# Associate Award Brief—South Sudan

| Selected Health and Demographic Data for South Sudan | |
|---|---|
| GDP per capita (USD) | $1,546 |
| Total population (millions) | 8.3 million |
| Maternal mortality ratio (deaths/100,000 live births) | 2,054 |
| Antenatal Care, 4 visits of more | 17% |
| Institutional deliveries | 11.5% |
| Infant mortality rate (deaths/1,000 live births) | 102 |
| Neonatal mortality rate (deaths/1,000 births) | 52 |
| Under-five mortality (deaths/1,000 live births) | 135 |
| Contraceptive prevalence rate (all methods) | 3.5% |
| Total fertility rate | 5.4 |
| Sources: Sudan Center for Census, Statistics, and Evaluation 2010, World Bank, Southern Sudan Household Health Survey 2010, WHO, 2012 South Sudan HIV/AIDS Epidemiologic Profile. | |

### Major Activities

- Increase access to high-quality primary health care services for all people in CES and WES in the Republic of South Sudan.
- Objectives: Standardized, functional, equipped, staffed health facilities able to provide a minimum package of quality primary health care services; and community access to information and services increased.

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| **Program Dates** | June 13, 2012 – June 12, 2017 | | | | | |
| **Mission Funding to Date** | Integrated Service Delivery Project (ISDP) [redacted] | | | | | |
| **Geographic Coverage** | No. (%) of states | 2 | No. of counties | 16 | No. of facilities | 360 |
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| **Partners** | Jhpiego, with partners Save the Children US, Population Services International (PSI), and John Snow, Inc. (JSI), in partnership with the South Sudan Ministry of Health.nd | | | | | |

# Acronyms and Abbreviations

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| **CES** | Central Equatoria State |
| **CIP** | County Implementing Partner |
| **FP** | Family Planning |
| **ISDP** | Integrated Service Delivery Project |
| **MCHIP** | Maternal and Child Health Integrated Program |
| **MOH** | Ministry of Health |
| **NGO** | Nongovernmental Organization |
| **OFDA** | Office of Foreign Disaster Assistance |
| **PHC** | Primary Health Care |
| **PHCC** | Primary Health Care Center |
| **PITC** | Provider-Initiated Testing and Counseling |
| **PPH** | Postpartum Hemorrhage |
| **USAID** | United States Agency for International Development |
| **WES** | Western Equatoria State |

# Background/Context

The health situation across South Sudan remains fragile and is characterized with challenging health indicators. The maternal mortality ratio is 2,054 per 100,000 live births, the neonatal mortality rate is 52 per 1,000 live births, and the infant mortality rate is 84 per 1,000 live births. Approximately 12% of deliveries occur in a health facility and 17% of women receive the fourth visit of antenatal care (South Sudan Household Survey 2010). Only 34% of the people in South Sudan have access to improved water supply; a smaller percentage, only 14%, have access to improved sanitation. The contraceptive prevalence rate is extremely low at 1.5%.

The Government of South Sudan and major donors put together a minimum package of primary health care (PHC) services based upon the Basic Package of Health and Nutrition Services. The minimum package includes a list of evidence-based services/interventions in child and reproductive health and in control of communicable diseases that if implemented together will result in improvement in the health of the people of South Sudan.

PHC service delivery in WES and CES has been supported by multiple donors, including the U.S. Agency for International Development (USAID), Multi-Donor Trust Fund, and European Commission Humanitarian Office. At the request of the Ministry of Health (MOH), the donors undertook a consolidation approach, whereby one donor will support PHC service delivery throughout one or more states. Under ISDP, USAID will fund service delivery in WES and CES.

# Activities/Approach

**Operational Approach:** The Integrated Service Delivery Program (ISDP) will be implemented in three phases. Phase 1 focused on ensuring the continuation of donor-supported existing PHC services, with ISDP providing funds for eight counties previously supported either by the Sudan Health Transformation Project (SHTP) II or the Office of Foreign Disaster Assistance (OFDA). Phase 1 was completed in December 2012 with the end of transitional sub-agreements to NGOs previously supported through USAID and OFDA. In Phase 2, ISDP issued sub-awards to NGOs (i.e., county implementing partners [CIPs]) to deliver PHC services in all 16 counties beginning January 1, 2013. Implementation focuses on standardizing, strengthening, and expanding community and facility PHC services. Phase 3 will focus on progressive transition of PHC services to the MOH support over an 18-month period.

**Technical Approach:** ISDP works with CIPS to provide facility- and community-based services in accordance with the minimum package to ensure that the maximum number of people in WES and CES can access quality PHC services. The approach includes the following:

- Maximizing access to PHC services to ensure population coverage;
- Implementing the minimum package of services and adhering to standards and protocols;
- Ensuring adequate local facility staff;
- Prioritizing essential supplies and equipment for PHC facilities;
- Strengthening technical skills;
- Implementing a joint supervision system with the County Health Department and a quality improvement approach;
- Supporting home health promoters and community activities and ensuring demand for services;
- Expanding coverage within the counties and ensuring availability of services; and
- Monitoring performance.

**Technical Priority Activities in ISDP Years 1 and 2 to Support the Minimum Package:**

- *Maternal Health:* Improve basic emergency obstetric and neonatal care services in primary health care centers (PHCCs); improve comprehensive emergency obstetric and neonatal care in selected county hospitals; scale up clean and safe delivery in facilities; scale up distribution of misoprostol for prevention of postpartum hemorrhage (PPH).
- *Newborn Health:* Integrate newborn care with maternal and child health at facility level; implement integrated newborn care with the Helping Babies Breathe approach, Kangaroo Mother Care for preterm, low birth weight babies, and sepsis management with antibiotic treatment.
- *HIV Integration (selected facilities):* Support provider- initiated testing and counseling (PITC); deliver prevention of mother-to-child transmission of HIV, including a pilot of Option B+; introduce pre-antiretroviral care; initiate a follow-up strategy for HIV-positive clients; strengthen the health system to deliver HIV services.
- *Quality Improvement:* Implement and expand the Standards-Based Management and Recognition (SBM-R®) approach in PHCCs; standardize the reward and recognition approach; formalize SBM-R as a quality improvement approach in the MOH. Priority areas

include infection prevention, focused antenatal care, normal labor and delivery, basic emergency obstetric and newborn care, and postpartum care.

- *Family Planning:* Develop a standardized curriculum and roll out training to standardize family planning (FP) services in PHCCs; provide technical training in provision of implants; advocate for injectables at primary health care unit level; integrate FP within other PHCC services; develop provider and client information, education, and communication materials to support demand and quality service delivery.
- *Child Health:* IMCI, Ensure Expanded Program on Immunization delivery through Reach Every County (REC) strategy, Vitamin A supplementation and deworming, and community management of malaria, diarrhea, and pneumonia.
- *WASH:* Support point-of-use water treatment tablets (WaterGuard); WASH messages; basic medical waste management.
- *Community:* Mobilize the community; build capacity of Home Health Promoters; scale up misoprostol for prevention of PPH, health promotion, and integrated community case management.

# Results

Key accomplishments are summarized below (as of December 31, 2013):

1. **Completed rapid start-up and the first phase of the program:** Along with the completion of the first phase, ISDP initiated the second phase and ensured minimal interruption in primary health care service delivery. This is a significant accomplishment in such a challenging operating environment. In the second phase, health service delivery covers **360 health facilities serving a population of approximately 2 million in WES and CES.** The period of January 1, 2013–December 31, 2013, was the first 12-month period of implementation for delivery of the minimum package of services through CIPs. In general, CIPs accomplished annual targets (see table below), with the notable exceptions of antenatal care and skilled birth attendance.

**Progress against Key Indicators, January 1, 2013–December 31, 2013**

| INDICATOR | TARGET | ACTUAL |
|---|---|---|
| Percentage of curative consultations for children less than five years | 40% | 71% |
| Number of children under one who received DPT3 vaccinations | 54,463 | 61,261 |
| Percentage of children under one who received DPT3 vaccinations | 60% | 67% |
| Number of new users of modern family planning (FP) methods | 8,020 | 14,245 |
| Percentage of women with one ANC visit | 65% | 42% |
| Percentage of women with four ANC visits | 40% | 30% |
| Percentage of deliveries in facilities assisted by skilled birth attendant | 20% | 5.6% |
| Percentage of women receiving an uterotonic immediate after birth | 40% | 43% |
| Number of individuals who received testing and counseling services for HIV and received test results | 34,300 | 35,601 |
| Percentage of facility managers who received written feedback after a supportive supervision visit | 75% | 51% |

2. **Established technical components and completed priority technical trainings at the county level:** ISDP completed trainings in provider initiated testing and counseling, clean and safe delivery, SBM-R, community mobilization, FP, and WASH. Moreover, ISDP supported the CIPs to begin replicating the trainings within their counties. Each component was coordinated with the national MOH to standardize service delivery. Between January and September 2013, **1,585 health personnel** were trained.
3. **Completed prevention of PPH learning phase:** ISDP, in coordination with MCHIP field support, completed implementation of a learning phase for prevention of PPH through two NGOs in Mvolo and Mundri East counties, which marked a major step in addressing maternal mortality in South Sudan. The learning phase demonstrated the feasibility and coverage of community-based distribution of misoprostol to prevent PPH. In Mundri East County, **94% uterotonic coverage was achieved.** Prior to the intervention, there was limited use of a uterotonic for PPH prevention in the hospital and no use in health centers. Following the MOH's approval to expand the intervention in the country, ISDP has started expansion to other counties in WES.
4. **Provider-Initiated Testing and Counseling (PITC) study findings:** Three ISDP sites contributed to the validation of PITC as an effective strategy for South Sudan. The finding that the transition from voluntary counseling and testing to PITC did not adversely affect the number of persons tested, but increased the percentage that was positive, indicates the feasibility of the rollout of PITC to the other 12 facilities supported by ISDP.
5. **Coordinated CIP quarterly reviews:** ISDP led program review meetings with the CIPs, MOH, and other partners in both CES and WES. These two-day meetings provided an opportunity to review accomplishments and challenges together and contributed to a shared vision of ISDP implementation.

# Looking Ahead

Selected priorities for Year 3 are summarized below:

1. **Continue to ensure service delivery in WES and CES:** Amid the crisis that broke out in South Sudan in December 2013, ISDP maintained service delivery in WES and CES without disruption. ISDP will continue to ensure that all facilities are staff and functional. Furthermore, ISDP will collaborate with the USAID | DELIVER PROJECT, UNICEF, and the MOH to assure adequate drug supply to WES and CES.

   ISDP applied a limited technical focus for a short term after hostilities erupted in South Sudan. ISDP aims to resume support to replication of technical trainings.
2. **Continuing monitoring and supportive supervision.** This includes monitoring for compliance as well as supportive supervision for program as well as the technical elements. These visits allow ISDP to review its effectiveness in supporting CIPs, as well as the performance of the CIPs.
3. **Transition planning.** This is a critical component in the design of ISDP. Our understanding is that the government of the Republic of South Sudan will lift austerity and begin to provide grants to counties for payroll, including that of health facility staff. ISDP is working with the Health Systems Strengthening Project to ensure that this payroll transition will happen in CES and WES.
4. **Midterm evaluation.** ISDP sees this midterm evaluation as an opportunity to examine design issues and make strategic choices in order to maximize program performance.