CASE STUDY

SOUTH SUDAN

psi

Follow the Need

Recipe for Scaling Up Access to Quality Pneumonia, Diarrhea and Malaria Case Management in South Sudan

South Sudan has one of the highest childhood mortality rates in the world, with an infant mortality rate of 102 and an under five mortality rate of 135 per 1,000 live births.[1] In addition, a recent survey found that 44.7% of children had been ill with fever, 44.2% had suffered from diarrhea, and 13.6% had had suspected pneumonia in the two weeks prior to the survey.[2]

Prevention and treatment of these illnesses is limited. In 2006, only 17% of children under five were fully immunized, and only about half of children under five with diarrhea received oral rehydration therapy or increased fluids with continued feeding.[3] In 2009, only 16.9% of children under five with malaria were treated with ACTs, and 18.2% of children under five were treated within 24 hours of fever onset.[4] Furthermore, many patients receive ineffective medicines and treatment that are not in line with national policy.

Protracted civil war in South Sudan significantly reduced access to services. Only half of the population has access to health care services, with most living more than 5km from the nearest facility.[5] Transport is scarce, and only about 75 km of tarmac roads exist in the capital city of Juba. In the rainy season, non-tarmac roads are often washed out, leaving areas of the country completely inaccessible for a good portion of the year. Where health facilities do exist, the quality of services has been low due to frequent stock outs of medicines, inadequate staffing and supervision, as well as lack of appropriate equipment and supplies. Currently, illiteracy rates are very high (63% for men and 88% for women) and have led to a shortage of trained professionals in all sectors, including health.

SCALING UP INTEGRATED COMMUNITY CASE MANAGEMENT (iCCM)

MINISTRY OF HEALTH (MOH) COMMITMENT

The Ministry of Health (MOH) in South Sudan has formal guidelines in place for treatment of children under five for malaria, pneumonia and diarrhea through a community based approach. In addition, the program receives great support at the State and County level, where officials close to implementation sites are acutely aware of community needs.

SUCCESSFUL MALARIA PLATFORM

With funding from the World Bank and Global Fund (GF), PSI has supported the Government of the Republic of South Sudan (RSS) and MOH to deliver 3.6 million long-lasting insecticide treated nets (LLIN) both through campaign delivery and ANCs, and, 625,000 doses of Artemisinin-based Combination Therapy (ACT) for child survival initiatives and more than 200,000 doses of ACT through health facilities. Two GF grants, managed by PSI as Principle Recipient (PR), have supported Home-based Management of Malaria (HMM) in 32 counties.

BUILDING STEP BY STEP

PSI South Sudan started from humble beginnings, run out of a tent with a core start-up staff in 2005. Beginning with a small program to deliver LLINs, the platform built experience in campaign delivery of LLINs, through World Bank and GF funding, and in the process built a strong relationship with the RSS/MOH. With MOH guidance and technical support from the MCSD, PSI/South Sudan introduced an HMM program to distribute ACTs via CBDs in 2009, with GF funding, before exploring opportunities to include diarrhea and pneumonia prevention. Building on experiences of PSI/Malawi, PSI/Mali, ACMS (PSI's affiliate in Cameroon), and ASF (PSI's affiliate in DRC) and in partnership with Bangladesh Rural Advancement Committee (BRAC) and the Diocese of Torit, PSI/SS developed an iCCM program that is now active in 7 counties. Given the challenges of implementing iCCM, particularly in remote areas, expanding a program incrementally by building on existing systems and programs in place is easier than building a comprehensive program from scratch.

[1] Ministry of Health of South Sudan and South Sudan Commission for Census, Statistics and Evaluation. (2006). South Sudan Household Health Survey (SHHS).
[2] Ministry of Health of South Sudan and South Sudan Commission for Census, Statistics and Evaluation. (2006). South Sudan Household Health Survey (SHHS).
[3] Ibid.
[4] 2009 Malaria Indicator Survey.
[5] 2010 Health Facility Mapping survey

FOUR PARTNERS WITH INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM) EXPERIENCE

The International Rescue Committee (IRC), Malaria Consortium, PSI, and Save the Children have been implementing iCCM activities since 2005 in South Sudan. Collectively, these four partners have experience in supporting the RSS MOH to identify, train, and supervise a cadre of more than 9,000 community based distributors (CBDs), also known in the country as "front line workers", "Home Health Promoters" or Community Health Workers" with a goal of expanding to 18,000 by 2014.

PARTNER SYNGERGIES

By working together, the four partners each bring expertise and experience that strengthen program implementation, as well as reach. Leveraging each partner's technical and operational strengths is key to a balanced partnership:

- **IRC** has developed iCCM guidelines which have become the international 'gold standard' for iCCM. Based on quality of care principles, the guidelines cover training community health workers in how to properly welcome caretakers, assess a sick child, determine whether a referral is needed, classify the sickness, treat appropriately, counsel caregivers and record the experience. IRC is the technical lead agency for the iCCM program, complementing PSI's fiduciary and managerial roles.
- **Save the Children** in South Sudan developed a training video to cost effectively reach CBDs with consistent messaging and skills reinforcement. The video includes footage of actual cases of sick children at health facilities, and is produced regionally in local dialects to reinforce key learning principles for correctly assessing, treating, and referring patients.
- **Malaria Consortium** has developed pictorial tools, including flip books and CBD recording materials, to facilitate correct treatment and accurate data entry and collection. These are particularly important in
- South Sudan, where a majority of the population is not literate.

BLEND CAREFULLY TO MEET THE NEED

Building on these 'ingredients,' PSI and partners are working to scale up access to, quality of, and demand for improved health services and products in South Sudan via iCCM.

TO IMPROVE ACCESS

- PSI and partners are expanding iCCM of pneumonia, diarrhea, and malaria, increasing both the geographic area and number of trained CBDs in hard-to-reach areas.
- Trained CBDs serve as a first point of contact for remote populations, increasing access to quality health services, products, and key messages dramatically. In South Sudan, CBDs are selected, on average, to care for 40 households, and supplied with **appropriate first line medicines which are distributed for free to beneficiaries**.

To ensure sufficient supply and prevent stock-outs, medicines are quantified and reflected in the MoH drug procurement plan regardless of funding. CBDs are provided with a lockable box in which to store the medicines with approximately one month supply depending on seasonal conditions. CBD supervisors and the field officers who supervise them provide new stock to CBDs who request commodities and who can provide treatment registers showing that previous supplies were appropriately used.

TO ENSURE QUALITY

- CBDs receive **training** to clinically assess, refer, or treat malaria, diarrhea and pneumonia. They are taught how to refer very sick children to the nearest health facility.
- To support improved health outcomes and to improve health information systems, CBDs are also trained to **follow-up with caregivers**, and to **record all disease treatments** provided at the community level.
- **CBD supervisors** are hired to manage, on average, 20 CBDs. They live in the catchment area where they work, organize a monthly meeting of CBDs, and one-on-one meetings at each CBD's home. During home visits, supervisors answer CBD questions and verify the accuracy of CBD illness classification and treatment, medicine storage, and record keeping.
- **Project field officers** recruit and supervise CBDs and CBD supervisors. Field Officers partner with local community leaders to describe the iCCM program and to solicit their help in the selection of CBDs by village peers (higher caliber candidates are recommended for CBD Supervisory roles).
- **Supervision checklists** will be developed, based on lessons learned from existing iCCM activities, and will be integrated in supervisor training.

TO INCREASE INFORMED DEMAND

PSI implements evidence-based behavior change communication (BCC) in its current malaria and iCCM programs and is working with other iCCM partners to harmonize communication messages and materials to increase caregivers knowledge to recognize symptoms of uncomplicated pneumonia, diarrhea, and malaria, to know which actions to take in case of fast breathing, diarrhea, and/or fever, the importance of prompt and complete treatment, where to obtain quality approved medicines, and home practices for management of a sick child

Quality Control

During monthly one-on-one meetings with CBDs, supervisors choose a patient at random from CBD records and perform a follow-up visit to review quality of CBD case management and determine areas where CBDs can improve.

KEYS TO SUCCESS AND LESSONS LEARNED

- WORK UNDER MOH LEADERSHIP: PSI/SS has worked closely with RSS and MOH at central and peripheral levels since the inception of its health programming. PSI meets regularly with MOH counterparts and partners, provides quarterly program evaluations and reviews at coordination meetings, and undertakes joint field visits and supervision. CBD training and supervision is conducted with the support of established national, state, and county facility and community structures.

- LINK CBDS TO PUBLIC HEALTH FACILITIE CBDs in South Sudan are linked to public health facilities, where possible, to re-supply medicines and other supplies, to receive refresher trainings and supervision, and to refer complicated cases or those outside of their training. These links are essential to ensure the long-term sustainability of programs and to build MOH ownership and oversight of program quality.

- FORM STRONG PARTNERSHIPS AND FOCUS ON WHAT EACH DOES WELL: By partnering with other organizations that focus on technical aspects of iCCM (IRC) and support to primary health care facilities (Save the Children), PSI/SS can focus on being the lead agency for procurement of quality approved medicines, supply chain management, and development of evidence-based communication materials. By working as a part of a qualified and well organized team, PSI can leverage the experience of other organizations and focus on areas where PSI has expertise..

- DEVELOP NON-CASH MOTIVATION FOR CBDS: Retaining trained CBDs is a challenge in many contexts. In South Sudan, CBDs will receive an annual package of key items (e.g. T-shirt, umbrella, soap, water jerry can, and flashlight) as incentives. Training certificates will also be provided upon completion of the training course, and communities are encouraged to provide public recognition as well as other means of support which can include exemption from communal work and provision of food. CBDs also receive activity-related allowances if they are required to travel for training or other work-related activities

Partners in South Sudan are working to harmonize incentives, in line with MOH and Ministry of Labor policies to ensure that CBDs will one day be eligible to be absorbed into the public health system.

- FORCASTING NEEDS AND MAINTAING CONTINUIOUS SUPPLY: Commodity targets are derived from the MOH drug procurement plan and refined based on CBD Supervisor reports, with data inputted from community registers. Monitoring use of medicines distributed will be tracked using an iCCM database which is currently being rolled out by the MOH and all partners. PSI and partners currently ensure storage and distribution of medicines, with a view to transferring these responsibilities to the Central Medical Store once systems are improved (planned in GF Rounds 9 and 10 Health Systems Strengthening).

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