PROGRAMMING THROUGH THE COVID-19 PANDEMIC

(Successes, challenges and lessons learnt)

Health Pooled Fund
South Sudan

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USAID FROM THE AMERICAN PEOPLE
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Introduction and background of HPF

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This report covers the period April 2020 to March 2021, which is the second programme year of implementation of the third phase of the Health Pooled Fund South Sudan (HPF3). HPF3 is a five-year, multi-donor programme led by the British Government's Foreign, Commonwealth and Development Office (FCDO) and including the Government of Canada, the Swedish International Development and Cooperation Agency (SIDA), the United States Agency for International Development (USAID), GAVI – The Vaccine Alliance and the European Union (EU). HPF3 began in October 2018 and will end in October 2023, with an annual budget of approximately £70 million.

The programme impact will improve the health and wellbeing of the population through increased coverage, access and utilisation of quality lifesaving health, sexual and reproductive health and nutrition services under the following five outputs:

- Output 1: Delivery and increased availability/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.

The programme supports the delivery of the Basic Package of Health and Nutrition Services (BPHNS) in eight of the 10 states of South Sudan, with the other two states supported by the World Bank. HPF3 merges two previous health programmes – HPF2 and Integrated Community Case Management 2 (ICCM2). To deliver these services, the HPF3 fund manager divided the eight states into 21 programme areas called Lots, and currently has in place 21 contracts to 11 Implementing Partners (IPs) who are responsible for the delivery of services at the community and facility level.

HPF3 coverage includes 797[1] health facilities divided across the following levels: 25 hospitals, 195 Primary Health Care Centres (PHCCs) and 577 Primary Health Care Units (PHCUs)[2]. At the community level the Boma Health Initiative (BHI) is currently delivering child health services across all 55 counties and has trained 4,400 community-based health workers, known as Boma Health Workers (BHWs).

1 *An additional 10 facilities in Abeyi are also supplied with the regular drug consignments*

2 *Facility numbers may change and be influenced by services utilisation or conflict. Conflict may lead to a reduction in facilities where as increase in demand for services may lead to increasing support where budget allows.*

Forward by Programme Director

Health Pooled Fund
South Sudan

Starting year 2 of the programme it became clear very quickly that Covid-19 was going to have global impact and it would only be a matter of time before the first cases arrived in South Sudan. On April 5th, 2020 the first case was confirmed, and neighbouring countries also began to see their caseloads rapidly increase. As the Covid-19 unfolded the key concern was around ensuring continuity of essential health services.

Being the largest health programme in South Sudan, it was expected that HPF3 would respond and our team on the ground rapidly mobilised implementing partners and quickly developed risk communication materials, strengthened WASH and infection prevention and control and trained 3,341 health care workers on treatment protocols and 4,400 community health workers on home based care of mild and moderate flu-like symptoms first in Juba health facilities and then rolled out in the states. By March 31st 2021, South Sudan had recorded 10,165 cases resulting in 109 deaths.

Despite restrictions in movements, fears and misinformation about Covid-19 the programme not only managed to keep services running, but in some cases expanded service delivery. Essential services such as routine immunisation expanded with 984 vaccinators trained and a 24% increase in the number of children receiving their third dose of pentavalent vaccine. 4,400 Boma Health Workers were recruited, trained and deployed resulting in 1,463,417 cases of malaria, pneumonia and diarrhoea being treated in communities further than 5 kilometres from the nearest health facility.

Like many other programmes HPF3 had to rethink the way it did supportive supervision visits and trainings moving many of them online as well as strengthening the state support teams to do more supervision visits.

The year did not come without any challenges. Increasing levels of insecurity in certain communities resulted in some implementing partners having to pull back. Extensive flooding saw crops destroyed, a number of facilities having to reduce services and increasing levels of food insecurity and malnutrition that particularly impacted women and children.

I want to take this opportunity to thank our implementing partners, HPF3 staff, the HPF3 consortium members, the Ministry of Health and our generous donors for their continued support and trust in us as we continue to deliver this programme.

With Thanks,

Word from the Team Leader

Health Pooled Fund
South Sudan

As a health programme, the past year was not the easiest for service delivery to communities that needed it the most. Our implementing partners have done a splendid job in making sure that we were able to keep the programme running and deliver health services to the communities.

Similarly, the role played by the various Ministries of Health at the national and state levels cannot be overlooked. It is the partnerships that have enabled the programme to deliver over 2,285,761 consultation curative services to children under five years and 3,880,224 to children above five years of age.

At a glance these may seem like figures, but they are not. These are lives of children and members of families who needed health services and we all delivered.

On the other hand, we have our donors lead by the British Government's Foreign, Commonwealth and Development Office (FCDO) including Government of Canada, the Swedish International Development and Cooperation Agency (SIDA), the United States Agency for International Development (USAID), GAVI – The Vaccine Alliance and the European Union (EU) who have given us their unwavering support in order to ensure that we deliver services to the people of South Sudan.

Despite some operational, political, and legal risks which ate into programme implementation resulting in loss of assets, hostile working environments, the programme remained operational. We scaled up operations and recruited boma health workers who have greatly improved service delivery, recruited, and trained the expanded programme on immunisation vaccinators who were able to reach more children with immunisation and over 8,000 workers on the MoH incentive scale supporting service deliver in eight of the 10 states of South Sudan.

As we start the third year of implementation, we will take into account the lesson learnt in the past two years and build on the foundation that we have set with the MoH, SMoH and implementing partners to deliver health services to the communities of South Sudan.

Summary of achievements/infographic

Health Pooled Fund
South Sudan

Data for HPF supported states since 2013 to 2020									
#		2013	2014	2015	2016	2017	2018	2019	2020
1.	Consultation curative under 5 years	1,352,402	1,726,968	2,035,866	2,307,218	2,433,926	2,656,839	2,266,644	2,285,761
2.	Consultation curative 5 years and above	2,334,817	2,887,349	3,372,392	3,823,246	4,098,040	4,937,300	3,979,401	3,880,224
3.	Antenatal client 4th or more visit	93,875	115,937	130,226	117,693	127,747	144,821	119,937	134,414
4.	Delivery in facility by skilled birth attendant	24,538	34,322	47,246	47,740	50,980	60,848	59,209	76,920
5.	Child growth monitoring and promotion under 5 years			122,713	444,012	703,931	978,595	854,419	1,046,273
6.	DTP-HepB-Hib 3rd dose 0-11 months (Penta 3)	117,199	205,492	327,011	170,066	200,993	210,852	243,963	253,236
9.	Clients provided with Modern Family Planning Methods	20,133	24,552	18,767	19,425	23,211	38,509	46,477	51,540

OUTPUT 1

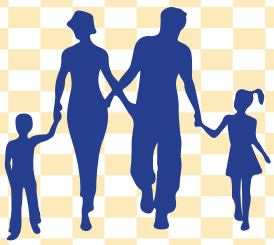
DELIVERY AND INCREASED AVAILABILITY/ READINESS OF QUALITY HEALTH SERVICES AT FACILITIES

OVERVIEW

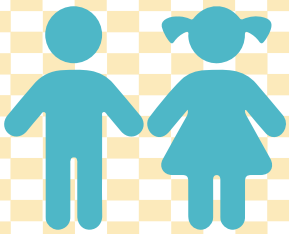
Majority of indicators saw improved performance when compared to the previous programme year. These included skilled deliveries, number of women receiving uterotonics within one minute of delivery, number of new-borns resuscitated after birth, number of women accessing post abortion care, number of children under one year receiving third dose of pentavalent, percentage of health facilities delivering a minimum number of modern methods of contraception, couple years protection (CYP), number of new family planning (FP) adopters, number of children accessing growth monitoring and promotion services, and malnutrition cure rates at outpatient therapeutic clinics and stabilisation centres.

The Health Pooled Fund 3 (HPF) model emphasises stabilisation the health system under the stewardship of the Ministry of Health (MoH). This approach is designed to enable the long-term sustainability of the health system and to catalyse the transition of responsibility for primary health care service delivery to MoH and its county health departments. The MoH faces a number of challenges in its efforts to streamline and transform the health system and improve the of quality health services to meet the needs of all the people of South Sudan, especially the most vulnerable women and children. Poverty, inadequate infrastructure and a critical shortage of trained personnel make the challenge all the more demanding.

6,176,733
Total number of outpatient consultation



77,420
Total number of family planning adopters



1,270,242
Number of children under five who accessed growth monitoring and promotion services

CASE STUDY: COVID-19: ADAPTING HEALTH SERVICE DELIVERY IN SOUTH SUDAN TO A NEW REALITY

Health Pooled Fund (HPF) Programme operates in one of the most challenging contexts, and with some of the worst health indicators in the world. There are often concurrent emergencies to address, such as extreme food insecurity, locust plagues, disease outbreaks and displaced populations resulting from civil or political instability. Despite recent positive developments on the political front, including a government of national unity, South Sudan has also been facing an escalation of inter-communal violence. The recent outbreak of COVID-19 has only exacerbated an already difficult situation in the country.

The first case of COVID-19 was announced in South Sudan on 5th April 2020, since then, the government has imposed measures to curb the spread and respond to competing health needs for communities, particularly with a focus on women and children. The measures restricted travel among the states as well as a dawn to dusk curfew. Additionally, restrictions were introduced on the number of persons allowed on vehicles and boba bodas (public motorcycles). This new reality imposed on communities had mixed reactions from citizens, which resulted in various challenges, such as health rumours, misinformation, and stigma.

As a key partner supporting South Sudan's health care system, the Health Pooled Fund recognises the urgency for the Ministry of Health to respond to the COVID-19 pandemic. The pandemic poses a considerable threat to vulnerable populations and may negatively impact gains in health outcomes achieved in the country since the civil war. With restrictions to movements between states, Health Pooled Fund has to come up with ways and measures to ensure that the implementing partners are delivering essential health services to communities especially vulnerable communities, women and children.

HPF's response and strategies

The over-arching goal of HPF during the COVID-19 pandemic has been to ensure that essential health services continue to operate at optimum level at HPF supported facilities. To adapt to the new reality, the programme has revised activities to apply new, innovative ways of ensuring that the programme's core pursuits continue, without compromising on quality.

COVID-19 preparedness and initial response

At the onset of the pandemic, HPF conducted onsite verification to ascertain how prepared programme partners were for COVID-19, as well as to support them in developing their readiness and response plans. HPF also initiated sensitisation and risk communication within South Sudanese communities, as well as within the HPF supported health facilities and clinics.

Distribution of essential medical supplies

One of the major challenges that South Sudan has had to address is ensuring that commodities and medical equipment reach facilities and communities who need them most. With the Health Pooled Fund having a prominent supply chain role in the region, the programme made significant efforts to procure and facilitate distribution:

Initially, HPF distributed a first consignment of PPE donated by World Food Programme (PPE) in Juba, South Sudan. However, as it became obvious that the virus was continuing to spread across the world, the programme ramped up its response. By May 2020, HPF was preparing to deliver over 400 tonnes of medicines to the eight states. This did not come without it's challenges, and there were delays at the border due to COVID-19 testing and clearances, as well as safeguarding concerns, however these were all navigated successfully by the team on the ground.

The significance of these distributions were highlighted by the fact that they were flagged off by

the Minister of Health in South Sudan Hon. Elizabeth Achuei. These shipments were inclusive of PPE kits going to all HPF supported hospitals, PHCC and PHCU facilities and additional UNFPA family planning commodities and Health Management Information Systems registers used for data collection in all HPF supported facilities. Despite disruptions to air travel, much of the shipments managed to be delivered by air, as the most effective and fastest distribution route, however small quantities also went via road. In three weeks, all medicines, drugs and commodities had been delivered to all health facilities in the eight states.

Ongoing community engagement and development of Information, Education and Communication (IEC) materials

HPF also ensured that risk and behaviour change communication was treated as a priority, to raise awareness within the communities. With the Boma health workers[1] being already engaged in the programme and present in the states, the programme took the opportunity to train those health workers, to enable them to pass on correct and consistent information within their communities.

To spread the message as widely as possible, HPF has continued to engage with Eye Radio fm which has an estimated listership of 10 million on a weekly talk show to address rumours, misinformation and disinformation relating to COVID-19. During the show, the public has an opportunity to engage with specialists from HPF and the Ministry of Health to address any challenges and seek information on accessing essential health services during the pandemic. Through this engagement, HPF seeks to encourage health seeking behaviours among communities in South Sudan. Even with the COVID-19 pandemic, other sicknesses and illnesses still pose a great danger to communities especially women, children, and marginalised groups.

To address the need for context specific and easy to understand information, HPF continues to formulate, design, print and distribute IEC material in South Sudan. By the end of June 2020, over 25,000 IEC materials covering COVID-19 risk communication posters and referrals pathways to Ministry of Health, and job aids on risk communications and home management of persons with COVID-19-like symptoms had been distributed. Some of these materials were also translated into local languages so they can be easily understood by the health care workers who conduct health education and sensitisation at the facility and community level.

Online trainings

Capacity building is one of the core functions which HPF undertakes. Measures have been put in place to ensure that strict guidelines are in place to avoid overcrowding. HPF has adopted online training sessions with its partners and stakeholders to ensure that health services continue uninterrupted at the facility and community levels, challenges addressed and interventions properly coordinated across the country.

HPFs' core mandate is to ensure that communities in South Sudan receive healthcare and essential drugs and medicines.

Future programming

With the steady rise in COVID-19 cases, the need for PPE is more critical than it has ever been in South Sudan. HPF is supporting in the procurement of PPE that will support in the response and case management of COVID-19 cases across the country. This consignment of PPE is

1 *A community member(s) selected by the members of a Boma to provide community health services to the community. The BHWs are trained on how to treat and diagnose uncomplicated malaria, diarrhoea and pneumonia and refer severe cases to the nearest health facility.*

expected to be in country and distributed by the end of September 2020.

Additionally, HPF will continue working with the MoH to ensure that risk communication translates to behaviour change communications within communities in South Sudan. With no proven vaccine or medicine available, HPF through the IPs are ensuring that health facilities and extension workers such as BHWs and Expanded Programme on Immunisation (EPI) still provide curative and preventive health services.

Expectant women and children in South Sudan still face numerous societal and health challenges which negatively affect their quality of life. The new restrictions and challenges brought on by COVID-19 introduces new barrier to service provision. However, HPF is continuously working with MoH and the IPs to ensure no lives are lost due to avoidable circumstances and treatable conditions.

Story by Edward Ahonobadha, Communications Manager Health Pooled Fund

▲ *Barbara Akita Ruba conducting a training to health facility workers in Munuki Primary Health Care Centre.*

CASE STUDY: ADAPTING TO THE NEW NORM

▲ *Mr. Anthony Magbinza engaging with community members on the impact of Covid19.*

World Vision secured funding from Health Pooled Fund (HPF) for COVID-19 preparedness and response activities. The team and the County Health Department (CHDs) embarked on engaging the communities in creating COVID-19 awareness and prevention measures through risk reduction messages. To ensure that the community adheres to the COVID-19 risk reduction messages, influential community leaders were strategically targeted

The World Vision team met Mr. Anthony Magbinza, a traditional chief of Nzara Boma in Nagero County, and talked to him about COVID-19 pandemic in South Sudan.

The chief argued that there is nothing like Coronavirus in his constituency and contended that the disease is for "white people". This prompted constant engagement with Mr. Magbinza who insisted that before COVID-19, people were dying.

He was also not convinced that the public health approaches of cough etiquette, social distancing, regular handwashing, and avoidance of handshake would have any positive impact to the community. He argued - **"Keeping the social distances will cause problems between the couples with their partners which may result in divorce or separation among the family members."** Additionally, if the disease lasted for a prolonged period of time, that would mean the end of procreation in his community. Considering these, the chief discouraged the COVID-19 prevention messages.

World Vision team did not give up on their advocacy and behaviour change communication, always ensuring that the Mr. Magbinza and the community members always got the correct information.

Biruk Kebede Beyene from World Vision explained that

they always provided the correct information to the chief so that he would understand the virus and how to prevent its spread. **"In every discussion with the Mr. Magbinza, we always answered his question or concern raised by the chief based on evidence. The more we engaged with him, the more he changed his thinking,"** said Bayene.

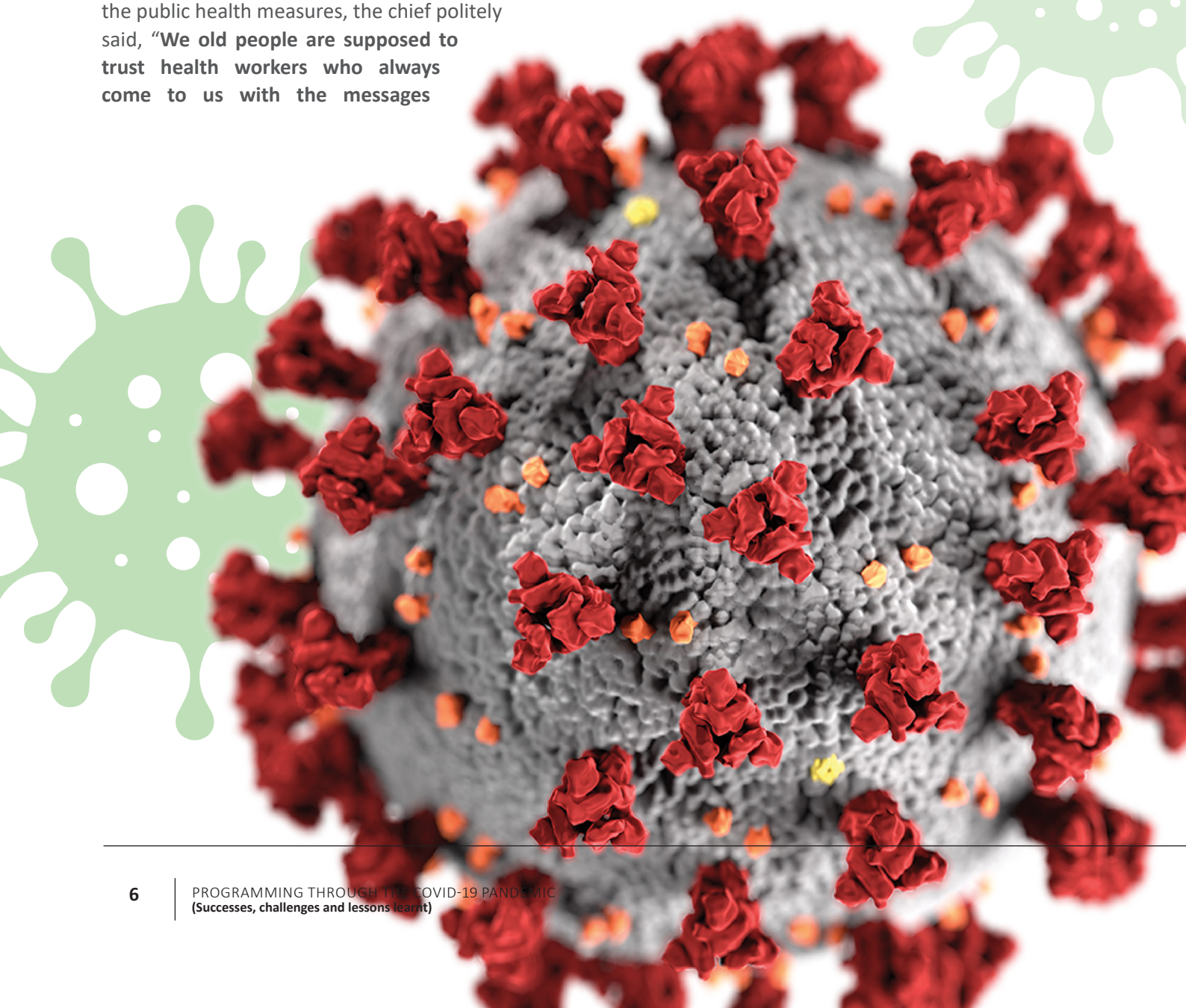
In due time, the chief heeded to the COVID-19 risk communication advise and adopted safe practices in his court yard.

During a follow up visit to the chief court yard, WVI found that the chief had introduced public health measures of social distance within his courtyard and wearing of masks when he was adjudicating cases.

The project team patiently waited for the chief to complete his court hearing for a follow up discussion. When asked what prompted his action to adhere to the public health measures, the chief politely said, "**We old people are supposed to trust health workers who always come to us with the messages to help us and our generation. I experienced a similar situation with HIV/AIDS years back. Some community members did not follow advice from the health workers and many fell sick and some died. That is why as leader of this community I opted to follow your advice."**

Owing to the fact that the community members could visibly see their leader demonstrate preventive measures against COVID-19 transmission, that created a wave within community to obey and practice preventive measure to stop the spread of COVID-19 within their community.

Mr. Anthony Magbinza is the traditional leader (Chief) in Nzara Boma in Nagero County and has consented that the project shares his experience and story on the COVID-19 outbreak.



CASE STUDY: FIGHTING COVID-19, ONE MASK AT A TIME

▲ *Michael Anthony on his sewing machine in his room.*

The use of masks by the public as a preventive measure for Covid-19 has divided the opinion of experts worldwide. The biggest question has been whether members of the public, who aren't sick, should be using face masks to limit the spread of Covid-19.

The Centre for Disease Control and Prevention (CDC) maintained that the only people who needed to wear face masks were people who were ill or those who were caring for or treating them. Basic medical masks do little to protect wearers, and instead prevent sick people from emitting infectious droplets from their noses and mouths.

The use of facemasks is crucial for health workers and caregivers who are taking care of Covid-19 patients at home or in health care facilities. The limited supplies of medical masks means that these are now prioritised for frontline health workers as recommended by the World Health Organisation.

With these conversations, various actors have been producing masks for consumption by the public so that frontline workers can utilise the limited supply of medical masks.

Different organisations and partners are currently heavily involved in getting South Sudan prepared for Covid-19. For Michael Anthony Koor and his mother, Vivianne Ahmed James, the least they can do is tailor-make masks to help the community and by extension Boma health workers protect themselves against Covid-19.

"I started sewing masks so that I could help my country fight the corona virus disease," said Michael. Everything has come to a standstill and I cannot go to school, so instead of sitting idle I began sewing the masks so that I am not idle at home, he added.

Michael is 16 years old and the oldest sibling. He has two younger siblings and lives with his mother and father in High Referendum area in Gudele, Juba.

He is a student in senior one in Juba Diplomatic High School and has ambitions of becoming an engineer in the future.

"I do not think schools will reopen this year, but when we finally go back – I want to do well, join a university and become an engineer," said Michael.

Michael is able to sew an average of 50 masks in a day. Sometimes, his mother also works with him and this can push the masks made per day higher.

"We cannot move around much, as we are aware that the virus can spread through contact. I spend most of my days at home and sewing these masks is one way I can help my country fight Covid-19," concluded Michael.

▲ *Michael and his mother Vivviane working together to sew masks for the public.*

CASE STUDY: ADDRESSING BARRIERS TO IMMUNISATION THROUGH COMMUNITY ENGAGEMENT FORUMS

Millions of children in South Sudan do not get routine vaccinations and are vulnerable to vaccine preventable illnesses and death. Access to medical services and supplies vary from county to county with those far removed experiencing various challenges when seeking maternal and child health services.
A common trend across South Sudan is that most of the parents and care givers of children under the age of five find it difficult to carry a health child to the health facility for child vaccination only. They only go to the facilities if the visit coincided with market days, outpatient therapeutic programme days - if the child is in the nutrition programme, or if the child is severely sick and the Boma Health worker (BHW) situated close to them in the community cannot manage the condition of the child resulting in a referral to the health facility.

Due to the poor uptake of child health services in Aweil South County, repeatedly experienced recurrent vaccine preventable disease outbreaks. The recurrent vaccine preventable disease outbreaks can reflect poor access and utilisation of child vaccination services. One of the challenges that was identified was that communities and bomas were far removed from their nearest health facilities.

A case in point was Mangarlual Boma which is 13 kilometres from the nearest health facility known as Tiaraliet Primary Health Care Unit (PHCU). There are Bomas who utilise Tiaraliet PHCU for all their child health needs, however some Bomas are too far away making it a worrisome task for the mothers and care givers whose children need services.

Children who are not fully immunised might contact vaccine preventable diseases and once a child has a disease, the risks and repercussions only increase from there explained Victoria Davids, HPF EPI Specialist. “The symptoms of many vaccine preventable diseases, whether mild or severe, may last for days or weeks and can sometimes lead to serious complications and even death. Additionally, one of the profound challenges that was identified in Aweil South County was that parents would bring their children for vaccination for the initial doses but do not return for the subsequent doses causing a high defaulter rate.” Added Davids.

Due to the above trends, Health Pooled Fund through Malaria Consortium expanded the Ministry of Health’s Boma Health Initiative to take services closer to communities especially those living far away from health facilities. The Boma Health Workers (BHWs) work with the health workers at the facilities to check the status of children under-one who have been immunised and who have defaulted and plan on how to track, trace and ensure compliance. This is done through both static immunisation at the facilities and outreaches to ensure that all children get immunised.

Child Health Services at the Boma Days

The aim of Boma days approach is to reach children in communities that live far off from the health facility like in Mangarlual Boma. The Boma days are organised once every month within the villages to ensure ease of access. The objective of the boma days is to improve vaccination coverage through providing more access to immunisation and child health services.

After identifying the villages to visit within the Bomas; the vaccinators then develop a 3-months plan to consistently conduct outreach services to a specific Boma which is not usually targeted by the County EPI team and work with BHWs to follow up on defaulters.

During the Boma days the communities also learn about preventive and promotive services being provided at the health facilities and provided by BHWs. This is to encourage them to seek for health care services when in need.

“The health facilities share the names of defaulters with BHWs from different villages in each boma to follow up and ensure all children are immunised

according to the schedule. The BHWs also support in community mobilisation during outreaches hence ensuring all children who defaulted receive immunisation," explained Grace Lajul, HPF Community Engagement Manager.

After every boma day session, BHWs then check the number of children vaccinated in each household against the eligible number of children recorded in the family folder[1] of that household to verify if all the children under the age of one and those that had missed vaccines in the household have been immunised.

The successes of the Boma days has been appreciated by the community leaders of Mangarlual Boma. The Sub Chief Mr. Deng Deng Kirr and Mr Akol Kol Deng indicated that this was a very good approach that has benefitted the women in his Boma since they no longer have to travel the long distances to the health facilities especially during this rainy season and the cultivation period. "They no longer need to be away from the home for a longer period in a day since the outreach point is close. This enables them to have more time to do other activities," explained Deng Kiir.

He also added that men have also gotten involved in ensuring that their family members access health services dutring the Boma days. "When we are informed on when the next Boma day is by the BHW during our community meetings, we go home and remind our wives to go. It has become everyone`s business now to encourage women to go to the outreach site. Even women who do not have young children also enjoy going to the outreach site to socialise with other women, it`s like a market day."

So far, 32,356 were tracked and identified as defaulters between January to March 2021.

Successes in the GAVI counties since 2020

HPF staggered its immunisation priorities to initially strengthen immunisation in 32 counties who were lagging behind in their child health services. Since 2020, HPF through support from GAVI have recruited and trained 984 vaccinators who have been deployed in the counties. Within these counties, 471 health facilities now have a minimum of two vaccinators to enable the facility conduct outreaches providing more access to immunisation services, targeting zero dose children, and missed communities.

"We have seen the number of immunised children increase since last year. From January and December 2020 there were a total of 155,360 children who received their 3rd dose of Pentavalent vaccine an increase of 42% compared to 2019," explained Davids.

Immunisation of children above one year should be looked at in the context of South Sudan and should indeed be promoted. Although the benefits of childhood immunisation are highest in the first year of life; children that are not (or are inadequately) immunised continue to be at risk of illness; death and long-term disability due to vaccine preventable diseases until five years of age and even older.

The World Health Organisation (WHO) introduced the Expanded Programme on Immunisation (EPI) to address and combat six major vaccine-preventable childhood diseases of tuberculosis, polio, diphtheria, pertussis, tetanus and measles. Significant progress has been realised in countries with strong institutions of health which track data and record immunisation and reporting of diseases is well established, most vaccine-preventable diseases are at or near record lows.

Immunisation is a simple and effective way of protecting children from vaccine preventable diseases. It not only helps to protect individuals, but it also protects the broader community by minimising the spread of diseases, hence the most cost-effective health intervention that protect children and communities against vaccine preventable diseases concluded Davids.

Story sources: Victoria Davids HPF EPI Specialist, Grace Lajul HPF Community Engagement Manager and Edward Ahonobadha HPF Communication Manager.

1 *A record of all community members within the Bomas. It included names, ages, gender and other relevant data that would influence their health seeking behaviour.*

CASE STUDY: IMPROVED EPI UPTAKE IN YAMBIO AND NZARA COUNTIES

World Vision started implementing the HPF 3 project in April, 2019. Despite a few challenges and setbacks, a lot of gains have been realised on Expanded Programme on Immunisation (EPI) coverage. From the HPF lessons learnt conference in year 1, World Vision picked up lessons from fellow implementing partners and incorporated these into its programming.

A crosscutting challenge that health workers have to deal with in South Sudan is the low awareness on the importance of EPI in the communities. Coupled with low EPI coverage in some states, many children are at risk of suffering and dying from vaccine preventable diseases.

To strengthen the immunisation component within the programme, HPF continuously provides supportive supervision and help desk support to all its implementing partners by conducting field visits to help improve their performances. HPF uses these field supportive supervisions visits as opportunities to improve knowledge and skills of health staff and advocate on strategies and approaches to address bottlenecks that impede progress on reaching all children.

As the COVID-19 pandemic unfolded in South Sudan, HPF was involved in reviewing the new EPI guidelines in order to promote continuation of immunisation services, sustain the health of children and reduce vaccine preventable diseases.

Some of the issues that hindered performance in Yambio and Nzara counties included having only one vaccinator in health facilities. It was noted that the vaccinator was not able to conduct daily EPI at the health facility and outreaches at the same time. Additionally, low coverage of cold chain facilities in most health facilities undermined constant availability of vaccines. The low coverage contributed

▲ *The county health director for Yambio County, Mr Ezekiel Ndukpo, handing over the EPI bicycles to the vaccinators in Yambio County. Photo by Scopas Kenyi.*

to low EPI coverage as vaccines could not be availed in a timely manner. Furthermore, most of the children especially those born in the community were not getting vaccinated.

To address the staffing gap, World Vision recruited and trained additional vaccinators in each of the supported health facilities. One vaccinator was dedicated to provide static EPI services from Monday to Friday while the second vaccinator was dedicated to conduct outreaches within the health facilities catchment areas. The doubling of vaccinators in each health facility improved both static and outreach services and led to the general improvement in the EPI coverage.

To address vaccines shortages and of low cold chain facility coverage, World Vision advocated to UNICEF to provide more EPI fridges. The request was considered and the EPI cold chain facility rose from 50% to 95%. Besides the equipment provided by UNICEF, World Vision also received the Art tek equipment under GAVI which helped to boost the availability of cold chain facilities, hence increasing the EPI coverage in the lot.

Integrating Expanded Programme on Immunisation with Boma Health Initiative

With the roll out of the Boma Health Initiative, 160 Boma Health Workers (BHWs) were recruited and trained to mobilise the community for health services uptake including immunisation and to trace all the immunisation defaulters. The strong linkage between the Boma Health Workers and the health facility vaccinators has seen a tremendous increase in the number of children being referred from the communities for EPI and other services.

Planning and Coordination at the State Level

To further strengthen coordination and planning, World Vision started conducting monthly and quarterly meetings between the health facility

▲ *World Vision and the County Health Department conducting weekly EPI meeting at the County Health Department in Yambio. A photo by Silvestro Inyani.*

▲ *A child receiving BCG vaccine at Yambio PHCC. A photo by Stephen Leonard Epiu.*

staff and BHWs. During the meetings, critical issues pertaining service delivery are discussed. The BHWs are encouraged to send more children for vaccination, and also, they are encouraged to trace all the children who default so that they can complete their vaccines as per schedule.

"We realised that we needed to have a common coordination mechanism so as to avoid duplication and wastages. We initiated quarterly EPI review meetings where all stakeholders such as UNICEF, WHO, SMoH, Western Equatoria EPI hub, the county health department meet to discuss the EPI performance and put in place measures to improve coverage," explained Stephen Leonard Epiu the World Vision International HPF Project Manager in Nzara.

Integrating Expanded Programme on Immunisation with Nutrition

Supervision by the HPF Western Equatoria field office also helped in the identification gaps that needed to be addressed in order to improve the EPI coverage. A visit by Simon Gacheru, the HPF's nutrition specialist provided good insights on how to integrate EPI into nutrition. Simon noted **''Diseases and malnutrition are intrinsically linked especially in children. Malnutrition is associated with about half of all of children deaths. Evidence shows that improved immunisation coverage protects children from vaccine preventable diseases and additionally contributes to reduced prevalence of malnutrition. EPI and nutrition services therefore should be integrated to improve coverage and synergy''**.

Following the insights, one vaccinator was assigned to routinely check the immunisation status and vaccinate eligible children attending the nutrition services for nutritional screening and treatment. The recommendation was implemented and positive outcomes in terms of reaching more children were realised.

Reaching the hard to reach children

In addition to the health facility level outreaches, a

county level outreach mobile team was put in place to conduct county level outreaches. **"Through the county level mobile team, children especially those in neglected and hard to reach areas were reached, hence increasing the EPI coverage in the county. In Yambio county, there are 7 outreach locations served by the County Level Mobile EPI team."** said Epiu.

The County Health Director for Yambio County had this to say, *''**As a director, I was faced with serious challenges in the area of EPI. I had few vaccinators, limited cold chain coverage and no transport for the mobile teams. I was stuck. I didn't know what to do because while I needed to reach as many children as possible, this critical gap kept pushing me backwards. I am glad that World Vision listened to me and addressed most of the challenges with support from HPF. Now I am celebrating because the tremendous changes realised in the area of vaccination for children. These children are our future and as a county health director, it is my responsibility to ensure that they are protected against vaccine preventable diseases.'' My heartfelt appreciation to World Vision and to HPF for supporting me in the area of EPI. I want all the children in Yambio county to be fully immunised''**.*

Story written by Stephen Leonard Epiu
HPF PrWorld Vision International.

▲ *A child receiving IPV vaccine in Yambio PHCC. Photo by Stephen Leonard Epiu*

CASE STUDY: REDUCING MATERNAL AND NEONATAL MORTALITY AT WAU TEACHING HOSPITAL THROUGH A RELIABLE BLOOD BANK SERVICE – STORY OF ACHOL

Health systems in fragile states are often characterised by an inability to provide basic health services particularly in rural areas. Most common issues include a lack of necessary infrastructure, a scarcity of skilled human resources, and inadequate capacity-building mechanisms to build robust health systems to ensure adequate coordination and oversight of health services by the government.

The success of implementing health interventions in South Sudan is often influenced by a number of factors that act as enablers of barriers. There are strong interlinkages between the conflicts, health systems, and people's accessibility to healthcare and well-being.

The South Sudan maternal mortality rate has remained high contributing to unnecessary deaths. Most women who die during child birth are as a result of complications from pregnancy or childbirth, including postpartum haemorrhage, unsafe or untreated abortion as well as complications due to unskilled deliveries.

In such fragile contexts, an effective referral system from the community to the health care facility play an essential role in saving lives and ensure quality and a continuum of care.

Anna*, a 39 years old mother of seven was referred from Gogrial state hospital to Wau teaching Hospital suffering from anaemia in pregnancy and had been in labour for more than four days. On examination at Wau Teaching Hospital, it was further discovered that her life and that of the baby were in danger because of ovarian tumour which was blocking her birth canal.

"As the tumour was blocking her normal delivery, we had to schedule for emergency operation to save both mother and baby," explained Dr. Ajongo. She was also very anaemic and required blood transfusion immediately after the operation in order to have a full recovery added Dr. Ajongo.

Such life saving interventions often hinge on availability of medical commodities as well as skilled labour. A common challenge in the country has often been myths and misconceptions about certain modern health practices which hindered blood donations leading to shortage of blood for transfusion purposes.

According to World Health Organisation, blood shortages has serious consequences given that blood transfusion is an essential component of modern healthcare. In rural communities in Africa, many preventable deaths occur because there are insufficient blood donations to meet patient needs. For example, it is estimated that 26% of inpatient deaths from maternal hemorrhage in Africa are associated with non-availability of blood.

This is a challenge that Cordaid and the County Health Department in Wau have had to deal with. To address this, Cordaid adopted community engagement strategies that would address myths and misconceptions about blood transfusions which communities. Through engagement using the boma health workers, heath stakeholders and mas media, Cordaid has seen a steady increase of individuals willing to donate blood.

"The blood transfusion campaign was very successful. We now have regular engagements with the community members to ensure that we always have enough blood for emergencies. In the last quarter (October to December 2020), Wau Teaching hospital was able to add 66 bags of safe blood to their stock," said Dr. Ajongo.

There is still need for more efforts to be put in place to address cultural knowledge, attitudes and beliefs that influence blood donation practices in South Sudan. Health workers at the community level such as BHWs in South Sudan play a significant critical role in primary health care due to their proximity to households, communities and the health care system.

Currently, Health Pooled Fund has 4,400 BHWs in eight states covering 55 counties. These BHWs are able to provide treatments of uncomplicated malaria, pneumonia, and diarrhoea in children under five years. Additionally, the BHWs conduct defaulter tracing for immunisations, health education and promotion as well as offering referrals to linked health facilities.

▲ *Mama Anna Holding her precious baby after the operation. Anne (real named withheld),*

CASE STUDY: MOTHER AND BABY'S LIVES SAVED BY EMERGENCY CAESAREAN AFTER 10-HOUR BOAT TRIP TO NEAREST HEALTH FACILITY

By Dr Peter Martin Nguech, Ganyiel CEmONC centre

Globally, maternal mortality remains one of the main public health challenges affecting the quality of life for mothers and children. This is more evident in developing countries with weak health systems. Half of these maternal deaths occur in sub-Saharan Africa, where little progress has been made in curbing maternal health numbers.

As much as efforts have been made to improve the accessibility and quality of healthcare in South Sudan, maternal mortality rates remain alarmingly high. The majority of women still prefer to deliver at home without a skilled birth attendant present. This has significantly contributed to South Sudan having the highest maternal mortality rates in the world, with 2,054 deaths per 100,000 live births.

In South Sudan, two out of 100 women die while giving birth. This can be attributed to several factors including long distances between communities and hospitals, socio-economic factors, and this year, flooding and insecurity which cut out access to facilities in certain areas. Limited skilled birth attendants further contribute to maternal mortality numbers.

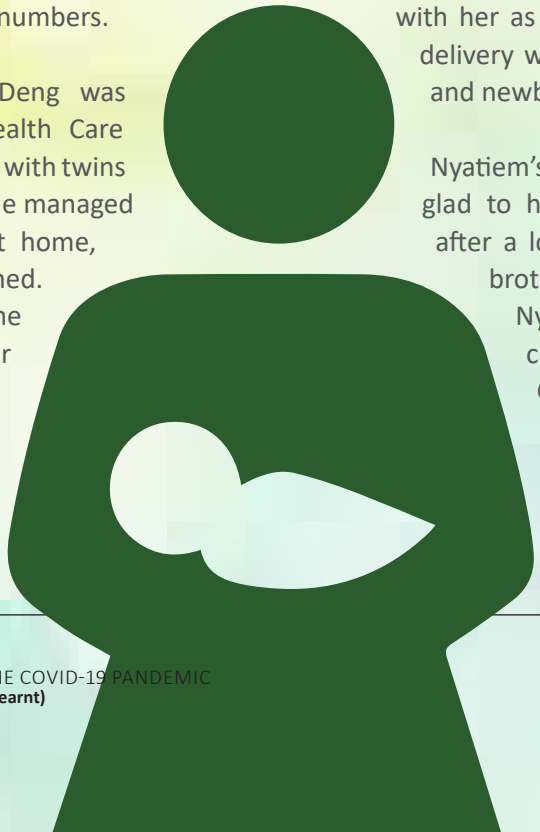
In November 2020, Nyatiem Deng was brought to Ganyiel Primary Health Care Centre (PHCC). She was expectant with twins and went into labour at home. She managed to deliver one of her babies at home, but the second baby was retained. Realising that the mother and the unborn child were in danger, her family brought her to the facility. Due to the flooding, it took the family 10 hours to reach Ganyiel PHCC by boat.

By the time Nyatiem was presented at the CEmONC Centre, she had lost a lot of blood, was weak and unconscious. The midwife immediately performed obstetric history, examination and critical laboratory investigations to establish what to do next. Nyatiem was admitted, resuscitated and given antibiotic prophylaxis. Her caregivers consented without hesitation to Dr Peter Martin Nguech's recommendation for a caesarean section as an immediate intervention to save the mother and baby's lives.

"She was weak and had lost a lot of blood. If we did not operate, we were going to lose both the mother and the child. The operation was successful with the delivery of a baby boy weighing 2.3kg. The mother was in good condition in post-operative management," said Dr Nguech.

After the birth, the family realised the benefits of institutional deliveries at a facility where there are qualified medical doctors and midwives able to recognise danger signs and risks associated with the delivery of twins. Nyatiem has managed to educate her husband on what the midwife shared with her as a way of successfully ensuring delivery while saving the lives of mother and newborn.

Nyatiem's brother-in-law said: "I am so glad to have made it to Ganyiel PHCC after a long journey by canoe with my brother's wife. I couldn't believe Nyatiem and her second retained child would survive. Thanks be to God and may God reward the work of the service provider. Because of this I named our second twin Ganyiel."



▲ *The twin delivered by emergency caesarean section is pictured top, in the green shawl*

▲ *Mother Nyatiem Deng recovering well after the emergency procedure to deliver the second of her twins*

CASE STUDY: TACKLING MALNUTRITION IN SOUTH SUDAN

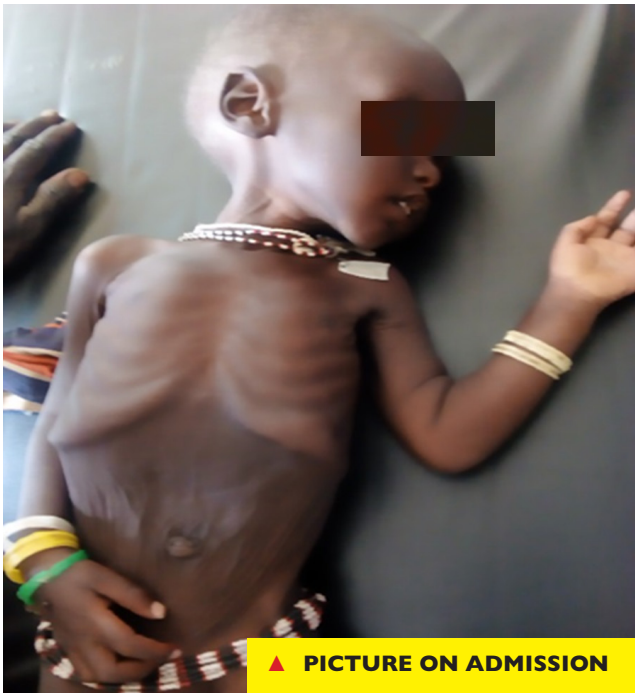
Many countries in Sub Saharan Africa still struggle with aspects of some communities still depending primarily on traditional medicines as their initial response to diseases and illnesses. Some of these traditional medicines are administered by diviners, midwives, and herbalists claiming to be able to cure variety of diverse conditions including cancer, psychiatric disorders, malnutrition, high blood pressure and cholera to mention a few.

Despite modern medicine as more efficacious - traditional medicine continues to be practiced with some communities in South Sudan, especially in rural areas.

Malnutrition in a major threat to children in South Sudan. Additionally, conflict, political instability, natural disasters, poor economic conditions and now coronavirus have contributed to a complex crisis in South Sudan which has over one million children likely to become acutely malnourished this year.

A mother of four children from Chukudum county reported to Nagishot Primary Health Care Centre (PHCC) with a- 36-month-old boy who developed gradual loss of appetite for a week and spent two weeks under the care of a traditional herbalist in her village. When the condition worsened, she rushed her child to the PHCC for further management. On her arrival, the child was screened by the clinician in charge and diagnosed with Severe Acute Malnutrition (SAM) with medical complication and was subsequently admitted Chukudum hospital Stabilisation Centre (SC) for medical and nutritional management.

"When the child was admitted to the stabilisation centre, he was unconscious, had a temperature of 34.5 degrees centigrade, three weeks history of acute watery diarrhoea, middle upper arm circumference of 10.1CM and weight of 7.1 Kgs indicating that child was severely malnourished with medical complications. This boy was further diagnosed with hypoglycaemia and severe dehydration. This was a very dangerous state for him and we admitted him immediately and started him on the appropriate medication and therapeutic milks," said Gurei Juma Wani, the in-charge of the treatment centre.



▲ PICTURE ON ADMISSION

▲ PICTURE ON DISCHARGE

He was discharge after 10 days in SC program on date 16th April. 2020 with MUAC 12.0CM, weight 8.2kgand he was physically healthy on appearance (clinically well and alert), able to walk with very good appetite. He was referred to Outpatient nutrition program where he will be assessed for progress by the facility staff and Boma health workers.

''I took most of my time taking the child to the village herbalist expecting my child to be healed. My relatives believed that my child was bewitched and this was the main reason I went to the herbalist'' said the mother. '' I am so happy that my child is now healed, and I will sensitise the community that children with this conditions are not bewitched but require medical and nutrition care,'' quipped the mother Mercy*.

"Malnutrition is a huge threat to children in South Sudan. If we can reduce the cases of malnutrition, we will have more babies healthy and less mortalities due to malnutrition related complications" – Simon Gacheru, HPF Nutrition Specialist.

In Chukudum Civil Hospital, HPF supports two medical officers, three clinical officers, two nutrition assistants and three nurses who have been trained on inpatient management of severe acute malnutrition with medical complications. Overall, HPF supports a total of 52 health workers in Chukudum Civil Hospital, 36 of who are clinical staff.

HPF additionally provides the medicines and medical supplies whereas the nutritional supplements/ therapeutic milks including rehydration solutions (ReSoMal) are provided by UNICEF.

CASE STUDY: BUNDLE OF JOY AND SMILING AGAIN

One of the biggest challenges that has hindered the uptake of modern family planning methods in South Sudan are the myths and misconception within the community. Lack of proper information as well as negative cultural practices further limit options for couples and women of child bearing age.

Susan Augustino advises fellow women that family planning commodities and child spacing do not result in infertility.

Initially Susan was not using family planning because she had been scared that if she opted for modern family planning, she would never give birth again.

After delivering her first baby, Susan declined to enrol on any method due to her fears. Nine months after delivery and still breastfeeding, she got pregnant again and was deeply traumatised.

Ultimately, she was forced to stop breastfeeding her first child before the recommended two years period. This negatively impacted on the health and nutrition status of the child. The child lost a lot of weight and grew thin and weak.

One of her neighbours advised her to seek medical care at Saura 1 Primary Health Care Unit (PHCU). On visiting Saura 1 PHCU, the child was diagnosed with severe acute malnutrition and was admitted at the outpatient therapeutic programme (OTP).

Kenyis Scopas the Yambio County Coordinator remarked that **"Poor birth spacing is one of the leading causes of malnutrition and increased child mortality rates among children under five years. Myths on family planning are a common phenomenon and we keep working with the health workers and partners to provide the correct information to the communities we serve."**

Having seen her condition, the health workers counselled her to enrol on FP as soon as she

▲ *Susan Augustino attending an antenatal care clinic in Saura 1 Primary Health Care Unit in Yambio.*

delivered her second baby. Susan was still hesitant adopting family planning because of the myths and misconceptions she had. The health workers took more time to counsel her on the different methods and demystified all the myths she had.

When Susan delivered, she opted for a two year family planning method available at the health facility. She wanted to avoid her previous mistakes and give her child enough time to breastfeed and wean into normal food.

When Susan was ready for another child, she stopped using the method, adhered to the instructions of the midwife and conceived.

''I am delighted that I am expecting my third baby. So many people scared me with lies that I would never be able to conceive again after using family planning. I am also attending the antenatal clinics as required and eating properly to avoid any complications. I am happy I had enough time to give my attention to my second child unlike my first one," remarked Susan.

Through the Health Pooled Fund (HPF) support, World Vision was able to roll out family planning services in all the 20 supported health facilities in Yambio and Nzara. Additionally, 160 boma health workers (BHWs) have been trained and deployed in the community to conduct family health awareness including nutrition, family planning and general health promotion. The BHWs also provide simple methods such as condoms in the community.

World Vision believes that Susan's experience is a turning point for other women who still believe that family planning usage causes infertility. World Vision shall continue conducting awareness campaigns in a bid to make the community understand the essence of child spacing and benefits of family planning.

"I'm grateful to the health workers of Saura 1 PHCU because they counselled and advised me very well on family planning methods and how that would improve my health as well as the quality of life of my children. Additionally, they treated my child who was suffering from malnutrition and counselled me on how to ensure my family is eating a balance diet. I also thank World Vision for creating awareness in the community because it is my neighbour who encouraged me to get help. Finally, I wish to tell my fellow women to adopt child spacing and use family planning for better lives for the whole family. The family planning methods are free of charge. The health workers are friendly. Family planning doesn't cause infertility at all''

OUTPUT 2

COMMUNITY LEVEL INTERVENTIONS THAT INCREASE AWARENESS, PREVENTION AND TREATMENT OF COMMON CONDITIONS

OVERVIEW

The Boma Health Initiative (BHI), is a community health system strengthening initiative that was led by the Ministry of Health (MoH) in South Sudan to improve access to health services for communities living far away from health facilities. BHI is designed to increase equitable access to community health services, and participation of communities in promoting ownership and sustainability of health services.

The Health Pooled Fund (HPF) supports the Boma Health Initiative (BHI) by training Boma Health Workers (BHWs) to deliver a standardised, integrated basic package of promotional, preventive, and selected curative health services focusing on child health. BHWs also act as an extension of basic health services between the nearest health facility and the Bomas.

The programme currently has 4,400 BHWs offering extension services across the 55 HPF supported counties.

4,400
Number of BHWs trained

1,463,417
Number of children under 5 receiving treatment in the community for diarrhea, malaria, and pneumonia

Number of treatments issued:

Malaria
685,809

Diarrhoea
352,479

Pneumonia
425,129

CASE STUDY: BHI SUCCESS STORY ON FP AND BIRTH SPACING FROM APOUH BOMA-JUR RIVER COUNTY

South Sudan has a very low modern contraceptive prevalence rate of approximately 3%. The low contraceptive prevalence rate among women of child bearing age can be attributed to a number of factors ranging from illiteracy, cultural beliefs and lack of education about reproductive health and family planning options.

In some instances, even with the information and willingness to adopt modern family planning methods, lack access to consistently and appropriately stocked family planning services and distribution points hinder adoption.

Angelina Akur Ugak is 28 years old woman, mother of five living in Warlong village in Udeci Payam in Jur River county. Her last two children were born via caesarean section due to obstructed labour and this made Angelina and her husband concerned about future pregnancies.

“We were worried about my safety and that of the baby should I get expectant again. The last two deliveries were very difficult and I had to be taken into the theatre,” said Angelina.

One day Angelina came across Peter Lual, a boma health worker conducting a community health awareness session on child spacing. “It was the first time I heard of child spacing or family planning. Peter was also conducting the health talk in my local language (Jur), and was using pictures and illustrations which made it easier for me to understand,” explained Angelina. Angelina was elated and asked Lual to help her with one of the birth spacing methods.

“I informed Angelina that I did not have any family methods and but referred her to Udici PHCC that has dedicated staff and a few methods that she could pick from,” said Lual. Udici PHCC is one of the health pooled fund (HPF) supported health facilities in Jur River and is supported with both medicines and staff added Lual.

As her husband worked away in Wau, Angelina had to wait for a week for him to come home to inform him of what she had learnt from Lual. He husband was in agreement that they needed to identify a family planning method that would work for both of them, bearing in mind the difficult deliveries that she had had. The couple went to Udici PHCC where Mary Mading, the midwife in charge explained to them all the methods were available and the different durations they last.

“After explaining to them all the options that we have available, they (Mary and the husband) opted for a three-year implant, that would give them a longer period for them to think about getting another baby. We are gradually getting more women and men come in to inquire about family planning once they are made aware of the available options”, explained Mading.

Health Pooled Fund has used BHWs to extend health services to communities and also as behaviour change agents by providing health talks within the communities they serve. Some of the BHW activities include treatment of uncomplicated malaria, pneumonia, and diarrhoea in children under five years, defaulter tracing for immunisations as well as health education and promotion.

Angelina is very appreciative of Lual and Mading for giving her the right information so that she would be able to make an informed family planning choice. “Many women like myself do not have the right information and a supportive husband like mine. With more information, women would be able to opt for family planning and also engage their husbands on which ones would be appropriate for them,” said Angelina. I am so happy that I was assisted and now I am less worried about my health she concluded.

▲ *The midwife Mary Mading is preparing the method (3 yrs implant) for Angelina*

▲ *During the implantation*

▲ *BHW Angelina and the midwife Mary Mading- Udici PHCC*

▲ *BHWs actively providing services to their community in Jur River county*

▲ *The BHW Peter Lual is confirming the referrals he had sent to Udici PHCC under safe motherhood*

▲ *The BHI officer and BHW are encouraging Angelina to share the knowledge with other women in her village to reduced maternal death*

CASE STUDY: BOMA HEALTH INITIATIVE REDUCES FREQUENCY OF CHILD DEATHS FROM PREVENTABLE DISEASES

By Comitato Collaborazione Medica

It was on Thursday 5 November 2020 that Achut Keu brought her four-year-old daughter Adut to Salvairo Majok, a Boma Health Worker (BHW) in Bapchok boma. The mother explained that her daughter had been well but had developed a cough associated with fever, and later, within 12 hours of the consultation, had had watery diarrhoea.

Achut said that her daughter did not have any history of treatment for cough, diarrhoea or fever. The family lives about 1.5km from where the BHW operates and has three more children at home, none of whom had any related complaints.

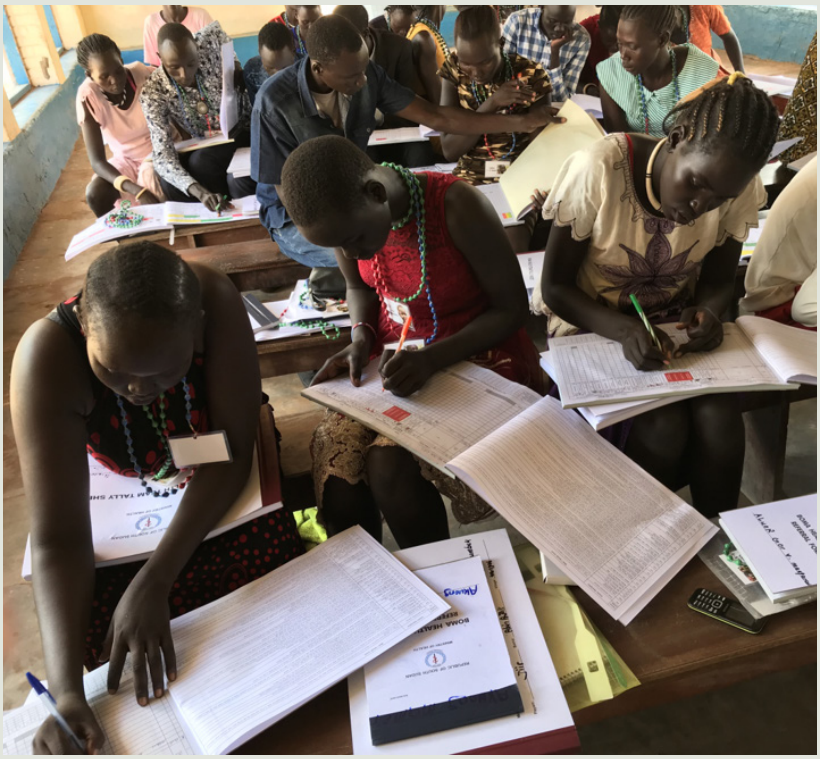
Adut was treated for pneumonia and diarrhoea with amoxicillin tablets twice daily for five days, zinc sulphate 10 mg once daily for 10 days and oral rehydration salts to prevent dehydration.

According to family history, they have cows, goats and chickens at home. They also have agricultural crops they cultivate and eat daily. Adut was screened for acute malnutrition using a mid-upper arm circumference (MUAC) tape. The reading of 15.3cm indicated that she was well-nourished and had no sign of malnutrition. During a follow-up by a BHW in the family's village one week later (11 November), her MUAC reading was 15.5cm. Adut recovered from pneumonia and diarrhoea to her full health status after completing her course of medication.

WE ARE HAPPY WITH THE SERVICE YOU ARE PROVIDING," SHE SAID, "BECAUSE ONCE WE BRING OUR SICK CHILDREN TO THESE HEALTH WORKERS [BHWS] THE CHILDREN GET TREATMENT IMMEDIATELY WITHIN THE VILLAGE." ACHUT ADDS.

Achut acknowledged that before the Boma Health Initiative (BHI) programme was implemented in the area by HPF and Comitato Collaborazione Medica (CCM), there were many children under five years dying of malaria and pneumonia because they lived far from the health facility, but now BHI has reduced the frequency of child death which used to occur in this community.

Achut appreciated the approach taken by HPF/CCM for involving community members and BHWs in the management of diseases such as pneumonia, malaria and diarrhoea, affecting the children in her community. "We are happy with the service you are providing," she said, "because once we bring our sick children to these health workers [BHWs] the children get treatment immediately within the village."



▲ *Boma Health Workers training. Photo by Grace Lajul.*

CASE STUDY: BOMA HEALTH WORKERS PRAISED FOR TREATING SICK CHILDREN IN REMOTE COMMUNITY

By International Rescue Committee

The International Rescue Committee (IRC) has been working with the community and the County Health Department (CHD) of Aweil East to support the provision of primary health care services.

In 2020 IRC in partnership with the County Health Department (CHD) through HPF funding initiated Boma Health Initiative (BHI) services in four bomas of Aweil East county. The BHI programme prioritised provision and referral for treatments for children under five for the most common causes of childhood morbidity.

To address this, Boma Health Workers (BHWs) vigilantly focused on treating and improving awareness of mothers and caregivers on malaria, diarrhoea and pneumonia. The BHWs were also trained and provided with treatments for these common child health diseases. After delivering BHI services for the second year of HPF3, sessions were organised with the community to give feedback on how they felt about BHI services in Pagai boma, Aweil East county.

▲ *Madam Juliana*

On 10 December 2020 the IRC BHI Officer and CHD teams visited Pagai boma to interact with the community to evaluate how effective the BHI programme was and also identify areas that were performing well, areas that required improvement as well as areas the community needed to address.

Deng Lual Tong, one of the community leaders, expressed appreciation to the HPF programme through the IRC and CHD for BHI services. He

▲ *Engagement with the community in Pagai boma, Aweil East County. Photo by Mary Osman, BHI Officer, IRC*

explained that children used to die on the way to Malualkon Primary Health Care Centre (PHCC). "The distance to be covered to get to Malualkon PHCC is quite far, especially for sick women and children," he said. "The ability of the BHWs to diagnose and refer sick community members early has reduced the numbers of deaths in our community."

Garang Deng Anei expressed his satisfaction for the services available in the area, particularly for children under five years. He explained how all his children aged three, four and five fell ill and he didn't know how to get them treated. He did not know that the BHI teams he had heard about in the village had the drugs and knowledge to treat children who are sick.

He went to one of them and asked: "Do you have drugs for children?" The BHW replied: "Let me go and see the children who are crying of sickness for three days."

Garang continued: "Reaching my house, the BHW brought out some materials and pricked the finger of my children. We waited for a few minutes. The BHW responded to me that my children were suffering from malaria. He brought out some tablets and told me that they were for malaria. He showed me how to give the tablets to the children differently according to their age and my children got better after three days. So, I appreciate the decision reached by IRC and CHD to bring us drugs for children and I hope the support can continue."

One of the women leaders, Arek Atak Kuol, commended the BHI programme as a great saviour of children's lives in her community. She added that during the rainy season, the community would struggle with children who fell sick since the nearest health facilities became inaccessible. She said: "Now that we have BHI teams in this area, many children have been rescued through treatment with BHI drugs. I urge HPF through IRC and CHD to continue supporting us until we get our own health facility to treat children with malaria, pneumonia and diarrhoea."

In conclusion, all community leaders thanked the HPF programme implemented by IRC for supporting the people of Pagai boma with much-needed health services that prevent children from dying.

Background

HPF 3 Lot 17 Aweil East is supporting Boma Health Initiative in four bomas in four payams in Aweil East county. During the implementation period in the quarter, IRC and CHD have been working together with the community in the boma of Pagai to strengthen BHI services in the area by supplying antimalarial commodities, paracetamol for fever, rapid diagnostic tests for malaria and amoxicillin for treating pneumonia. During the quarter, commodities were distributed to the BHWs and community volunteers trained to diagnose and treat the three diseases.

▲ *Community mobilisation and sensitisation.*

▲ *Community Engagement*

▲ *Engagement with the community in Pagai boma, Aweil East County. Photo by Mary Osman, BHI Officer, IRC*

CASE STUDY: BOMA HEALTH WORKERS HAVE HELPED TO REDUCE CHILD MORTALITY IN YAMBIO AND NZARA COUNTIES

Boma health workers (BHWs) play a very important role by filling critical healthcare gaps within communities. With half of the country living more than five kilometres away from a health facility, BHWs are uniquely positioned to reach these communities who would be cut off from essential health services.
Through the support of Health Pooled Fund and the Ministry of Health, World Vision South Sudan identified, recruited and trained 160 BHWs in Yambio and Nzara counties. Part of the BHWs mandate is to provide basic treatment for uncomplicated Malaria, Pneumonia and Diarrhoea within the communities and to refer severe cases for specialised treatment at the facilities.

Additionally, BHWs conduct health awareness campaigns and support to trace children who defaulted in their immunisation. While treating the community members, the BHWs also screen children for malnutrition using a Middle Upper Arm Circumference tape and refer all those with severe acute malnutrition to the nearest OTP for treatment.

During her routine supportive supervision visit, Joyce Kuron, the HPF community engagement specialist noted that the BHWs are a critical link between health facilities and communities. **"These BHWs have been working well and treating children within their communities. By the end of September 2020, 8,612 children had received treatment in Yiambio county and 9,163 in Nzara county for malaria, pneumonia and diarrhoea," she noted. "Often these children's parents would either resort to alternative ways of treatment of go to the facilities when the children are severely sick"** added Kuron.
The Acting Director General for Western Equatoria

▲ *A female BHW screening a child for malnutrition and referring to the health facility for Severe Acute Malnutrition in Yambio County.*

State, Madam Theresa Dabi expounded on how the BHWs were impacting in the lives of the community members. "The BHWs support has gone a long way in preventing child death and improved routine referr**als from the community to the hospital. Before the BHWs were trained, the State Ministry of Health used to receive many reports about children dying in the community and numerous cases of children needing referral from lower health facilities to the hospital because of severe illnesses. But these days, I hardly receive such reports and I don't see the ambulance as busy as those days. The BHWs are doing a great job. I wish the this would be expanded to cover all the payams."** said Dabi.

The Boma Health workers are equipped with simple job aids that help them assess, classify and treat children aged 2-5 months for the three simple illnesses. The children identified as having danger signs are referred to the nearest health facility for further management. World Vision with support from HPF supplies the BHWs with drugs, diagnostic equipment and bicycles to facilitate their work.

The BHWs leverage local relationships and cultural knowledge to build relationships with households and support long-term family health within these communities. They know them better than our implementing partners and programme staff and they are able to challenge practices and advocate for proper health seeking behaviours added Kuron.

HPF3 supports 797[1] health facilities divided across the following levels: 25 hospitals, 195 Primary Health Care Centres (PHCCs) and 577 Primary Health Care Units (PHCUs). At the community level, Health Pooled Fund through the Boma Health Initiative (BHI) is delivering child health services across all 55 counties and has trained 4,383 BHWs.

[1]An additional 10 facilities in Abeyi are also supplied with the regular drug consignments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Canada
UNFPA

CASE STUDY: OVERCOMING DISABILITY AND PROVIDING HEALTH SERVICES IN WAR AYAT BOMA

Marko Mayuot is a 24 years old boma health worker (BHW) from War Ayat Boma in Jur River County. As a child, Marko lost one of his leg as a result of snake bite. In the boma, he is known as "the one legged man."

Even with his disability, Marko refuses to be dependent on other people for a living.

He attempted to be a teacher in the local primary school in his community but he did not feel accepted by his community and did not fancy himself as a professional teacher.

Some of the struggles with exclusion that Marko has faced centred around him not being able to do intense physical activities that his peers with all limbs are able to do. He often felt left out and less of a person.

"When the staffs from Jur River County Health Department (CHD) and Cordaid came to our Boma War Ayat and introduced the Boma Health initiatives Programme (BHI), my community members and chief nominated me to be trained as BHW in War Ayat," said by Marko.

"Marko was trained as a BHW and was among the best trainees in his group. Marko delights in doing recaps of the training and helps the other BHWs by elaborating some session in the local language, he always active and the best among the group," said Andrew Ngugi, Cordaid programme manager.

After the training, each BHW was given a drugs box, a bicycle, a raincoat and a back bag for carry BHI documents and reports.

Marko is continues to conduct health sessions to parents and community members who sort treatment for children under five in War Ayat boma. Additionally, Marko does referrals for children who missed their immunisation.

"I am very happy because my community is starting to recognise and believe in me. I am grateful to Cordaid and HPF for the BHI programme because it has enabled me to overcome my disabiliriesand be a productive member of the society." – Marko Mayout BHW War Ayat Boma- Jur River County.

▲ *Marko Mayuot presenting group work on FF during the BHI training in Wau*

▲ *Marko in his house in War Bet treating under five children*

▲ *During the supportive supervision Marko and BHI officer for L14 – War Ayat Boma Jur River county*

▲ *Marko Mayuot in his house – disability will not stop me from helping my community he said*

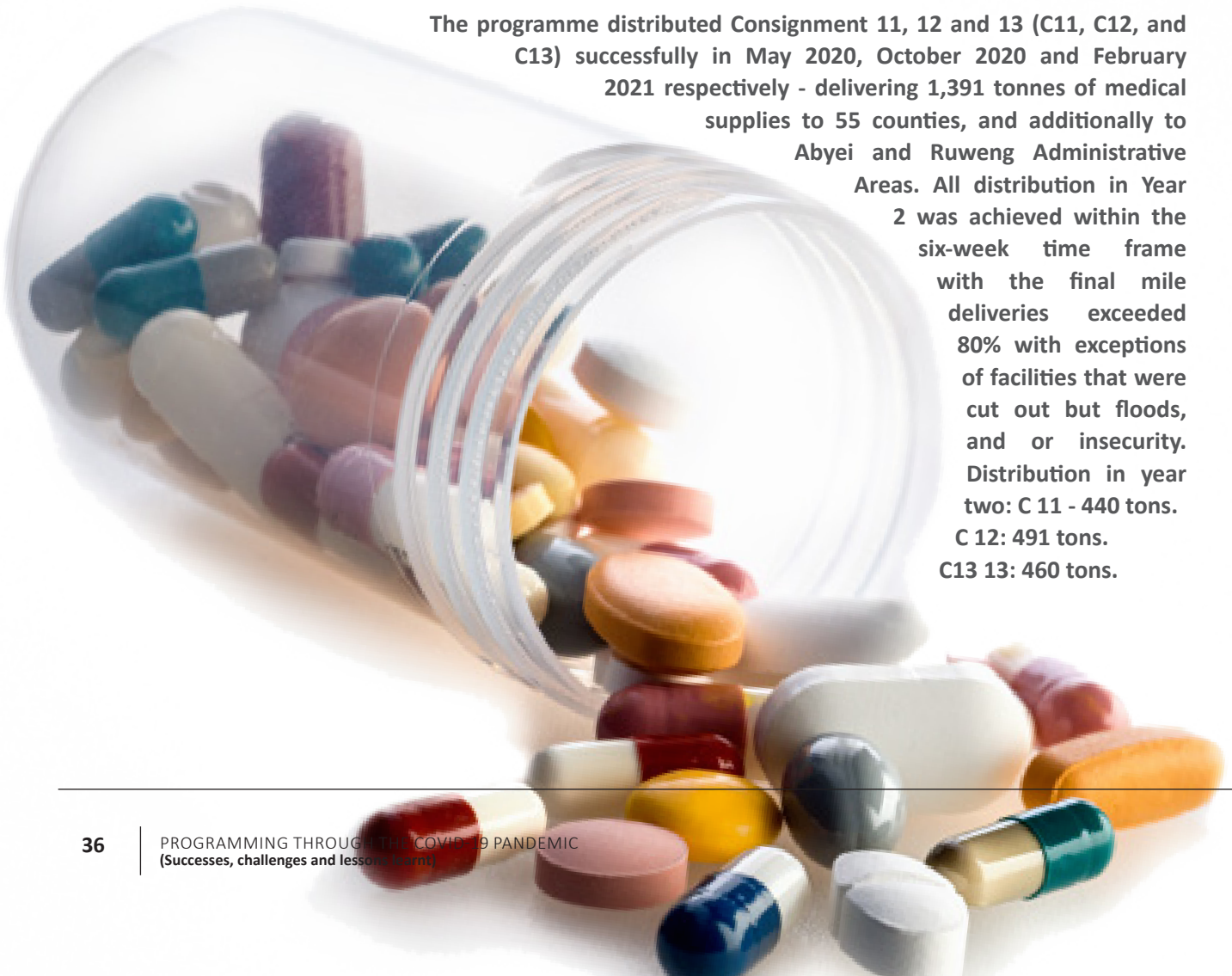
OUTPUT 3

AVAILABILITY OF SAFE, EFFECTIVE AND QUALITY ESSENTIAL MEDICINES AND SUPPLIES

OVERVIEW

The procurement function of the Health Pooled Fund (HPF) supports the Government of the Republic of South Sudan with the implementation of the supply chain for essential pharmaceuticals and medical consumables. This includes procuring of high quality and fresh production pharmaceuticals and supporting the delivery in form of pre-packed kits based on quantification and forecasting of essential medicine in South Sudan. These procurements are undertaken considering consumption, seasonal uptake and migration amongst the states supported under the HPF.

The programme distributed Consignment 11, 12 and 13 (C11, C12, and C13) successfully in May 2020, October 2020 and February 2021 respectively - delivering 1,391 tonnes of medical supplies to 55 counties, and additionally to Abyei and Ruweng Administrative Areas. All distribution in Year 2 was achieved within the six-week time frame with the final mile deliveries exceeded 80% with exceptions of facilities that were cut out but floods, and or insecurity. Distribution in year two: C 11 - 440 tons.
C 12: 491 tons.
C13 13: 460 tons.



CASE STUDY: CONSIGNMENT 13 DELIVERY SUCCESS

By World Vision March 2021

World Vision received Consignment 13 (C13) medicines from Health Pooled Fund (HPF) on 15 March 2021 and carried out the last mile distribution immediately to ensure stock availability at the supported health facilities.

Sanduki Simon, the County Coordinator for Nzara county, remarked that the C13 consignment arrived just in time. "I love the timely delivery because it has come at the right time. Some of the facilities were about to have stock-outs but with this delivery I am certain that the beneficiaries will continue to receive life-saving medications."

Acting Director-General Theresa Dabi applauded World Vision and HPF for continuously supporting the state. She said: "Without HPF, I don't know what our state would have looked like in terms of health service delivery. I am sure all health facilities would be like those that are currently not supported. There are no health workers, no drugs and everything is disorganised. I hope that HPF continues to support the State Ministry of Health in Western Equatoria.''

Daniel Abok – the HPF programme support officer in Western Bahr el Ghazal – added: "The availability of medicines at the facility has greatly improved the health-seeking behaviour of the communities in Nzara and Yambio. In addition, HPF, the County Health Department, and World Vision are working with the Boma Health Workers (BHWs)and this collaboration has extended services to the communities and improved patient referrals."

About Health Pooled Fund support in Western Bahr el Ghazal

Through support from HPF, World Vision supports 20 health facilities in Yambio and Nzara with life-saving health interventions. Additionally, HPF provides life-

▲ *C12 supplies are offloaded from the allied services aircraft (left) and received by the state team (right) in Nzara County Photos by Abure Isaac*

▲ *Well-stocked drugs stores in Mangmondo PHCU (left) and Sangua II (right) after the last mile delivery of C12. Photos by Taban Charles*

saving medicines to supported health facilities. In cases of stock-outs, World Vision procures buffer stock of drugs to ensure a consistent supply of drugs for the population of Western Equatoria. Stock rotation is also encouraged between the facilities to minimise incidences of medicines lacking within the facilities. C13 is the thirteenth countrywide drug distribution that HPF has undertaken. A total of 483 tonnes of essential medicines have been distributed since 8 February 2021.

In a bid to get services closer to communities, HPF rolled out the Boma Health Initiative (BHI) in 2020. The activities implemented under the BHI include treatment of uncomplicated malaria, pneumonia, and diarrhoea in children under five years, defaulter tracing for immunisations as well as health education and promotion.

In the last quarter (October to December 2020), BHWs issued 428,956 treatments[1] to children under five for uncomplicated malaria (204,969), pneumonia (128,009) and diarrhoea (95,978).

1 *The data reported in Output 2 includes data reported through DHIS2 and HPF data collection tool for boma not covered in the DHIS2.*


MARIDI

▲ *Flooding challenges in some states.*

CASE STUDY: MONITORING, EVALUATION & LEARNING [MEL] CONTRIBUTION TO ANNUAL REPORT [APRIL 2020 - MARCH 2021]

IMPROVING USE OF DATA

A. **Monitoring Utilisation of primary care services – How HPF uses data to monitor its quality and related strengthening of service delivery**

B. **How IPs are increasingly using data to make decisions and strengthen service delivery**

During Year1 MEL focused on improving data collection and reporting performance by MOH & Implementing partners through providing HMIS tools & standardising data reporting templates i.e. registers, summary forms, IP ITTs, etc. Through persistent and consistent follow up with IPs to ensure any data officially reported on performance (via ITT) was available in the National MOH data repository – DHIS for all supported facilities. The learnings were used in Year2 to improve data reporting tools and particularly through focused M&E training on the various tools including DHIS. IN Year 2, training sessions targeted not only IP M&E focal staff but also non-M&E technical officers comprising Lot / Project / Programme coordinators or managers leading implementation in MNCH / BHI / FP / EPI, etc. The key objective was to ensure more of the IP teams are familiar with data reporting systems (ITT and DHIS) and their impact on reflected IP performance, to increase their team effort in not only reporting data but also to understand how to use the data to improve its quality, understand the gaps related service delivery gaps and address them accordingly.

1. How HPF uses data to monitor its quality and related strengthening of service delivery

Meanwhile at HPF during Year2, it was realised that a lot of the focus on IP reporting improvement & performance had been on Outpatient services. This was based on its importance as the most basic service expected to be offered at any functional & operational facility. By extension, this was likely to be a similar focus by IPs, yet these are not the only services provided by facilities at different levels. To expand monitoring of data reported in DHIS across to other service areas beyond OPD, HPF developed the Integrated Reporting Rate (IRR), computed by assessing the number of facilities that reported on selected priority services (numerator), compared with those expected to provide the services (denominator). Service availability data was sourced from IP compiled Facility Register updated and submitted at the end of each quarter.

The first compilation was done in November 2020 using data from the facility registers submitted for Y2Q2 and data reported from DHIS for October 2020. The completeness of reporting per priority data selected was: 95% for ANC1 (676/713), 93% for Skilled Deliveries (263/284), 95% for EPI Penta3 & Measles combined (728/769). In addition to the 99.9% for OPD, the combined IRR was computed as 96.1% reporting completeness. The IPs are expected to follow up on those facilities that did not report any utilisation as expected for these and other related services, to find out why and address gaps identified where possible.

Over the subsequent months, monitoring and follow up of IRR each month helped to improve data quality reported and more importantly raised awareness on IP service delivery strengthening efforts through hiring of quality staff as follows:

#	Data quality concern raised	Description	Reason given by IP	Action taken
1.	Over reporting on no. of deliveries by SBAs or ANC or EPI	No. of facilities who reported service utilisation were **higher** than those expected to provide the service e.	Error due to non-skilled deliveries reported as skilled deliveries	Correction of data in DHIS
			Correct data – skilled staff were recently deployed to the specific facilities	Appreciation by HPF to IP & expectation of increased utilisation in future
2.	Under reporting	No. of facilities who reported service utilisation were **less** than those expected to provide the service e.	Services were offered but no clients	IP to follow up to find out why a service is offered and not utilised for one entire month – is it gap in staff availability? Supplies? Address it accordingly
			Reports for that particular service are yet to be keyed in e.g. EPI	IP to follow up and ensure data is keyed in
			Report for that service was not received from that facility	IP to follow on why report was not submitted and address any gaps identified

The major outcome of this kind of monitoring has been:

- The realisation that services offered and utilised seem to change over time across facilities see Table X below.
- IPs do not proactively monitor data for non-reporting to establish why, as a practice. This has been realised by the standard assumption response that the reason for 0 reporting of services is because there were no clients. While it may be possible, the reasons should be a concern to service providers as it could be based on the quality or lack of supplies or other issue that could be rectified if known and addressed.

#	Month	Facilities with services available			Facilities reported services utilised			% facilities reported services utilised		
		ANC1	SBD	EPI	ANC	SBD	EPI	ANC	SBD	EPI
1.	Oct 2020	714	284	770	676	263	728	95%	93%	95%
2.	Nov 2020	716	291	777	672	265	711	94%	91%	92%
3.	Dec 2020	716	291	777	657	275	713	92%	95%	92%
4.	Jan 2021	700	310	774	663	274	740	95%	93%	96%
5.	Feb 2021	700	310	774	655	287	746	94%	93%	96%
6.	Mar 2021	691	326	775	664	299	758	96%	92%	98%

This data on monitoring reporting on other services illustrates:

- No. of facilities offering ANC services has reduced – reasons are largely based on data correction of the facility register once an enquiry of non-reporting of services is raised.
- No. of facilities offering SBDs and EPI has increased by 15% and .6% respectively over the period.
- While reporting performance has been maintained or improved slightly for ANC & EPI, it has fluctuated for SBD.
- Though the increase in skilled deliveries service was reportedly due to increase in staff allocation, the resultant reporting reflected that services were not always utilised in all the facilities offering the service.

A. How IPs are increasingly using data to make decisions and strengthen service delivery

Consequently, with all the support given on HMIS, M&E and data use to IPs, it was expected that there would be some demonstrated use of data to strengthen health service delivery at their end.

Two learning & success stories were shared by two IPs working in different locations as illustrated below. We look forward to sharing many such stories by the end of Year3 which is already in implementation.

MALARIA CONSORTIUM [LOT 16]: STAFF REDISTRIBUTION AND IMPROVEMENT IN SERVICE DELIVERY

- We used data of institutional deliveries and skilled birth attendant to do staff relocation for example Malek Alel PHCU in Aweil South was conducting many deliveries above 20 per month but did not have a skilled birth attended yet Gabat in Aweil Centre had 4 midwives but was conducting 2 or less deliveries per month. We discussed the issue during quarterly County review meetings and resolved to move Midwives from Gabat to Malek Alel and this was done. We did the same with OPD data and advocated with HPF to support recruitment of qualified nurse at Wathock, qualified midwife at Tiaraliet and Akach, relocation of Clinical officer from Awoda to Aroyo. This has improved the quality of care given to patients at these health facilities.
- We used immunisation data for Aweil Centre to have a have a meeting with Vaccinators to improve performance and to initiate the Boma days in that county in order to improve EPI performance. Now Aweil centre has improved their EPI performance and dropout rates have gone down in the lot.
- We looked at data anomalies in our reports especially at Aweil Hospital to allocate for Data management training funds for data clerks during realignment of the budgets. Training was done.

WORLD VISION [LOT8]: INCREASE IN DELIVERIES BY SKILLED BIRTH ATTENDANTS

World Vision supports 12 Health facilities under Yambio County and 8 Health facilities under Nzara County.

With focus on increasing number of deliveries by skilled birth attendants in Western Equatorial State through strengthening human resource capacity as follows:

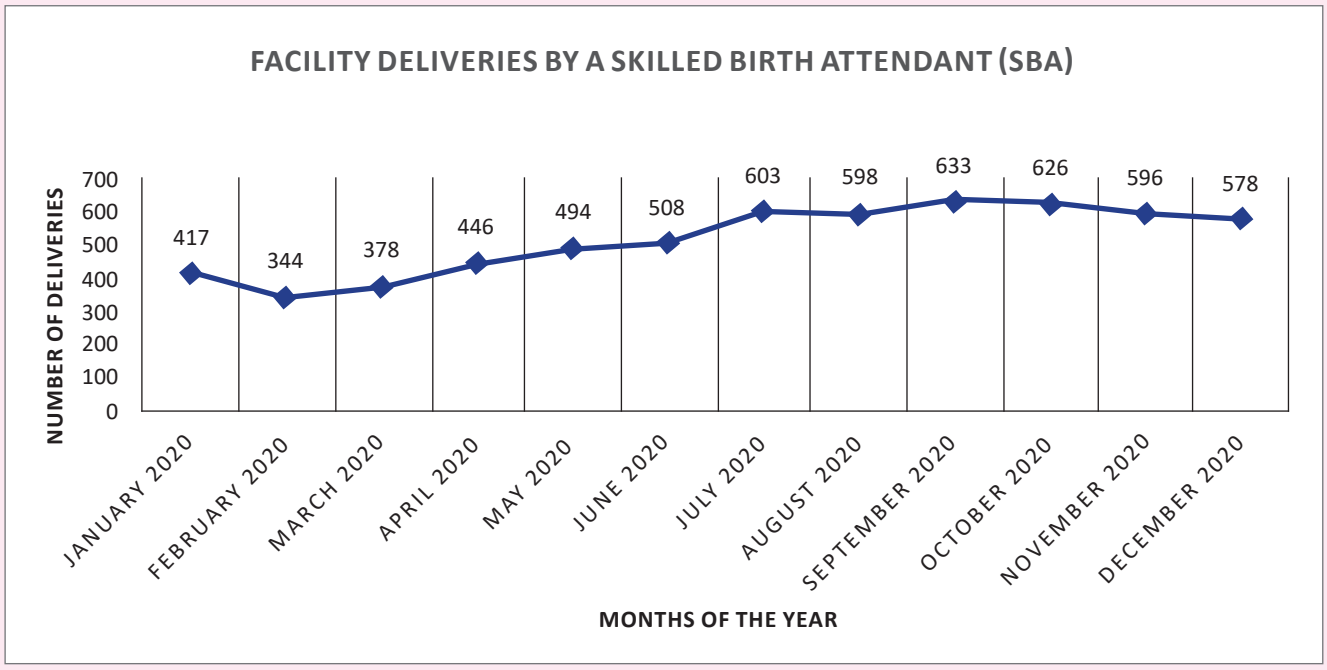
1. Increased the number of skilled midwives hired in PHCUs from 1 to 8 across the Lot. WV took the bold step to deploy skilled midwives to replace the non-skilled community midwives to conduct deliveries at PHCUs as indicated in table 1.
2. Assigned trained nurses to 3 other PHCUs, which enabled deliveries by community midwives to be supervised by skilled staff.
3. Installed solar panels in several facilities to enable delivery services to be provided 24/7.

In summary the adjustments on skilled staff and facilities is detailed in Table 1.

Table 1: Facilities supported in Year2 to increase skilled deliveries in Lot8

#	County	Health Facility	Year 1		Year 2	
			# of midwives	24/7 service	# of midwives	24/7 service
1	Nzara	Basukangbi PHCC	2	No	2	Yes
2	Nzara	Nzara PHCC	2	No	2	Yes
3	Nzara	Ringasi PHCC	2	No	2	Yes
4	Nzara	Sakure PHCC	2	No	2	Yes
5	Nzara	Nangirimo PHCU*	0	No	0	No
6	Nzara	Sangua One PHCU*	0	No	0	No
7	Nzara	Sangua Two PHCU	0	No	1	No
8	Nzara	Yabuwa PHCU*	0	No	0	No
9	Yambio	Bangasu PHCC	2	No	2	Yes
10	Yambio	Gangura PHCC	2	Yes	2	Yes
11	Yambio	Yambio PHCC	2	No	2	Yes
12	Yambio	Mangbondo PHCU	0	No	1	No
13	Yambio	Bodo PHCU	0	No	1	No
14	Yambio	Nabagu I PHCU	0	No	1	No
15	Yambio	Naangbimo PHCU	0	No	1	No
16	Yambio	Rimenze PHCU	0	No	1	No
17	Yambio	Saura one PHCU	0	No	1	No
18	Yambio	Tiindoka PHCU	0	No	1	Yes

The overall outcome was the significant increase in skilled birth deliveries by 62% in the Lot, from a total of from 4,241 in Year1 to 6,901 in Year2 (106% increase in Nzara from 1,093 to 2,253 and 48% increase in Yambio from 3,148 to 4,648).



The successful outcome could not have been possible through increasing strengthening human resource alone. Other important interventions are outlined below:

- **Infrastructure improvement;** In partnership with the communities, maternity rooms were constructed in Nanbgimo and Yabua PHCU through the community initiative by contributing bricks, sand soil, iron sheets and labor. World Vision supported with cements, fixing of doors, painting, etc. In addition to this, the community constructed staff houses since they need 24/7 services delivery at the health facility especially maternity services. This encouraged the midwives to stay around the facility compound which contributed to the rise of skilled births. Installation of solar panels in all supported health facilities helped in making work easier for midwives to conduct deliveries at night because light is 24/7 in all the maternities.
- **Provision of equipment;** The GIK from the Chinese Government contributed a lot in improvement of the skilled births in Lot 8. The project received delivery beds, including other vital equipment's such as BP Machines, Stethoscopes, infant weighing scales, baby blankets and baby kits that greatly improved the service delivery hence attracting mothers to deliver in health facilities.
- **Awareness creation;** Community sensitisation through radio talk shows, health sessions at HF by health workers, mobilisation and referral by the BHWs creating awareness on importance of women attending ANC services at early pregnancy stage, delivering in HFs and attending PNC contributed to improved number of skilled births.
- **Consistent good programme management practices;** Conducting QoC assessments helped in identifying gaps in the HFs and getting solutions to fill the gaps, which also contributed to increase of SBAs. Conducting Quarterly review meetings with HWs where performance related issues/ challenges are discussed with presentations of data to see the good and poor performing indicators as well as poor performing facilities, and action points to problems hindering better performance, steps for follow up are closely taken which contributed to the good performance.
- **Motivation initiatives:** Providing motivation to women who delivered at HFs by giving them soap, salt, baby blankets and pants attracted mothers to deliver at HFs. Recognition of the hardest working midwives in terms of service delivery, register and report good number of SBA by awarding them with certificates of good performance.

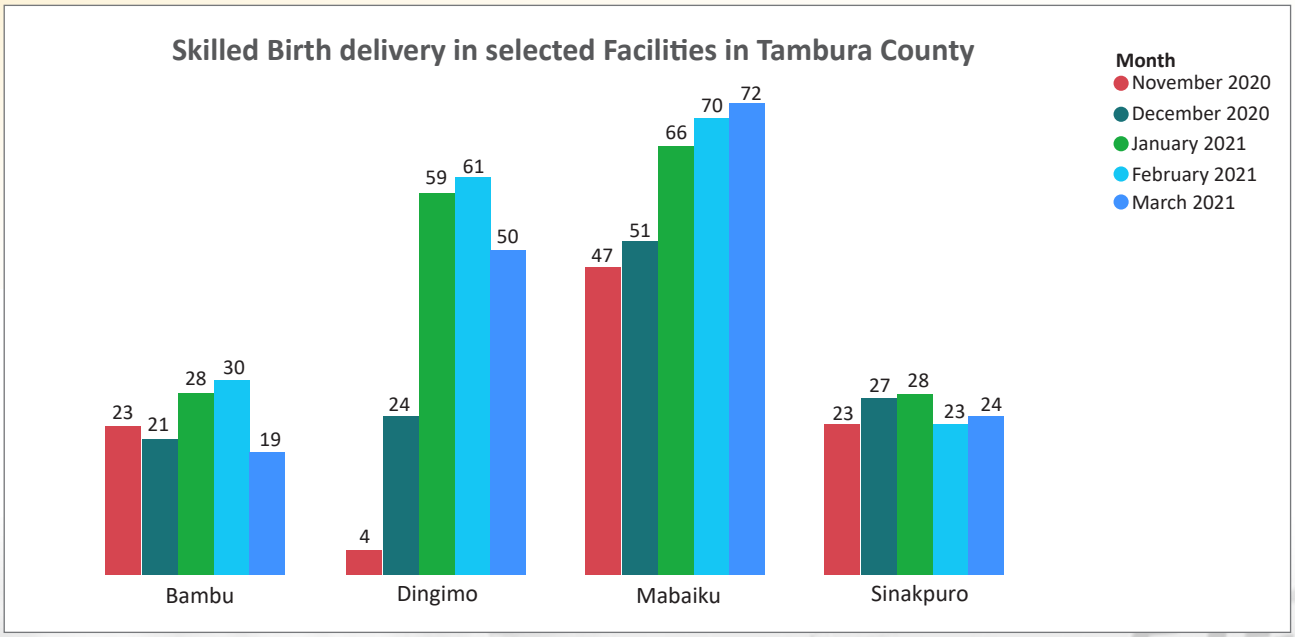
World Vision with support from HPF will continue to work closely with SMoH, CHD and the community members to ensure all pregnant mothers get ANC services and delivery from the health facilities.

WORLD VISION [LOT7]: INCREASE IN DELIVERIES BY SKILLED BIRTH ATTENDANTS

In partnership with County Health Department, World Vision under Lot 7 recruited four (4) nurses (SBA) at Dingimo, Sinakpuru, Mabaiku and Bambu Primary Health Care Units. These skilled birth attendants replaced the Maternal Child Health Workers/ Community Health Workers who have been assisting in conducting deliveries in those facilities.

The availability of skilled birth attendants attracted pregnant women to visit the facility, thus increasing the number of deliveries conducted. This has significantly improved the performance of "deliveries by the skilled birth attendant" in Tambura county, from 1,504 in Year1 to 2,790 in Year2 (86%).

Other strengthening efforts were similar to Lot 8 in the form of community mobilisation through talk shows, meetings, etc and ensuring services were available 24/7 in the PHCCs through installation of solar-powered lighting.


Skilled Birth delivery in selected Facilities in Tambura County
Month
November 2020
December 2020
January 2021
February 2021
March 2021
23
21
28
30
19
4
24
59
61
50
47
51
66
70
72
23
27
28
23
24
Bambu
Dingimo
Mabaiku
Sinakpuro

OUTPUT 4

STABLE HEALTH SYSTEMS THAT ENHANCE ACCOUNTABILITY AND RESPONSIVE TO THE NEEDS OF THE PEOPLE

OVERVIEW

HPF supports the Ministry of Health (MoH) and implementing partners to implement and manage the national health management information system (HMIS), and works to strengthened reporting through DHIS and to improve the quality and timeliness of the data reporting from the health facilities.

HPF supports the Ministry of Health (MoH) and implementing partners (IPs) to strengthen the national health management information system (HMIS). This includes enforcing the use of the MoH DHIS for routine reporting as well as and ensuring continual improvement in the quality and timeliness of the data reported from the health facilities.

189

Functional facilities headed by a female chair or co chair

729

Number of functional facility health committees

CASE STUDY: IMPROVED QUALITY OF CARE FOR MOTHERS IN MERE PHCU, KAJO-KEJI COUNTY

▲ *Mrs. Keji in white shirt with her colleague in the labor room*

On a busy supportive supervision day at Mere PHCU, Keji, a midwife, was met in a well-set room looking very excited. Her excitement alone made the supervisors wonder what good news she had. Although it was evident, Keji continued, out of excitement to say:

"You see, now there is enough space for our Antenatal Care and delivery services here, we have fixed the examination and delivery beds, we are better now, thanks to HPF for the support rendered through SSUHA"

During the insurgency, lawlessness was wide spread in the county, the health facilities' staff took cover for their safety in neighbouring countries. Most facilities were vandalised by either thieves, fire or termites. Mere PHCU was not an exception.

However, it remained one of the two functional health facilities in Kajo-Keji during the insurgency because one of its staff had remained and continued to treat the few people using the medicines in stock. For safety of the staff and medicines, it was relocated to an administrative block (Boma office), near an

▲ *Mere PHCU building after the renovation*

▲ *The Boma Office/Former Mere PHCU*

army base. The building is small with few rooms. The examination and delivery beds could not be fixed. Therefore, the midwives used a mat on the floor for examining mothers and conducting deliveries.

"We had very limited space in the former building, referring to the boma office, we shared one room for doing consultation, antenatal, delivery and counselling, and I use to put a mat on the floor for conducting examination and deliveries, I was totally uncomfortable" she narrated

Conducting deliveries on a floor in a very limited space can expose mothers and staff to contamination and infection including limited or even no privacy. When SSUHA took over to support the facility with funding from HPF in 2019, it continued to operate in this building for the first year despite its limited space.

In 2020, it secured funds to renovate the facility and it got renovated. The facility is moved back and is now operating at its building that has adequate space.

"I am happy that I am not going to be soiled with blood anymore and mothers who will come for labour will delivery on bed", Says Mrs. Keji

Maternal deaths still remains high and ensuring better delivery place for mothers in labour will positively contribute to the reduction of such deaths. As a midwife, Keji is fighting against maternal deaths and she feels happy when her working condition is improved to provide quality care. She expressed her gratitude's to SSUHA and HPF for improving her work space.

OUTPUT 5

FUNDS AND PROCESSES THAT ARE EFFICIENT, EFFECTIVE, INCLUSIVE AND OFFER VALUE FOR MONEY

OVERVIEW

Output 5 aims to ensure that expenditure on the programme is planned and spent efficiently. By tracking (i) the average cost per consultation and; (ii) support available for people with disabilities, mental health illnesses and victims of sexual and gender based violence, HPF is able to verify to what extent the programme is inclusive and meeting its value for money goals.

62,943

Total number of People with Disabilities identified by Washington Group Short Set of Questions

434

Number of facilities with staff trained on management of Gender Based Violence

34,810

Number of persons identified with Mental, Neurological and Substance abuse conditions

78

Number of Mental Health Gap Action Programme ToTs trained

CASE STUDY: PEOPLE WITH DISABILITIES SPEAK OUT ABOUT HPF SUPPORT

By World Vision

In Yambio and Nzara, the HPF programme's gender and social inclusion (GESI) activities were able to identify several people with disabilities. Routine interaction with the PWDs revealed a lack of tricycles to help them access services at the HPF-supported health facilities. The GESI Coordinator recommended that the PWDs with no support aids be provided with specific aids. In response, World Vision, with funding support from HPF, procured 20 tricycles and other support aids such as clutches and wheelchairs.

During the distribution, PWDs spoke candidly about the HPF support and how much they have been saved through the provision of tricycles.

Colletha John, 19, from Nzara County in Ringasi West Boma, said with excitement: "I have been suffering without a tricycle for the last 19 years. As you can see, I have wounds on my legs because of crawling on the ground. I was helpless but thanks be to World Vision and HPF for saving my life."

She added: ''I will use this tricycle to go to church to thank God who saw my suffering and provided support to me miraculously. I will also use it to move to social gatherings and mingle with other people. I used to be confined to my home, but now I can move and feel that I am part of the community. I will also use tricycle to access healthcare whenever I fall sick.''

Wangate Stephen, 28, from Yambio boma in Yambio county said he spent three years without a tricycle. ''It just feels good to know that there are organisations that remember people like us. We see so many development partners but rarely do they interact with PWDs. I am grateful to World Vision and HPF for acting differently. I feel valued and excited that there are people who still see us as important in society." He asked World Vision and HPF to continue the good work of supporting socially excluded groups in Western Equatoria.

▲ *Tricycle procured by World Vision with HPF support towards GESI in Yambio and Nzara Counties*

▲ *Colletha John (centre) was excited to receive a tricycle. She had developed wounds because of the rough terrain.*

Martha and Mariam Niue are aged 14 and 15 respectively and have grown up all their lives without tricycles. They are from Yambio boma in Yambio county. They were both excited for this "miracle of tricycles". They said: ''We are grateful to World Vision and HPF for seeing us. We are few and often left out. However, World Vision was able to identify our need and support us."

Martha and Mariam tried out their tricycles during the handover ceremony at the County Health Department in Yambio. They said the tricycles will ease their movements including accessing health facilities when they fall sick. They said it was their most unmet need for several years.

''We are so grateful to World Vision and HPF for this humane donation to us," they concluded.

▲ *Wangate Stephen before receiving his tricycle*

▲ *Excited to try the tricycle donated by HPF through World Vision*

▲ *Teenagers Martha (on the left of the picture) and Mariam were delighted with their tricycles*

CASE STUDY: MENTAL HEALTH UNIT CONTINUES TO GROW IN YAMBIO STATE HOSPITAL

By World Vision

Mental health is a neglected service in most health facilities. However, in Lot 8, mental health is treated as one of the priorities. To ensure consistent provision of mental health services, World Vision opened a mental health clinic in June 2020 in Yambio State Hospital and has seen it grow.

The unit has four staff and is headed by a well-trained person who holds a Bachelor's degree in Psychology and a Diploma in Nursing. Since its inception, the mental health unit has registered 141 patients.

Dr Kumba, the Medical Director, said: ''This is where the HPF project turns out to be unique. It meets our exact needs. I was struggling with these patients without HPF and World Vision support, but now I have a fully-fledged mental health unit. This is commendable and I am grateful to HPF."



▲ ***Left to right:*** *A mental health worker reviews records in the department; the unit is stocked with treatments for mental health; a social worker is seated during routine consultations with mental health patients*

CASE STUDY: IMPACT OF COMMUNITY EDUCATION ON ACCESSIBILITY OF MENTAL HEALTH SERVICES IN IBBA PHCC

The protracted conflicts of South Sudan have resulted numerous cases of physical and mental trauma among South Sudanese. Some of the common mental health disorders include conditions such as depression, anxiety, schizophrenia and Post-traumatic Stress Disorder (PTSD).

However, mental health remains a heavily neglected and unacknowledged issue in South Sudan despite affecting all facets of society especially women and children.

As a matter of necessity, HPF has been working with the implementing partners and count health departments to increase accessibility to health services for persons living with disabilities and mental

▲ *Community members attending Community education on mental health in the county.*

health conditions. This has also seen the roll out and use of Washington Group Short Set of Questions (WSSQ) in health facilities entry points including Ante natal clinics unlike previous times when these were administered only at the outpatient department.

In one of the villages in Maridi, the village chiefs who sort anonymity indicated that the community has battled mental health conditions for a long time. "I wish this programme came early - our people would have been saved from mental disability and death."

The chief further added that the community education in the villages by Lilan Riko, the Amref GESI focal person have been pivotal in changing community beliefs and perceptions on mental health conditions. "We now know the symptoms of those mental illness and ways of seeking help through AMREF. We are now able to identify epilepsy cases and refer patients to Ibba Primary Health Care Centre" said the elder.

The only challenge that the community face is lack of some of the medicines needed in Ibba PHCC.

"What we often do is to refer these cases to Maridi so that they receive their treatment there. We have also made attempt to have the drugs available in Ibba PHCC but this is yet to be addressed."

The community has been impacted positively and we now have knowledge on mental health conditions and where to get treatment. As much as we have to travel to get the medicines, we are grateful to Amref for educating us, concluded the chief.

Mental health disorders and conditions have every so often been associated with substance abuse and violence. Despite the commonality of mental health disorders and their impact on South Sudanese society, patients have been stigmatised and segregated and sometimes locked up. The negative connotations surrounding psychiatric disorders renders psychiatry one of the most neglected fields of medicine, not just in South Sudan, but worldwide.

Health Pooled Fund has also ensured that healthcare staff are trained to identify and manage mental health illnesses. As a result of better capacity and awareness through on job trainings for the health workers on mental health Gap Action Programme (mhGAP), including guidance on drug management and establishment of mental neurological and substance abuse (MNS) clinics, facilities have been able to attend to more client who have been suffering from mental health conditions.

Health Pooled Fund recorded 8,602 mental health cases in HPF supported facilities between October and December 2020 with the highest number of cases reported being epilepsy and post-traumatic stress disorders.

▲ *The next photo number two is epilepsy clients turning up tor treatment awaiting transport to Maridi.*

CASE STUDY: MOBILE HEALTH SERVICE COMES TO AID OF MAN LIVING WITH EPILEPSY

▲ *Mr Tombe and the psychiatric clinical officer during the mental health assessment*

By author, partner

This is a story of a man aged around 60 who has lived with epilepsy since his teenage years.

Mr Tombe (not his real name) is a resident of Lowoi boma, Kudo payam, Torit county. He said the illness began when he was in his adolescence. His parents took him to herbalists and witch doctors who performed all sorts of rituals on him, but in vain. He was taken to religious worships but these also did not bring any change.

One day, a psychiatric clinical officer joined the mobile mental health service supervision team. The team called ahead to Lowoi PHCC to ask the supervisor to encourage those with mental health problems to attend the mobile service. Mr Tombe was one of three patients who came. On receiving the service, Mr Tombe said: "Finally God has answered me. I have been falling everywhere, in the garden, on the mountains, having scars all over my body. I promise to take the antiepileptic drugs without hesitation and request the health worker to visit us every month. Please help us. Don't let the drugs become unavailable."

The majority of communities in South Sudan believed that mental illnesses, including epilepsy, cannot be treated or even managed in the hospital, but by herbalists or witch doctors.

Epilepsy is a silent killer; people living with epilepsy are stressed by the illness more than anything in their life. People living with epilepsy live a miserable life because of the fits that are unnoticed by the general public, the stigma and discrimination they go through, and misconceptions labelled on them.

CASE STUDY: TRAINING HEALTH WORKERS IN SIGN LANGUAGE BREAKS THROUGH COMMUNICATION BARRIERS

▲ *Health workers practise their newly acquired sign language skills during the training sessions in Aweil South and Aweil Centre*

By John Marol Ariech, GESI Officer
18 March 2021

Prolonged armed conflict before and after independence in 2011 in addition to poverty, high levels of malnutrition, recurrent outbreaks of vaccine-preventable diseases and poor access to health services have increased the occurrence of various forms of disability in South Sudan.

A household survey carried out by the food security and livelihood cluster in 2016 found that an average of 15% of households in each South Sudanese state have at least one family member who is disabled. The same survey revealed that Northern Bahr el Ghazal State comes second out of the 10 states with a disability prevalence of 18%. According to the 2008 census and the 2011 disability assessment, hearing impairments accounted for 20-33% and speech impairments accounted for 4-7% of the total population of people with disabilities. People with these kinds of disabilities are often intentionally excluded from accessing and using services, including health services. They face social and institutional barriers because communities and institutions do not know how to communicate with them.

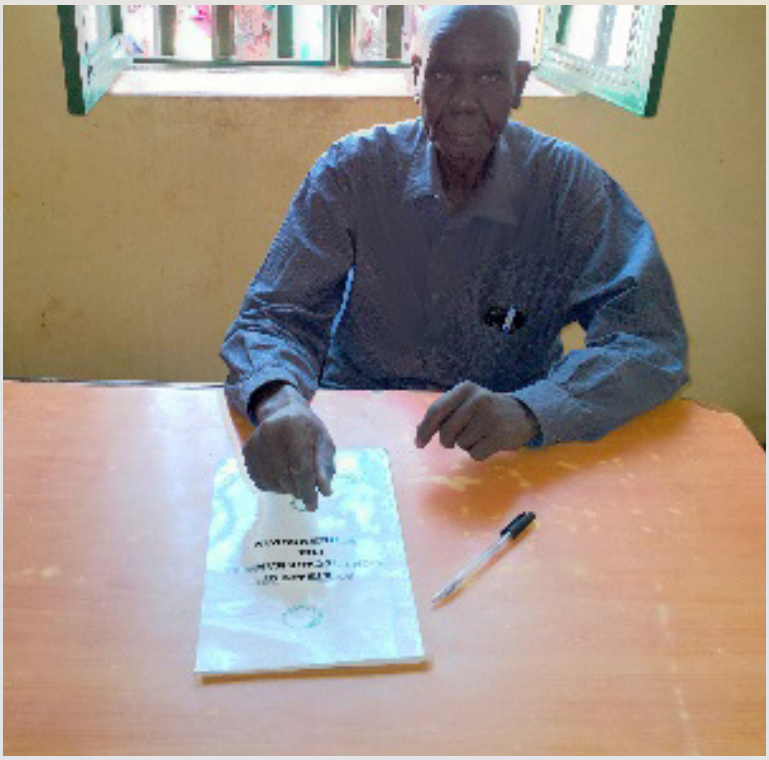
Recognising that health workers had no skills to communicate with people with speech or hearing impairments, Malaria Consortium with funding from HPF engaged a sign language training consultant to improve health workers' communication skills. This was meant to ensure that health workers make a conscious effort to provide user-friendly health services to people with speech and hearing impairments. The assumption was that after the training of health workers in Aweil Centre and Aweil South counties in Northern Bahr El Ghazal, people with hearing impairments will feel more comfortable accessing and using health services, and more confident that they will receive the help they need.

Malaria Consortium and Health Net TPO, the HPF3 implementing partners in Lot 16, are supporting 16 health facilities and County Health Departments in Aweil Centre and Aweil South to deliver essential health services that are responsive to the needs of communities and individuals accessing them. During the HPF3 year one implementation period, Malaria Consortium noted that there were very few people

with disabilities using health services. This was further substantiated by information gathered from the focus group discussions with health workers, community leaders and representatives of people with disabilities in Aweil Centre and Aweil South at the end of year 1 (2019). Among the gaps gathered through focus group discussions was the fact that health workers did not have the appropriate skills to communicate with people with speech or hearing impairments thus people with these disabilities did not see any benefit in going to the health facilities and this was worsened by the unwillingness of family members to continuously escort them to the health facility whenever they had health problems. In the community, like other people living with disabilities, people with speech and hearing impairments felt that they were stigmatised (for example, by people addressing them according to their disability rather than by their name), and that they were intentionally discriminated against because the community members do not have the patience to take time to try to listen to them when having a conversation.

Initial training was conducted on 16-20 November 2020. Participants were given time to practise the skills for two months and refresher training was carried out on 23-25 February 2021. The participants were the same who attended the first training. As a result of the training sessions, the IP expected to see improved access and use of health services by the hearing and speech impaired community in Aweil Centre and Aweil South as evidence of improved sign language communication by health service providers. After the training, boma health workers and community leaders were asked to encourage community members to identify and refer people with hearing and speech impairments to the health facility.

Case study: Paulo Maker Malual



Paulo Maker Malual is the in-charge at the Gabat Primary Health Care Centre (PHCC) in Aweil Centre. After the sign language training, Paulo Maker said: "Hearing-impaired people now get access to health services and communication is easier. Disadvantaged people don't fear being excluded from health because their problem is understood by the health workers trained in sign language.

"Training on sign language is very helpful at the facility because it empowered me to deal with clients that have hearing problems or are deaf as a health service provider. After this training, the communication became much easier and I am now able to gather complaints from the client without any confusion. Now when such clients come to the facility for medication, they feel happy and comfortable because they appreciate that they are understood and health workers can correctly address their problems.

"What I want to emphasise is that the training is basic and I need more training on sign language because it is not easy to be understood. Start with the alphabet, names of places and sign language grammar. I also want to extend my happiness and appreciation to Malaria Consortium for doing all these activities in the community. I have attended so many training sessions, such as mental health and clinical management of rape, which focus on giving us capacity as health workers to make positive health changes in our community."

Case study: Santino Awier Piol

Santino Awier Piol is the in-charge at Panthou PHCC in Aweil South. He said: "I attended sign language training twice. The training for basic sign language enabled me to talk to patients and clients with hearing or speech impairments that come to the facility. I can now easily interpret a word to them especially when it comes to diagnosis. I am personally happy for that, because all along we used to struggle in the facility, especially in the consultation room, to guess what deaf people wanted; now I can understand and communicate some details with them.

"I want to encourage HPF to continue supporting the sign language training especially for the hospital department staff to increase the number of health service providers who can interact with the deaf. We can help more people and therefore request Malaria Consortium to continue helping vulnerable people in the future. Where possible HPF should increase funding to allow Malaria Consortium to buy hearing devices for the hearing-impaired people in the community."

CASE STUDY: WOMEN ENGAGEMENT IN HPF PROJECT IMPLEMENTATION: A SUCCESS STORY FROM LOT 8

Many cultural practices in South Sudan are male dominated. It was almost unheard-of getting women involved in decision making in matters pertaining community development. At the beginning of HPF3 programme, Western Equatoria had all key community structures such as hospital advisory boards, health facility management committees, community health workers were dominated by men. Women were not given opportunity and often shied away because they had been accustomed to accept that everything should be led by men.

To remedy this and empower women, Health Pooled Fund ensured that more women were recruited into the community forums where they were able to participate and take leadership positions.

Over time and with consistent advocacy and sensitisation from World Vision, community members began to understand that women are a very important arm of development and should be given opportunities to fully participate in the implementation of projects. World Vision also did separate sessions with women to enable them understand their rights and the reason why they should participate in decision-making processes.

To address this problem, World Vision devised careful approaches to get women's active involvement without causing tension between men and women. The immediate approach was to create awareness on the importance of women participation right from State Ministry of Health, the County Health Department, local government structures and finally in the community. Dialogue meetings were conducted where the importance of allowing women to participate was done. The topics discussed revolved around promotion of gender equity, social inclusion and creating enabling environments for women engagement.

During the discussions, avenues to get women's participation in critical community structures such as Payam Gender Based Violence committees, Boma Health Committees and Health Facility Management Committees were mooted.

This approach was adopted by the community members and to date, women occupy 40% of the Boma Health Worker's positions, 50% of health unit management committees and 50% of the Boma Health Committees in Yambio and Nzara counties.

After their selection into the committees, affirmative action was taken to have them occupy leadership positions as chairs or co-chairs of the health facility management committees and therefore in Lot 8, 100% of the 20 committees have women as Chairs/ Co-chairs. The move was undertaken cognizant of the critical need to integrate women in more 'mainstream' interventions, as well as to support initiatives that aimed at bringing about changes in gender inequality and social inclusion. Additionally, World Vision gave priorities for women/girls and Persons with Disabilities (PWDs) to ensure equal participation at all levels.

The positive behaviour change and engagement of women in leadership and key decision-making positions was done through a mix of methods such as radio campaigns, community dialogues with community leader, sensitisation on gender equality, women participation discussions, project review meetings, effective representation of women in key committees such as health facility management committees.

These strategies and engagements encouraged women to take active roles in community structures and activities that led them to voice out their views on key issues that affect their lives including their right to quality health services delivery and holding the health workers accountable for the provision of quality health service for their communities.

World Vision continues to address the barriers

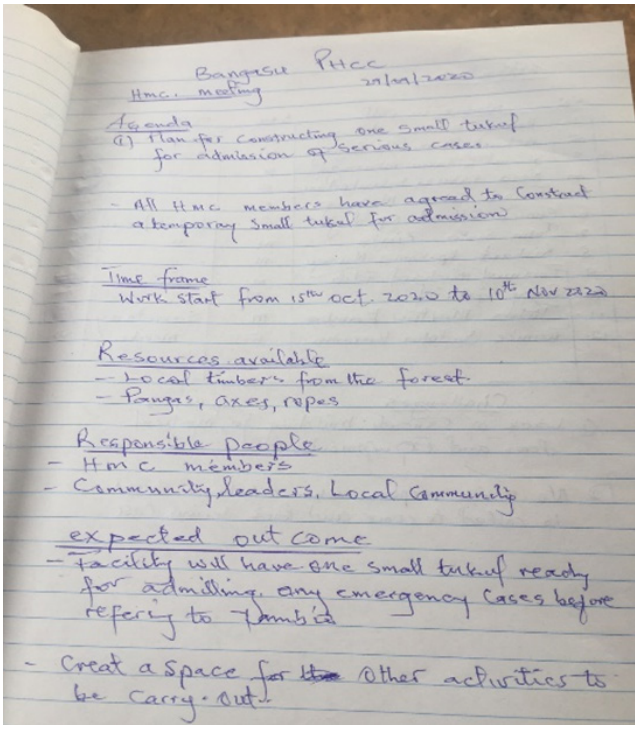
women face in accessing quality healthcare services by supporting them to voice their perspectives and ideas in all community and health facility activities.

"The facilitation of consistent awareness campaigns and sensitisation program on women's right and gender-based violence as a means of advocacy for gender equality and social inclusion have broken the traditional gender roles of women in most of the communities in Yambio and Nzara Counties," said Stephen Leonard Epiu the World Vision International HPF Project Manager in Nzara.

Through the monthly health facility management committee meetings, women are given opportunity to make decision on issues affecting them and their families.

During the meetings, some women candidly emphasised on how the healthcare services should be packaged at all the HPF supported health facilities if women are to be attracted to the health facility. For example, during the meetings held in various supported health facilities in Yambio and Nzara, women expressed common concerns such as:

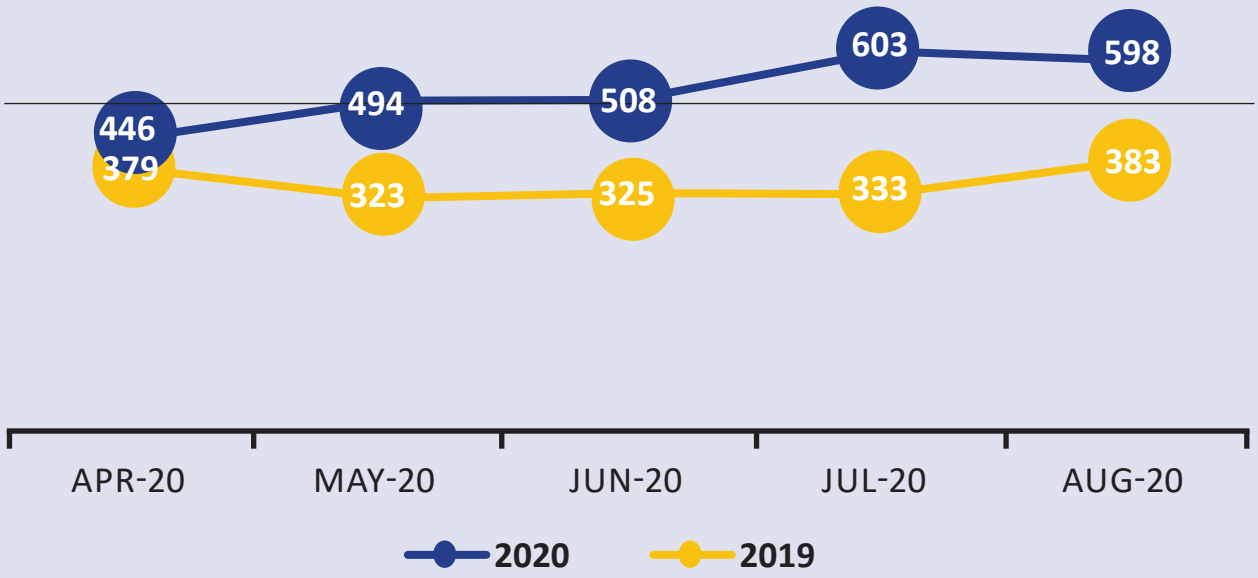
i. Lack of privacy during SGBV, Ante natal care (ANC), Family Planning and delivery services.
ii. Lack of light in most health facilities, yet most labour starts in the night.
iii. Inadequate skilled workers at the health facilities especially PHCUs.
iv. Lack of health workers at the health facilities after working hours and during weekends. This is attributed to the lack of staff quarters in most health facilities.
v. Inadequate security at the HF especially at night. Most of the midwives are females and need security to be able to provide critical services like skilled births at night. In Yambio PHCC for example, the midwives demanded for additional guards to provide security for them when conducting deliveries at night.
vi. In 2019, most women also complained of lack of proper latrines in most health facilities.
vii. The female Chairs and Co-chairs demanded for a training on their roles.


Bangasu PHCC
Hmc. meeting
Agenda
(1) Plan for constructing one small tukul for admission of serious cases
- All Hmc members have agreed to Construct a temporary small tukul for admission
Time frame
Work start from 15th oct 2020 to 10th Nov 2020
Resources available
- Local timbers from the forest
- Pangas, axes, ropes
Responsible people
- Hmc members
- Community leaders, Local Community
expected out come
- Facility will have one small tukul ready for admitting any emergency cases before referring to Yambio
- Creat a Space for Other activities to be carry out

To addressed the above-mentioned issues, World Vision with support from HPF was able to address some of the concerns voiced out by women as follows:

i. World Vision responded by creating private space for women and girls through renovation, maintenance and construction of maternity wards that are friendly for women and girls so as to ensure confidentiality during examination of expectant mothers and SGBV survivors. Thus far, the renovation work has been done in Naangbimo PHCU, Mangmondo PHCU and Yabua PHCU and has seen an increase in the number of skilled births at the health facility

Graph 1: Skilled Births 2020 vs 2019



(See graph 1). As resources unfold, World Vision plans to do the same in other health facilities.

ii. World Vision installed solar lights in 18/20 supported health facilities. The solar will go a long way in providing security and also lighting for managing deliveries at night. During year 2 of HPF project implementation, World Vision phased out most community midwives and replaced them with skilled enrolled and registered midwives. This move has seen an increase in the number of skilled births conducted in 2020 compared to the same period in 2019 as shown in Graph 1. Through the skilled personnel, World Vision was able to improve services like safe motherhood, Gender Based Violence's (GBV), sexual and reproductive health, as well as the provision of psychosocial support.

iii. In a bid to further improve security for health workers and the mothers delivering at the health facility especially at night, some health facility management committees. under the leadership of women, launched development activities such as constructing staff quarters so that the midwives can stay within the health facility instead of travelling from long distances and exposing themselves at night. The community members have also started constructing a fence for health facility so that no intruders access the premises in the night. This was particularly done in Bangasu in reaction from the community to prevent a recurrence of an incident where a health worker was shot dead at night while returning home from duty. The

▲ *A photo showing the rehabilitated MCH unit in Mangmondo in response to the women's call for privacy during SGBV, delivery, FP and ANC services deliveries.*

community resorted to construct staff quarters within the health facility and also to put a fence around Bangasu PHCU. They contributed to this undertaking through their labour and timbers while World Vision supported with transport and nails for the construction.

iv. Through the EVD funding and also World Vision resources, World Vision constructed latrines, thus increase the latrine coverage with rams from below 50% to 100% in all the supported health facilities. The latrines have gender segregation and are equipped with internal locks making them very convenient and safe for women.

v. World Vision conducted the training of women chairs and co-chairs on their roles and responsibilities. The training empowered the women to make better decisions for the plight of women and girls.

▲ *A fence constructed by the Health Facility Management committee to improve security of the health workers and health facility properties at Bangasu PHCC in Yambio County.*

▲ *Constructed staff quarters at Bangasu PHCC by the Health Unit Management Committees and the community members.*

▲ *The Health Facility Management Committee at Bangasu pose for a photo near the fence they constructed for the PHCC*

▲ *Women Chairs and Co-chairs undergoing a training in Yambio County on their roles and responsibilities*

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