less understanding of the BSC and its implications. This consultation process has enabled partners to know this and understand better the logic behind the HSDP IV document.

The JANS process is expected to have strengthened the quality and credibility of the national strategic plan. There are indications that the process has strengthened the credibility of the HSDP IV. The HPN members (DPs and CSO) indicated that they think the JANS has improved the quality of the HSDP and they are willing and committed to support the realization of the aspirations of the strategic plan through one common plan. The World Bank, GF and GAVI have shown interest to initiate their health systems funding platform. Other DPs are also expected to show some behavioural change - how much will be known once all the DPs return the questionnaire provided to them during the JANS meeting⁴. There is huge expectation from the side of the government that DPs will change behaviour.

The production of a JANS report that explains the process and how suggestions for improvement from the JANS have been taken into account is seen as a useful output for DPs in future decision making. It also provides extra transparency to the process and the follow up.

2.2 Feedback on the JANS tool and guidelines

The JANS tools set out essential ‘ingredients’ of sound national health strategies and are deliberately designed to be ‘generic’ and not prescriptive to be used in many country contexts. Using five sets of attributes, the assessment tool guides the reviewers to look at strategic issues on the overall strategy itself, its alignment with national development plans, and its linkage with the budgeting process. The assessment is expected to be country-driven; county led and build on existing processes. The following paragraphs summarises main strengths and weakness of the tools in its application to Ethiopia.

The JANS tools provided a systematic lens to review critically the draft strategic plan, and appraise the document in an organized manner. Different partners provided useful comments that were not difficult to harmonize particularly in the second round. The JANS attributes were used as a checklist to review whether the national strategic plan or its associated documents do reflect all the attributes described in the JANS tool. The attributes capture not only the planning aspects of national strategic plan but also issues of implementation. This encourages reviewers to assess the aspirations in view of the implementation capacity as experienced in the last five years.

Ethiopia used the global JANS tool without significant adaptation to the country context though this was intended in the initial phase and included in the roadmap. When the JANS team started to contextualise it, they concluded this was not necessary as the attributes were sufficiently generic, although the tool is not fully contextualised to the Ethiopian context (e.g., double decentralization). Some of the attributes are heavily loaded (attribute 3 where all issues of feasibility are lumped together in 4 characteristics). Some attributes do not provide specific measures, e.g. political commitment of government was found to be difficult to measure - the

⁴ The questionnaire will be sent out with the final draft HSDP IV with a specified time for its return. It is hoped to include their responses and the impact of the JANS process on donor behavior in a later draft of this report.

team used government allocation as a measure. There were instances of different interpretation between government and some of the development partners. There is also duplication among some of attributes (attribute 5 and 13 for instance). Stakeholders are now reflecting that had there been contextualization of mainly the characteristics of the attributes (by producing the ‘Ethiopian JANS adapted tool’), the quality of the dialogue process might have improved. It would however have taken time to agree changes, with associated transaction costs, while the generic tool has been agreed by many partners as a standard.

The less prescriptive the tool is, the more useful it will be. Some attributes are too specific and too technical (e.g. attribute 10) and do not help much in getting to strategic issues. Some respondents questioned whether too detailed focus on technical issues diverted the dialogue from more important strategic issues. Overall, the role of the JANS process was not central in getting consensus on the strategic priorities of the HSDP IV, as this was set by the FMOH and regional health bureaus steering committee. Some reflected that the dialogue during the zero draft might have added more value had it focus on thematic areas and strategic priorities. The use of JANS tools (attributes) in the second round was found to be instrumental in undertaking a comprehensive and systematic analysis.

The tools, if properly contextualised, can be useful even to assess feasibility of annual plans and disease specific programs. The health sector in Ethiopia develops annual plans to translate this strategic plan into action. While the overall flexibility of the tool to guide countries is commended and may not change much from this perspective, its application at a country level may require adaptation if it is going to be used for other processes as well. The attributes can be contextualised and be adapted for example fit to the annual planning context in Ethiopia and provide a mechanism for guiding the review of the feasibility of annual plans at all levels. The JANS could also be used for sub-sector plans such as AIDS or malaria plans, and use of JANS attributes to appraise vertical programs may not only bring more structured lens on the feasibility of these plans but also uniformity and better alignment with the overarching national strategic plan.

The JANS needs to avoid implying that everything has to be addressed in one document. In a spirit of addressing the many attributes of the JANS, more issues were included in the HSDP IV forcing it to become a longer document. Many of the process issues related to governance, planning, reporting etc are captured in other documents such as the health harmonization manual. Some of the areas for system strengthening (human resources, logistics) and sub sectors (malaria, AIDS) have their own strategies and plans. The JANS should encourage cross references to these documents rather than trying to meet all the attributes in the national plan document. The strategic plan needs to capture the broad strategies and identify what the country will do differently in the next five years regarding some of the content and process issues.

An assessment of fiduciary systems is needed either alongside or separate from the JANS. Our discussions with the development partners reflected that the JANS process is an assessment of the strategies for the coming five years, including strategies to strengthen financial management and governance, but JANS is not an assessment of the performance of the fiduciary systems. There is a convergence of opinion that JANS in the way it was conducted in Ethiopia will not be sufficient to replace the more rigorous technical appraisal of financial management and procurement systems that some agencies require before putting funding through government systems. In Ethiopia, some of the fiduciary systems to be applied in HSDP IV are being designed at present (e.g. IFMIS and LMIS), so it was argued that these systems will need to be tested once implemented.

The JANS process can and should review the feasibility of strategies put forward in the national plan to strengthen fiduciary systems (financial management, procurement, distribution and governance). The review of these systems' adequacy, transparency, and accountability require an in-depth and independent analysis that may not be adequately undertaken in the JANS process. If this assessment has already taken place, then the JANS can review its findings. If this view is accepted then the JANS tools need to focus on the feasibility of the strategies more than the adequacy of the fiduciary systems.

It was even suggested by three respondents to remove the fiduciary related assessments from the JANS tools for two reasons: (i) what is being carried out in the JANS is superficial and (ii) these assessments will in any case be carried out to satisfy internal donor requirements. There may need to be further discussion in Ethiopia on what further assessment of the systems is needed and how it can be shared across partners in order to minimise duplication of efforts.

There is a need to revise the tools to become more user-friendly and provide guidance on how to use them for both 'developmental' and 'appraisal' roles. The development of HSDP IV was driven by the balanced score card and MBB tools rather than the JANS tools. In general the JANS tool has been more useful than the guideline. According to those who used the tool, there is a need to include mechanisms by which detailed (technical in nature, inconsistencies, linkages among different sections etc) and general comments can be provided in this process⁵. Guidance on how to manage the JANS process (who should manage it, how many groups, etc., like the Ethiopian JANS Roadmap) could help facilitate and speed up the process. Guidance on how to use subject matter specialists may also help to proactively utilise such expertise in improving the quality of the strategic plan.

The tool is reported to be too short and the guideline too long and stakeholders reflected whether something in between could be considered. The usefulness, completeness and role of characteristics need to be closely looked into when the tool and the guideline are revised. The report format, with strengths, weaknesses and suggested actions was seen as good, leading to constructive inputs. Comments and specific suggestions are shown in Table 2.

Attribute	Characteristic	Comment/suggestion
1		Could be useful to separate out more clearly the situation analysis from the analysis of the response so far
1	1.2	It is very odd to mention the WHA resolution here. This point should focus on disaggregated data only. If necessary the primary care/universal access point could come separately (without need to discuss the resolution!)
2		It could be made clearer that this should focus on the priority responses suggested not on the specific targets and indicators (which are covered in the M and E section)
3		<p>Analysis of 'effectiveness and impact analysis' are too general to provide guidance</p> <p>It seems odd to have this very specific characteristic here which is out of</p>

⁵ The first round of comments was summarized in three sections. First using the JANS attributes as recommended. The second one outlined the general comments that the strategic plan needs to reflect. The third category was detailed programmatic comments on interventions like child health, family planning, nutrition, communication, humanitarian response, etc. The revision of the JANS tool needs to reflect these challenges particularly to strengthen the developmental role of the tool.

Attribute	Characteristic	Comment/suggestion
	1.9	place with the much more general characteristics. This could even move to attribute 4.
5	2.1	It would be useful to more clearly separate the process in terms of the development of the strategy with the ongoing process of planning, implementation and monitoring of the strategy
6	2.2	Sectoral and inter-sectoral policies and strategies need some detailing to be used as guidance
10, 11 and 15		There is a need to distinguish between an assessment of the strategy and an assessment of the systems that are actually in place and their functionality – financial management, audit, procurement etc. For financing decisions most donors would also need the latter, but this should be perhaps included in a separate tool if needed.
13		Potential for duplication between Attribute 5 and 13

2.3 Assessment of the JANS findings and their benefits

The recommendations of the three JANS groups were found useful in revising the zero draft and the actions proposed to be included in the second round were appreciated during the JANS meeting. Overall, all stakeholders' contributions were considered professional, accurate and mainly strategic in nature.

The JANS process has been developmental and is expected to improve the quality of the strategic plan both in terms of its comprehensiveness, and its pragmatic focus. The JANS process provided useful inputs including:

- Assisted the mapping of likely resources from some development partners as part of projections for the availability of resources;
- The move of making quality the centre piece of HSDP IV strategies in the coming five years;
- The suggested inclusion of the specific regional targets to ensure regional results are monitored in the devolved context of the Ethiopian health system
- The inclusion of a results framework with hierarchy of results and annual milestones and alignment of the HSDP IV targets with MDG, Global Fund, UNAIDS, and IHP result frameworks and tracking indicators;
- The agreement on the need for revision of costing and resource requirement to make it more realistic;
- the need to spell out how health sector governance arrangements will be strengthened rather than just a description of the formal structures.
- The need to have clearer strategies to promote public private partnership, risk mitigation and address equity concerns.

The JANS process is expected to change donor behaviour on alignment and harmonization but it is not expected to be the only mechanism for making funding decisions. The JANS process assessed the feasibility of the strategies to be implemented in the next five years. Funding decisions are not made solely on the basis of a good national strategic plan, but plan which has been assessed positively in terms of participation in its development and robustness and feasibility of the plan could help in advocacy for increased funding and as an input to decision making. Individual agencies have different thresholds and requirements when taking funding decisions that may not be immediately harmonised - for example, they may want to review detailed sub-sector plans, workplans or financial

arrangements. The JANS process therefore may not be able to eliminate the appraisal missions of individual agencies altogether, but it is expected to significantly reduce it. The process is also expected to influence donors to undertake joint rather than individual assessments when making their funding decisions in the coming months and years, for example, some of the potential funders suggested that they will review other donor mission reports on fiduciary issues before they initiate their own, and will only do their own if previous assessments are not complete. If and when they intend to do such an assessment, they will try to do it jointly with others.

The JANS process has proved some of its initial sceptics wrong by bringing openness, transparency and fruitful dialogue between government and its partners in the ‘appraisal’ and revision of the HSDP IV. The overall feedback on the JANS process from government, DPs and CSOs is generally positive. The development of the HSDP has always been consultative but the JANS process has provided a structured and organised way of looking at the national strategy using defined attributes and working as an organised group of stakeholders. According to the responses collected from the health stakeholders, the JANS process:

- Encouraged the government to open-up the dialogue process to more partners including CSOs/NGOs who have traditionally been inactive in this process;
- Encouraged HPN members in general and CSOs/ NGOs in particular to participate in the appraisal of the national strategy and to critically look at the feasibility of strategies and targets.
- Facilitated dialogue and flow of information among in-country and international DPs. The priorities and targets of the draft HSDP IV were mainly developed by the government with technical assistance from some agencies. The participation of many HPN members was limited until the JANS process.
- Provided a mechanism (the tools) for organising comments and engagement.
- Created a forum to discuss individual comments in a group and provide more consolidated and structured comments that might have improved the quality of inputs provided and reduced the transaction cost for the HSDP IV drafting team.

2.4 Next steps

The JANS workshop generated useful comments from partners during the meeting. These comments have been reviewed in their separate working groups and will be shared with the HSDP IV drafting team. It is expected that the drafting team will:

- Incorporate most of the comments given
- Provide the reasons why some of the comments are not included.
- Produce the final draft of HSDP IV document.

This final draft is expected to be shared electronically for one last round of strategic comments to all stakeholders, following the request by international partners. It is expected that the time for such round of comments will be short and there will be no other meeting for this purpose.

As part of this process, the JANS teams will

- Consolidate the responses on ‘what DPs will do differently’ in the next five years based on the forms filled for future review of progress in alignment and harmonization
- Write a JANS report documenting the JANS process including who was involved in the review; suggested actions to strengthen the HSDP IV, how these comments are addressed, and explaining the reasons for not incorporating some of the comments. This

will be a future reference when and if any new partners raised issues of the same nature during the implementation process.

3. Lessons and conclusions

Although it is difficult to judge what the quality of the HSDP IV would have been without JANS (the without case), the process is widely seen as improving the quality of the strategic plan, through providing substantive and important comments. It has also increased the buy-in and understanding of the resident and international partners as well as CSOs/NGOs to the strategic plan, which is expected to facilitate more alignment and harmonization towards one plan. This was shown in the commitment from key partners in the international meeting (GAVI, GF, WB and WHO) that they will explore how to better harmonise and align their funding under the Joint Funding Platform currently under development.

Following from the preceding analysis, there are best practices and lessons learnt in the JANS process in Ethiopia. The main ones are related to the process by which the assessment is made, the strength and weaknesses of the JANS tools and what the IHP secretariat should do in terms of assisting country experience sharing and revision of tools.

In general the JANS process has been participatory, transparent and provided the environment within which open dialogue could take place. There were some factors that contributed to the smooth implementation of the process. The lessons learnt in the Ethiopian JANS process are:-

- The instrumental role of the development of a roadmap with clear responsibility of the JANS team and working group teams to guide the implementation of the JANS process. The scoping mission had a vital role in helping define the role of the JANS and in development of the roadmap. The early definition of the roadmap and its joint ownership by government and development partners has stimulated everyone to commit to its realisation. Early sharing the roadmap with agencies outside the country would have been helpful to increase participation, understanding and confidence in the process underway.
- The existence of small group of ‘JANS champions’ from both government and DP sides has assisted a great deal in getting the buy-in from other HPN members.
- Strong government ownership and leadership of the JANS process has made the process more transparent and participatory which reduced ‘agency-related interests’ and focused on more common strategic interests. It also assisted the development of the vision on where the sector is heading, what the challenges and gaps are and motivated stakeholders to mobilise and align their resources. The endorsement of the NS by the CSOs, the proposed initiative of the health systems platform and the potential involvement of new development partners are positive steps in this direction.
- The JANS process provides an opportunity to consider likely changes in donor behaviour. The attempt to get immediate feedback on the amount and quality of aid to be provided by development partners during the meeting as well as the forms that individual agencies are going to fill in and return on what they will do differently in the coming five years is an example that may be replicated in other countries.
- The process provided a mechanism for systematic engagement of stakeholders that have not been active participants in previous NS development processes (CSOs/NGOs). If they are provided with adequate orientation and capacity to network, their contribution could be enhanced. There may be others (such as private providers and professional associations) who could also be incorporated in future assessments.

- The independent element of the JANS was enhanced in Ethiopia by inviting partners to join the international workshop. Participants came from agencies that are not represented in country (including Global Fund and GAVI) as well as specialists from headquarters and regional levels of some agencies. With over 100 participants, the workshop provided a wide range of expertise and wisdom for assessing the HSDP. Whilst the length of the workshop (2 days) necessarily limited the assessment, there were opportunities in small groups to discuss crucial strategic issues e.g. the need for realistic costs.

The JANS tools guided and greatly assisted the JANS process by providing a clear and well structured set of characteristics and attributes for assessment of the national plan. The IHP Secretariat should consider that (with some revision), the tools serve well for the developmental and appraisal functions. The Ethiopian experience in using the JANS tools show:

- The need for time to be spent on orientation on the JANS tools and guidelines. The half day orientation proved was inadequate as there were different interpretations of the attributes. The need to have a common understanding about the tools and the guideline before using it is found to be critical. The JANS tool is more helpful and easy to use on a more comprehensive NS than an early draft.
- The left side of the JANS tool (attributes rather than the characteristics) were found to be more flexible and helped to provide more strategic comments.
- The need to cross reference other documents was recognized during the JANS meeting. The JANS attributes are wide ranging and efforts to show most of the attributes in the NS forced its drafters to expand the document. Summary of the major strategies and then cross references to other more detailed documents (such as disease specific strategies, HR and M&E plans, and sector funding arrangements) will help to limit the size of the NS and maintain its strategic focus. The tools need to make this clear. It would also be helpful to record which supporting plans and other documents were used.
- The assessment of fiduciary risk issues, planning and coordination systems could be assisted by identifying or developing a separate assessment tool or mechanism for these 'how' issues, in the view of some stakeholders.

The flexibility and usefulness of the JANS tools (tool and guidelines) could be reviewed with a few country teams to get more hands-on suggestions and recommendations. The IHP secretariat should also consider enhancing the cross country experience sharing. For example, it is reported that USAID is joining some sort of joint funding agreement in Nepal while this is not the case in Ethiopia. The factors that facilitated such decision in Nepal could help Ethiopia to adjust its programming to fit to such conditions.

4. Annexes:**Annex 1: People interviewed**

No	Name	Agency
1	Dr Zewditu Kebede	CORHA
2	Dr Senait	World Vision
3	Dr Mekdim Enkossa	FMOH
4	Dr Tedros Bekele	FMOH
5	Kahssu Bekeretsion	FMOH
6	W/ro Roman Tesfay	FMOH
7	Ali Forder	DFID Ethiopia
8	Dr Feng Zhao	WB Ethiopia
9	Eshete Yilma	USAID
10	Dr Sofonias Getachew	WHO
11	Dr Muna Abdullah	UNFPA
12	Ato Semu	CRDA
13	Johannes Hunger	Global Fund Secretariat
14	Susan Chandler	DFID London
15	Phyllida Travis	WHO Geneva, IHP+
16	Martin Alilio	Global Fund TRP (and USAID)
17	Ranjana Kumar	GAVI Secretariat

Annex 2: Ethiopian JANS Roadmap

Source: JANS coordinating committee (latest revised)

Background Ethiopia.

Ethiopia is developing its fourth Health Sector Development Programme, HSDP IV, for the period 2011-2015, in the framework of the new PASDEP II. The preparation started in August 2009, by the Federal Ministry of Health, and went on with the compilation of a concept note and a development plan, in consultation with the national stakeholders and with the coordinated contribution of Development Partners. Therefore the MoH proceeded to the compilation of the full HSDP IV zero draft, completed in February. The following steps, according to the plan, include the consultation process with Development Partners and other stakeholders, toward the finalisation of the strategic plan foreseen by June .

The current phase of wide consultation is meant to gather contributions from DPs and other stakeholders involved in health sector development, in order to have a shared plan to which all stakeholders will be aligned and committed.

Background JANS.

By the end of 2009 the global IHP+ core team had developed the idea of a “Joint Assessment of National Strategies” as a tool to strengthen the strategic planning processes at country level, for interested countries, and link them with the global level, interested Development Partners and the Global Health Initiatives. The JANS has been proposed to a few countries and is being currently piloted in Rwanda and Nepal.

After discussion in the JCCC and decision, the MoH requested the global IHP+ team to present the JANS in Ethiopia: the briefing was held on 8th February at MoH, by a “JANS mission” including IHP+/WHO, WB, UNAIDS, GFATM and GAVI, with the participation of MoH Directors and most DPs.

Present process and rationale

Ethiopia has decided to do the JANS, integrated with the HSDP IV development as a unique process. The operational aspects have been discussed in the JCCC on 18th February, a JANS team has been established (composed as the country team serving during the JANS mission) and tasked to prepare the roadmap and the working groups for the exercise. The JCCC agreed for “two waves” of assessment: the first wave with the participation of in-country partners and broad information of all interested parties, the second wave including a few day workshop with the participation, besides the country stakeholders, of interested international Partners to provide an ‘independent’ element to the process. The activities already defined are arranged in a timetable below.

The rationale for conducting the JANS exercise, integrated with the HSDP IV development, is seen in its potential added value:

- Broad range of partners (in country and global) see value of engagement
- Partners commit to using the joint assessment to guide their future support
- Partners sharing the assessment commit to align with the government priorities and as far as possible preferred modalities, to indicate their financial support, to use the agreed M&E framework.

- The JANS exercise contributes to realise the principles and commitments of the IHP, to make Paris/Accra Commitments a reality, progressing towards "One Plan, One Budget, One Report".

Uses of the JANS and expected benefits, for Ethiopia, include the enhanced quality of strategy, widely acknowledged; for DPs include greater confidence in strategy and systems for implementation and joint agreement on approaches to address weaknesses, leading to a more effective, coordinated response.

Operationally, the exercise implies little more than what already used for country consultation on strategic planning:

- the use of the JANS proposed tools, opportunely adapted, where necessary, to the Ethiopian context.
- the involvement of interested international partners, as independent elements, in the second wave of assessment.
- the compilation of a profile of the strengths and weaknesses of the health strategy, as a basis for joint and coordinated actions.

Expected results of the JANS are:

- Findings feed into further iterations of the strategy
- It will bring more Partners on plan and 'on budget'
- It will inform decisions on technical / financial support

Some steps have been identified as essential to facilitate and enhance the process, among them: a) a formal letter from the MoH to DPs requiring active participation and b) a briefing from the HPN group to the DAG Heads of Agency group to bring the issue above the sectoral level and to the HQs, aimed at getting due attention and promoting factual commitments. From the DPs side (HPN level) there is will to devise a system to monitor accountability.

ACTIONS

The "JANS Steering team" established by the JCCC is currently composed by: Dr. Mekdim Enkossa (MoH), Ms. Ali Forder (DFID), Dr. Muna Abdullah (UNFPA), Dr. Feng Zhao (WB), Dr. Sofonias Getachew (WHO), Dr. Marina Madeo (Italian Cooperation). The team does the preparatory work, coordinates and activities and monitors according to the timetable. The timetable is designed by making reference to the required tasks and to the original Concept Note and timetable for HSDP IV development circulated by the MoH in October 2009, it has to be detailed according to JCCC indications.

Timetable

Date / period	Event / Activities	Actions / Results	Notes
Aug 2009 - Jan2010	From HSDP IV concept note, to HSDP IV zero draft, through consultations		
04 to 08/02/2010	JANS scoping mission to Ethiopia	Country team established. Consultations done	Global team: from IHP+ core group + GFATM and GAVI
Mon 08/02/2010	JANS briefing from the Global Team.	Information to MoH and DPs, discussion.	
Thu 18/02/2010	JCCC meeting	Ethiopia will do the exercise.	Country JANS team revitalised
Mon 22/02/2010	JANS Team meeting	Roadmap roughly defined,	

Date / period	Event / Activities	Actions / Results	Notes
		tasks distributed.	
Tue 23/02/2010	HPN meeting	Information on JANS, discussion, commitment from DPs.	Involvement of civil society through its representatives in the HPN
Fri 26/02/2010	DPS and MoH assign experts to be part of the joint WGs	The WGs can start working on the tool.	
Tue 02/03/2010	Circulation of the HSDP IV zero draft to DPS		
Wed 03/03/2010	The JANS team finalises the draft roadmap	A draft to be presented at the JCCC	
Thu 04/03/2010	DAG HoA meeting. Aid Effectiveness in Action: Making progress in the health sector	Presentation from the HPN to the DAG HoA on JANS in the framework of Aid Effectiveness.	To make aware the HoA and bring the request for commitment to the higher in country level.
Thu 04/03/2010	JCCC discuss and approve the roadmap		
Fri 05/03/2010	Formal letter from MoH to DPS, about HSDP IV and JANS.	Each DPS will be requested to assign a focal person for the process.	Addressed also to GFATM, GAVI, Gates Foundations.
Mon 08/03/2010	Tentative: WGs one day session.	Comments and contributions to HSDP IV	Time and venue tbd
08 to 10 /03/2010	Consolidation of comments and contributions to HSDP IV zero draft	One document	By the three WGs
Mon 29/03/2010	JCM	Presentation of DPS Contribution, discussion. Finalise timing for JANS	
End April	II draft	The MoH will circulate a second draft and a second round of consultation will start	
Mid May	Workshop for wider consultation of non-gov stakeholders	Active and meaningful participation of CS	Involvement of CS through umbrella organisations.
June 2-3	Final consultative workshop with all stakeholders	Refinement and validation of HSDP IV	The international DPS such as GFATM, GAVI, Gates will be invited to participate in person.
June	Feedback to Global IHP+ team on lessons learned	To inform JANS process	

JANS Working Groups

GROUP	JANS AREAS		MEMBERS	E-mail Addresses
Group 1	SITUATION ANALYSIS AND PROGRAMMING PROCESS	AND	1 Teodros Bekele (MoH)	tedrosmoh@gmail.com
			2 Ali Forder (DFID)	A-forder@dfid.gov.uk
			3 Sofonias Getachew (WHO)	sofoniasg@et.afro.who.int
			4 Yemeserach Belayneh (Packard Foundation)	YBelayneh@packard.org
			5 Mira Ihlainen (UNAIDS)	ihalainenm@unaids.org
			6 Carmela Green Abate (PEPFAR)	Green-AbateCR@state.gov
Group 2	FINANCE AND AUDITING AND IMPLEMENTATION AND MANAGEMENT	AND	1 Mekdim Enkossa (MoH)	mkdmea@yahoo.com
			2 Feng Zhao / Gebreselassie Okubagzhi (World Bank)	fzhao@worldbank.org; gokubagzhi1@worldbank.org
			3 Marius de Jong (The Netherlands Embassy)	Marius-de.Jong@minbuza.nl
			5 Eshete Yilma (USAID)	eyilma@usaid.gov
			6 Tewoldeberha Daniel (UNICEF)	tdaniel@unicef.org
Group 3	RESULTS, MONITORING AND REVIEW	AND	1 Kahssu Bekureatsion (MoH)	bekureatsion@yahoo.com
			2 Muna Abdullah (UNFPA)	abdullah@unfpa.org
			3 Marina Madeo / Ledia Lila (Italian Cooperation)	marina.madeo@gmail.com; ledia.lila@itacaddis.org.et
			4 Luwei Pearson / Iqbal Kabir (UNICEF)	lpearson@unicef.org; ikabir@unicef.org
			5 Gebrekidan Mesfin (WHO)	gebrekidanem@et.afro.who.int
			6 Alti Zwandor / Chris Fontaine (UNAIDS)	ZwandorA@unaids.org; FontaineC@unaids.org
			7 Takele Geressu (Irish Aid)	Takele.Geressu@dfa.ie
			8 Sisay Alemayehu (CDC)	alemayehus@et.cdc.gov

References and background documents.

- HSDP IV Zero Draft
- JANS Tool
- JANS Guidelines
- HSDP III Syntheses Report

Annex 3: List of Participants of the JANS International Meeting

Source: workshop registration list

NO	NAME	ORGANIZATION	TELEPHONE
1	Melkamu Tekle	ADDIS ADMASS	911338834
2	Amedwork Wegossa	ADDIS WORE	911647320
3	Maria Cruz Gria	AECID Spa	913249834
4	Dr. Leoul Getachew	AFTGH	911300214
5	Peter Duncan-Jones	AusAid	
6	Elias Gebu	Awrduba Times	911684283
7	Jelaludin Ahmed	CDC	911414132
8	Alemayehu Mekonnen	CDC.Ethiopia	911242374
9	Yigeremu Abebe	CHAI	911217708
10	Zhu Cangyang	China Embassy	911205152
11	Zawditu Kebede	CORHA	911107019
12	Endale Zewdu	CRDA	911727944
13	Ali Forder	DFID	911242374
14	Sue Chandler	DFID	912064882
15	Mekdes Wolde	DFID	911675334
16	Adem Alo	DSW	911475735
17	Hussien Faris	EHNRI	911253165
18	Tsehaynesh Messele	ENHRI	112754647
19	Asegid Tesfye	EPA	911109361
20	Ayenew Addis	ETH NEWS AGENCY	911967081
21	Fekade Sbahetu	ETV	911393542
22	Addis Tegegn	ETV	912196088
23	Yonas Mitiku	ETV	913732241
24	Fekade Baheru	ETV	911393542
25	Ephraim Zewdie	EU	911720437
26	Dr. Fikru Tafesse	FGAE	911680722
27	Dr. yibelta Assefa	FMAPCO	911248195
28	Meseret Yetubie	FMOH	911727651
29	Kiros Kidanu	FMOH	913299621
30	Abduljelil Reshad	FMOH	911624578
31	Ahmed Emano	FMOH	911388446
32	Fikru Tessema	FMOH	912601084
33	Yeneneh Demissie	FMOH	913356533
34	Hunegnaw Mekonen	FMOH	
35	Yehwalashet Bekele	FMOH	913291992
36	Dirara Melese	FMOH	911500512

NO	NAME	ORGANIZATION	TELEPHONE
37	Alemayehu Shgnamegm	FMOH	911240366
38	Teodros Bekele	FMOH	911303859
39	Mihret Hiluf	FMOH	913090843
40	Bezawit Getachew	FMOH	911167430
41	Wondafrash Million	FMOH	911648128
42	Neghist Tesfaye	FMOH	
43	Wondwessen Shiferaw	FMOH	913307272
44	Berhane Assefa	FMOH	911303496
45	Ferew Lemma	FMOH	912923625
46	Dagnew Tadesse	FMOH	911389545
47	Berhanu Feyisa	FMOH	911480086
48	Belete Sheferaw	FMOH	913666296
49	Belachew Mekura	FMOH	913495731
50	Asfawesen Mekonen	FMOH	911677686
51	Dr. abduluziz Ali	FMOH	911405380
52	Mideksa Adugna	FMOH	911363552
53	Nugusa G/yus	FMOH	911229651
54	Kahsay G/meskel	FMOH	
55	Roman Ketu	FMOH	
56	Mulugeta Selishi	FMOH	913390116
57	Teref melese	FMOH	911146145
58	Jebesa Ararsa	FMOH	911332977
59	Yordanos Gidey	FMOH	
60	Wubshet Demboba	FMOH	911124909
61	Teshome Desta	FMOH/UNICEF	911659319
62	Solomon Emyu	FMOH/WHO	911401551
63	C. Waddington	GAVI	
64	Ranjana Kumar	GAVI	
65	C. Klumper	GAVI	
66	Johannes Hunger	Global Fund	4179471731
67	Martin Alillo	Global Fund	3014248126
68	Betru Tekle	HAPCO	911405157
69	Leulseged Azeze	HSFR/USAID	911512693
70	Mengistu Klfe	ICT-SU	911391139
71	Takele Geressu	Irish Aid	911678231
72	Rebecca Yohannes	Irish Aid	911632940
73	Prosper Tumusiime	WHO ESA AFRO	25191367789
74	Pasquale Farese	ITALIAN COOP.	911254166

NO	NAME	ORGANIZATION	TELEPHONE
75	Veuauzio Vella	ITALIAN COOP.	911931282
76	Yumi Yoshida	JICA	
77	Kahsu Bekuretsion	FMOH	913500008
78	Seyoum Degue	MOCB	911677181
79	Fikir Abere	MOCB	911609819
80	Col.Amare G/eyes	MOD	
81	Jia Bo	MOH CHINA	4724138181
82	Ren Minghui	MOH/China	9.86411E+11
83	Fitsum Asfaw	MOH/UNICEF	9.11827E+18
84	Frew Tekabe	MOH/WB	09114669--
85	Gabrial Daniel	MSH/Sps	911454866
86	Demelash Iteif	MYYS	911433704
87	Unni Silkoset	NORAD	
88	Yemeserach Belayneh	Packard Foundation	911225897
89	Kanchan Reed	PEPFAR	911512861
90	Carmella Abate	PEPFAR Coordinator	911509524
91	Tamiru Dagne	PFSA	911502040
92	Wondwossen Ayele	PFSA	911505743
93	Dr.Frehiwot Berhane	PPFC D/d	911402145
94	Nigatu Kegassa	RADIO FANA	911102825
95	Oluma Yoseph	TULANE	911370137
96	Amadou Keita	UNAID	
97	Dr. Alti Zwandr	UNAID	
98	K.Dehgham	UNFPA	
99	Munna Abdeullah	UNFPA	911228763
100	Beyeberu	UNFPA	913718511
101	B Kalasa	UNFPA	
102	Atakilt Berhe	UNICEF	911364216
103	Eshita Yilma	USAID	911218179
104	Meri Sinnitt	USAID	
105	Jeanne Rideat	USAID	
106	Bekele Chaka	World Bank	48610687998
107	Workneh Kassie	World Bank	911236893
108	Sofonias Getachew	WHO	911416241
109	Gebrekidan Mofi	WHO	25191367789
110	Fatuma Nafo-Terrior	WHO	911202633
111	Phyllida Travis	WHO	
112	Kidest Lulu	WHO	917800963

NO	NAME	ORGANIZATION	TELEPHONE
113	Serak Hailu	WHO	911400655
114	Mieraf Tadesse	World Bank	911652774
115	Dr. Gebreselassie	World Bank	911729633
116	Feng Zhao	World Bank	910523766
117	Netsanet Walelign	World Bank	
118	Dr. Eva Jerava	World Bank	
119	Ahmed Abdulkadir	World Bank	913102143
120	Davidson Gwatkin	World Bank	
121	Beniamin Loevinsohn	World Bank	
122	Abebe Alebachew	Lesson learning consultant	912106070
123	Veronica Walford	Lesson learning consultant	
124	Nigusu G/Yesus		911229651
125	Roman Kedu		911372443
126	Etalemaw Maru		911017704

Annex 4: Summary of actions recommended in the JANS meeting

Source: workshop group presentations

Attribute Number	Description of Attributes	Suggested actions from JANS meeting
1	<i>Soundness of situational and response analysis</i>	<p>Include more disaggregation and analysis of disaggregated data where it exists including by region and socio-economic status</p> <p>Existing surveys & reports can be used for further disaggregation by region (As DHS might be time taking preliminary reports should be used to amend HSDP IV)</p> <p>Show trend in disease burden (Epidemiology of diseases) from existing surveys/assessments; & consider future study on burden of diseases in Ethiopia</p> <p>Document & share results of surveys (DHS) & evaluations in annual review meetings for all stakeholders</p>
2	<i>Priority areas, goals, objectives, interventions, and expected outcomes</i>	<p>Useful to have clear statement on partnerships with private sector</p> <p>Prioritize objectives to manageable few</p> <p>Need to set some specific targets to subpopulation groups (Eg. Vulnerable groups, pastoralist etc)</p> <p>Need to have specific program & targets on gender</p> <p>More emphasis should be given to integration of services</p> <p>NCD section should give more attention to Cancers (eg. Reproductive organ Cancer)</p>
3	<i>Effectiveness, sustainability, evidence base and feasibility of Planned interventions</i>	<p>Implementation of the Technical Assistance Guidelines needs to be discussed and TA needs & requirement should be reflected</p> <p>Targets are currently aligned with MDGs and are needs based – however; if resource gap isn't filled mechanism for prioritizing based on resources available needs to be clear ("Plan B" or the Resource Constrained Plan needs to be clear)</p> <p>Need to clearly state direction on retention & incentives for key HRH</p>
4	<i>Assessment of risks and proposed mitigation strategies</i>	Need further analysis of risks and what the mitigation strategies will be
5	<i>Multi-stakeholder involvement</i>	<p>Annual Joint resource mapping and prioritization process could be strengthened (in line with the Joint Financing Action Plan/calendar)</p> <p>Strengthen multi-partner involvement during annual planning process</p> <p>Better description of the process of HSDP IV development and its endorsement would be useful</p>
6	<i>High level of political commitment to national strategy</i>	Make clearer how far inter-sectoral collaboration is working (including nutrition) or how this will be tracked.
7	<i>Consistency of National strategy with relevant</i>	<p>Harmonize HIV/AIDS targets with SPM II</p> <p>Need to harmonize planning time frame between strategies & sub strategies/programs</p>

Attribute Number	Description of Attributes	Suggested actions from JANS meeting
8	<i>Expenditure framework with comprehensive budget/costing</i>	<p>Better description of the chosen scenario and moving the other scenarios to the annex</p> <p>Reflect annual resource requirement breakdown</p>
9	<i>Expenditure framework includes financial gap analysis, including the specification of known financial pledges</i>	<p>Accelerate the efforts being made to develop a comprehensive resource mapping (woreda, region and national levels)</p> <p>Explicitly explain the assumptions used in the costing and resource mapping</p>
10	<i>Description of the financial management system and evidence that it is adequate, accountable and transparent</i>	<p>References should be put to some relevant documents</p> <p>As indicated in the document ensure further strengthening of the financial management system through implementation of Integrated Financial Management System and regular supportive supervision.</p>
11	<i>Description of audit procedures and evidence of appropriate scope of work, independence and capacity</i>	<p>Ensure the improvement of delays in the audit report by involving appropriate body as indicated in the document.</p> <p>Enhance the capacity of regional auditors offices</p>
12	<i>External resource channeling mechanism and description of how fiscal space constraining scaling up</i>	<p>Undertake risk analysis</p> <p>Explore mechanisms to finance lower level recurrent expenditure need in the context of current expansion of HF</p> <p>Develop clear strategies to address the financing gap</p>
13	<i>Operational plans are developed in a participatory process</i>	<p>Strengthen Resource mapping exercise at woreda level</p> <p>Review of the current situation of woreda planning (what works well and what doesn't) and take corrective actions based on the recommendation generated</p>
14	<i>Deployment of resources to defined outcomes at all levels</i>	<p>HRH retention mechanisms need to be clearly indicated</p> <p>Projected budget should be showed at different levels</p>
15	<i>Evidence of adequate, accountable and transparent procurement and supply management system</i>	<p>Explore the role of the private sector in distribution</p> <p>Strengthen LMIS</p>
16	<i>Specification of</i>	Update the HSDP IV and HSDP Harmonization Manual documents

Attribute Number	Description of Attributes	Suggested actions from JANS meeting
	<i>governance management and coordination mechanism for implementation</i>	based on the review of the joint governance structures. Dissemination and familiarization of HSDP other relevant documents to lower levels
17	<i>Plan for M&E that describes output/outcome .impact indicators, with multi-year targets</i>	<p>Table 8, page 17, is an important set of a priority of the indicators for the plan and needs to get more emphasis.</p> <p>Addition of equity & quality indicators to Table 8 may be very helpful.</p> <p>List of indicators at different places of the document needs explicit rationalization to avoid confusion & enhance coherence.</p> <p>Distinguish the level of different list/set of indicators</p> <ul style="list-style-type: none"> • Eg. Table 8 – Core Sector Performance indicators • Page 105 lists Program performance indicators <p>No. of indicators should be manageable and be further refined</p> <p>Impact indicators listed in Table 8, seems to be too difficult to measure. Proxy indicators may help a lot.</p> <p>Defining a summary/indexed quality indicator will be helpful</p> <p>Revise the baseline data when the EDHS Data is available</p>
18	<i>M&E plan showing sources and flow of information</i>	<p>Sources for some indicators need to be multiple sites.</p> <p>Sources need to consider the private sector also</p>
19	<i>Description of data collection/data management methods, tools and analysis</i>	Need to have detailed and costed M&E plan in line with this strategic plan
20	<i>Plan for Joint performance reviews</i>	At all levels review mechanisms are explained well in the document. But need to further elaborate how this system is to be strengthened
21	<i>Description of processes by which M&E results influence decision making</i>	The follow up of the recommendations forwarded at the available mechanisms (like ARM recommendations) need to get due attention

Annex 5: Format distributed to development partners to ask about their intentions to move to more alignment and harmonization

Source: FMOH, July 13, 2010.

Name of Organization: -

Name and responsibility of person filling this form:

Signature: _____

Address of the organization:

Involvement in the Health Sector:

After evaluating the HSDP IV using the JANS tools and participating in the process what will your organization do differently to achieve Harmonization and Alignment as per the Paris Declaration?

Area	Past experience	Future plan	When	Remark
Steps towards using “one plan”				
Steps towards “one budget”				
Steps towards “one report”				