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Issue 1



**Delivering Quality Health Care
And Strengthening Health
Systems**

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Background



The third phase of the South Sudan Health Pooled Fund (HPF3) is a five-year multi-donor programme led by the British Government's Department for International Development (DFID) and including the Government of Canada, the Swedish International Development and Cooperation Agency (SIDA) and United States Agency for International Development (USAID). HPF3 began in October 2018 and will end in October 2023, with an annual budget of approximately £70 million.

The programme aims to have improved impact on health and nutrition status for the population that saves lives and reduces morbidity (including maternal, infant and under-5 mortality), and has the following five principal outputs:

Output 1:

Delivery and increased availability and readiness of quality health services at facilities

Output 2:

Community level interventions that increase awareness, prevention and treatment of common conditions

Output 3:

Availability of safe, effective and quality essential medicines and supplies

Output 4:

Stable health systems that enhance accountability and responsive to the needs of the people

Output 5:

Funds and processes that are efficient, effective, inclusive and offer value for money

Providing hope for children in South Sudan



Jackson Edward and his sisters in law Rhoda Cosmas (left) and Raja Juma (right)

Access to basic healthcare can be a heavy burden in South Sudan. Local communities had previously relied on traditional remedies to cure sicknesses and ailments. Usually, they would turn to local medicine men and herbalists and sometimes these did not work. Having a hospital dedicated just for children illnesses was unheard of.

For Jackson Edward and his family, Al Sabbah Children's Hospital in Juba is a key resource that has changed their lives tremendously. Ever since the hospital was constructed, his family have enjoyed access to healthcare and specialised child services.

Edward has brought his sisters in law Rhoda Cosmas and Raja Juma to the facility to seek treatment for their children.

"We find the services here friendly and affordable. Whenever our children fall sick, this is the only hospital that provides us both with curative and other services like immunisation for the children," he said.

Rhoda's son was having bouts of diarrhoea and had a fever which had lasted more than two days. "My son has been unwell but we decided to give him some paracetamol and we monitored. When his condition did not change, my husband asked my brother in law (Edward) to bring us to Al Sabbah Children hospital".

Edward's older sister in law Juma also tagged along for the trip. Juma is a mother of three and has been utilising services at the hospital longer than Rhoda. She explained that all her children, at one time or the other have visited the hospital when sick.

"In this area, this is the only hospital that caters for all the needs of our children. They have also recently began providing extra services like family planning which has helped me space my children well," added Juma.

The hospital attracts communities from the Juba catchment area and is the only specialised children's hospital in South Sudan. The hospital provides services to an average of 250 children every week. Since 2017, 39,997 children have visited the hospital for curative consultation services.

Brother's keeper

Agnes Poni is 25 years old mother of three. She visits the Al Sabbah Children Hospital occasionally for treatment and immunization services for her children. She stays in Gumbo area in Juba.

On this occasion, she is in the hospital with a different child – her niece who has been ailing for a while now.

"This child has been sick for a few weeks now. She has lost a considerable amount of weight, has diarrhea and a constant fever. I got worried for her and decided to bring her to the hospital as my brother and the wife are casual employees and are unable to take time off work," she explained.

It took Poni an hour to trek from Gumbo to Al Sabbah Children Hospital.

She is not bothered by the laborious walk carrying her niece to the hospital. What comforts her is that the child will be well soon.

"I do not like to see this child sick, I am happy that we are getting services and she will be well soon. This is our hospital of choice. We are able to access all services here and the staff are very friendly and helpful," she added.



Measles Campaign in Aweil East

Since the beginning of 2019, measles outbreaks have been confirmed in 12 counties and four Protection of Civilians (PoC) sites in South Sudan. Cumulatively a total of 1214 cases have been reported with 79 laboratory-confirmed cases and seven deaths.

Aweil East County is one of the five counties in Northern Bahr Ghazal State with a total catchment population estimated at 406,459 of which 77,227 are children aged 6-59 months. The county shares border with Aweil Centre County in the west, Aweil South County in the south, Warrap State in the east and Sudan in the north.

A measles outbreak was declared in Aweil East on 13 May 2019 after six cases tested positive for measles-specific immunoglobulin (IgM) antibodies out of the 23 cases on the line list. The outbreak has been attributed to low immunisation coverage and high immunisation dropout rate. This trend has led to low herd immunity in the population and increased susceptibility to vaccine preventable diseases, including measles.

Effective protection against measles transmission requires vaccination of 90-95% of the vulnerable populations

With funding from Health Pooled Fund, the International Rescue Committee (IRC) in collaboration with the County Health Department/State Ministry of Health, World Health Organisation (WHO), United Nations Children's Fund (UNICEF) and other partners successfully mounted a 7 days measles campaign geared to improving the herd immunity against measles among children under 5 years at a cost of GBP 49,876.

Although the campaign coincided with the peak rain season in Aweil East leading to flooding and inaccessibility of some areas, the vaccination teams managed to vaccinate 71,644 children aged 6-59 months (93% coverage) against measles.

In addition to the vaccination of children during the campaign, the campaign served as an opportunity for intensified community mobilisation and demand creation for routine immunisation services offered at the health facilities.

Saving lives through referral system is sav

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Nzara is one of the counties in Western Equatoria State located in the South Western region of South Sudan. Some of the challenges faced by the community members revolve around limited access to services due to poor road networks and poor communication (poor phone networks).

These challenges pose grave danger to expectant women and sick children who need to be transported to health facilities for specialised care.

Halima* lives in Nzara County and was saved by the quick action of her neighbours. When she was due to deliver, she dropped unconscious.

This happened at night and her mother

was reluctant to take her to the nearest health facility believing that her daughter was bewitched.

A defiant neighbour sent a motorbike rider to Nzara Primary Health Care Centre which provides 24-hour services to call for the ambulance to take Halima to the hospital.

Upon arrival at Nzara PHCC, Halima was attended to by health workers who discovered that she had complications of severe pre-eclampsia and anaemia. Her condition was stabilised. She received blood donations and underwent a caesarean section the same night.

Halima's mother Dora* was in tears as she shared how she felt about that incident.

the ambulance living in Nzara County



“I saw my daughter dying and I was helpless, were it not for the county health referral system and the skilled birth attendants, my daughter would not be alive today. I have learnt a lot and I shall make sure I encourage people to use health services because life can be saved at all levels through the referral system and the skilled birth attendants” said Dora.

In communities with poor communication and road infrastructure, lives of community members are compromised when they need quick emergency responses.

Health Pooled Fund is working through its implementing partners and county health departments to ensure that health services are freely available to communities in South Sudan.

Through the implementing partners and the county health departments, HPF supports health services in eight of the 10 former states of South Sudan, with the other two covered by the World Bank.

HPF3 merges two previous health programmes – HPF2 and the Integrated Community Case Management 2 (ICCM2).

To deliver these services, the HPF3 fund manager divided the 55 counties and issued 22 contracts to 13 implementing partners who are responsible for the delivery of services at the community and facility level.

HPF3 coverage includes 802 health facilities at the primary, secondary and tertiary levels.

Skilled birth attendants deliver South Sudan



South Sudan's maternal mortality ratios are estimated at 800 deaths per 100,000 live births and an equally high neonatal mortality ratio at 37 per 1,000 live births based on 2015 data ¹.

Further studies have shown that only one in four (25%) of mothers had given birth at a health facility or received care from a skilled birth attendant at the time of delivery. Some barriers contributing to the above picture include; inaccessibility of health facilities, fear of surgical interventions, lack of privacy, and perceived poor quality of care ².

¹ WHO Country Cooperation Strategy 2017: [https://apps.who.int/iris/bitstream/handle/10665/136881/ccsbrief_ssd_en.pdf;jsessionid=09B3DFB4169FD29A75C03CEE0FB-7F1E9?sequence=1#targetText=South%20Sudan%20has%20some%20of, live%20births%20respectively%20\(2014\).](https://apps.who.int/iris/bitstream/handle/10665/136881/ccsbrief_ssd_en.pdf;jsessionid=09B3DFB4169FD29A75C03CEE0FB-7F1E9?sequence=1#targetText=South%20Sudan%20has%20some%20of, live%20births%20respectively%20(2014).)

² Buessler HM., Yugi J. Childbirth in South Sudan: Preferences, practice and perceptions in the Kapoetas. Access: http://www.southsudanmedicaljournal.com/assets/files/Journals/vol_9_iss_2_may_16/SSMJ_9_2_Child_birth_in_the_Kapoetas.pdf

Various factors contribute to this statistic ranging from negative cultural practices, ignorance and limited access to health care. Deliveries by a skilled birth attendant can reverse this trend and lower these ratios considerably.

Asento* is a 30-year-old woman who previously lost two babies. She had life threatening complications with her second still birth and almost lost her life.

Pressure from the community and family members kept mounting and she experienced stigma for not having a baby. "My in-laws hated me because I was not able to have a baby. I was considered unlucky and/or cursed because I had lost two children," explained Asento.

When Asento conceived again, she was advised by a neighbor to ensure that she delivered in a health facility. I was not



ing smiles in

too convinced and hopeless initially but I heeded to her advice she narrated.

When she was due to deliver, Asento demanded to be taken to the nearest health facility which was Gangura Primary Health Care Centre (PHCC) in Yambio County. She was attended to by a midwife and successfully delivered her baby.

"I am so grateful to my neighbor who saved my life, without her I do not think I would have my baby. I would also like to appreciate the midwife for putting a smile across on my face. I am happy to have delivered my baby in the hospital".

"I can move freely with no complications or back pain that I had previously experienced. I just want everyone to avoid home delivery and know that there is safe delivery at the health facilities."

"Home deliveries result in pain, discomfort and complications that are always threatening to the mother and child. These complications in turn permanently affect the quality of life for both parties" said Kenyi Scopas, the Yambio County health coordinator for World Vision South Sudan.

It's common to hear from our mothers whenever we do facility supervisory visits that they have been delivering at home and developing complications such as bleeding and infections after delivery, he added.

The Health Pooled Fund 3 is working with stakeholder in the health sector to increase access to skilled birth deliveries and high quality maternal and reproductive health services through the provision of maternal and newborn care in 11 primary care facilities in Yambio County.

**Name has been changed to protect identity.*

Saving children's lives through integrated health services in communities

"Safe health facility delivery is the responsibility for all"

Globally, the burden of malnutrition is very high especially for children under five years of age. In 2018, it is estimated that approximately 150.8 million are stunted and 50.5 million wasted. In South Sudan nearly 23% of children aged 6-59 months are acutely malnourished of which 10% have severe acute malnutrition¹.

¹ https://www.unicef.org/media/54971/file/Global_Annual_Results_Report_2018_Goal_Area_1.pdf

High levels of food insecurity leave many children in South Sudan malnourished, while the food they have access to, often doesn't contain all the essential nutrients needed to help them grow and develop.

Due to poor access to clean water and sanitation, other complications like diarrhoea further exacerbates their conditions.

During an outreach session, a health care worker identified one-year old Zaina Ali* with severe acute malnutrition. On admission, Zaina weighed only 6.3kgs, was dehydrated and had acute diarrhoea, malaria and pneumonia.

However, within a week of admission, her condition had been stabilised by health workers at the Stabilisation Centre. She was no longer dehydrated, had recovered from malaria and pneumonia, and her nutritional status improved tremendously.

Children suffering from severe acute malnutrition and related complications often do not feed well due to poor appetite and have to receive special therapeutic feeds, like F75 and F100.

In addition, Zaina's mother, Janty also received counselling on infant and young child feeding (IYCF), child care, birth spacing and family planning.

"I am happy that my daughter was able to get treatment here. I had tried all other alternative options in the community until health-care worker referred me to Yambio PHCC" she explained.

To take care of her children better, she opted for a family planning method to help her space her children as Zaina has another sibling who is less than five years old.

'I decide to take a family planning method to help me space my children so that I can give them better lives' she added.

Appropriate case management for severe malnutrition has been implemented at Yambio state hospital through on job training and mentoring of health workers which has

led to good outcomes for children like Zaina.

The family planning services provided at Yambio state hospital's maternal, new-born and child health (MNCH) centre are part of project objectives which integrates services for mother and child pairs seeking health services at the hospital.

World Vision is implementing Health Pooled Fund 3 (HPF 3) programme for MNCH services at Yambio state hospital. Case fatality rates have been reduced from over 30% to less than 5% in facilities where appropriate case management of severe malnutrition has been implemented.

In the period between April to June 2019, a total of 7,207 and 17,444 children presented at the health facilities were found severely and moderately malnourished respectively through the Middle Upper Arm Circumference (MUAC) measurement. These children were referred for further screening and management in the Community-based Management of Acute Malnutrition (CMAM) programme.

In addition, 89% of children who came for OTP services were discharged cured in line in the SPHERE standards, while 62% of the children from the stabilisation centres were discharged cured.

HPF3 supports the Government of South Sudan's Basic Package of Health Nutrition Services (BPHNS) through delivery of community level health services and health promotion, essential primary health care, secondary health care and referral health services, strengthening the local health systems, and procurement and supply chain management of essential medical commodities.

***Names changed to protect identities**

Last mile distribution improves drug management in Ezo County



Mr. Paul Soap keeping records of the drugs in the County Central medical store in Ezo County hospital

Ezo County hospital in Western Equatoria State has a drug store that is used as the county medical store. It serves all the 27 health facilities supported by Health Pooled Fund 3 (HPF 3) with essential medicines. In the past this medical store lacked qualified staff to manage the drugs and maintain the store.

During the inception period of HPF3, the county health department in collaboration with partners agreed to improve the maintenance and services offered at the drug store. The store was to act as the hospital store as well as the county medical store.

With the onset of HPF 3, a new system of managing stock at facility level was introduced. This included better inventory management, additional space for storing and keeping the drugs as well as recruitment of qualified staff to man the store.

Mr. Paul Soap, a certified nurse and two pharmaceutical assistants were recruited

under HPF 3. Their skills and capacity have been continuously improved through on-job coaching, continuous medical education on space management and good storage practices.

They are now able to keep the store in order, maintain cleanliness and carry out safe disposal of waste. Additionally, the drug store staff are using stock cards to do drug consumption report.

The drug store and pharmacy are well secured and entry is limited to authorised personnel only to limit the chances of theft and leakages. The store has a record management system which shows the use and quantities of drugs received at any one time.

“This arrangement has improved accountability as well as making drug inventory easier. I hope that we can maintain this system of drug supply and inventory or even improve it further by delivering the drugs directly to the respective facilities”, said Soap.

Collective responsibility in delivering health services in Yirol West



Through a consultative process in Lakes State, Doctors with Africa (CUAMM) signed a three-year memorandum of understanding (MoU) with each of the state ministries of health (SMoH) defining roles and responsibilities between the parties in respect to the common objective of health system strengthening.

The MoU clarified the role of the SMoH regarding system ownership and leadership with CUAMM providing technical and financial support. With this arrangement, the SMoH has become the formal employer of all health staff working in health facilities in Yirol West County. While CUAMM still pays the incentives for the health staff, SMoH has gradually taken on responsibilities such as human resources management, disciplinary procedures and general human resources management. This made the implementation of the new MoH harmonised incentive scale much easier.

Although health workers went on strike after the introduction of the new harmonised incentives scale and service interruption

was reported, the SMoH took the lead in explaining the new incentives scale to health staff and communities.

A common understanding among all stakeholders has distributed responsibility and improved service delivery to the communities. Although some challenges with the harmonised incentives are still being addressed, there is a dialogue process and services are being delivered in health facilities. The positive and close collaboration with MoH has streamlined communication and interaction with state and county level health stakeholders.

The cooperation between IPs and local health authorities can achieve the desired results and improve service delivery at community level. Mutual respect, defined roles and responsibilities, an established coordination mechanism and shared responsibility has resulted in the county health department and CUAMM delivering much needed health services in Yirol West County.

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