



Improving RMNCH in South Sudan

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OUTLINE

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BACKGROUND



- SS enters fifth year of recent conflict, However, conflict started many decades ago.
- Over 4 million people displaced (2M internally displaced; 85% estimated to be women and children). Over 300,000 of the IDPs are hosted within UN Protection of Civilian (POC) sites.
- Moreover, SS is also the host of nearly 300,000 refugees from Sudan, Ethiopia, DRC and other neighboring countries.
- Access to life saving services continue to deteriorate amidst increasing insecurity and economic decline

RMNCAH NEEDS

- 7M in need of humanitarian assistance.
- Among them 1.8M WRA that require lifesaving RMNCAH and GBV services.
- Rape and other forms of GBV remain pervasive and go largely unreported
- Before the crisis.....



A midwife in Koch PHCC provides antenatal care

RMNCAH NEEDS: BEFORE CURRENT CRISIS



Very poor RMNCH indicators:

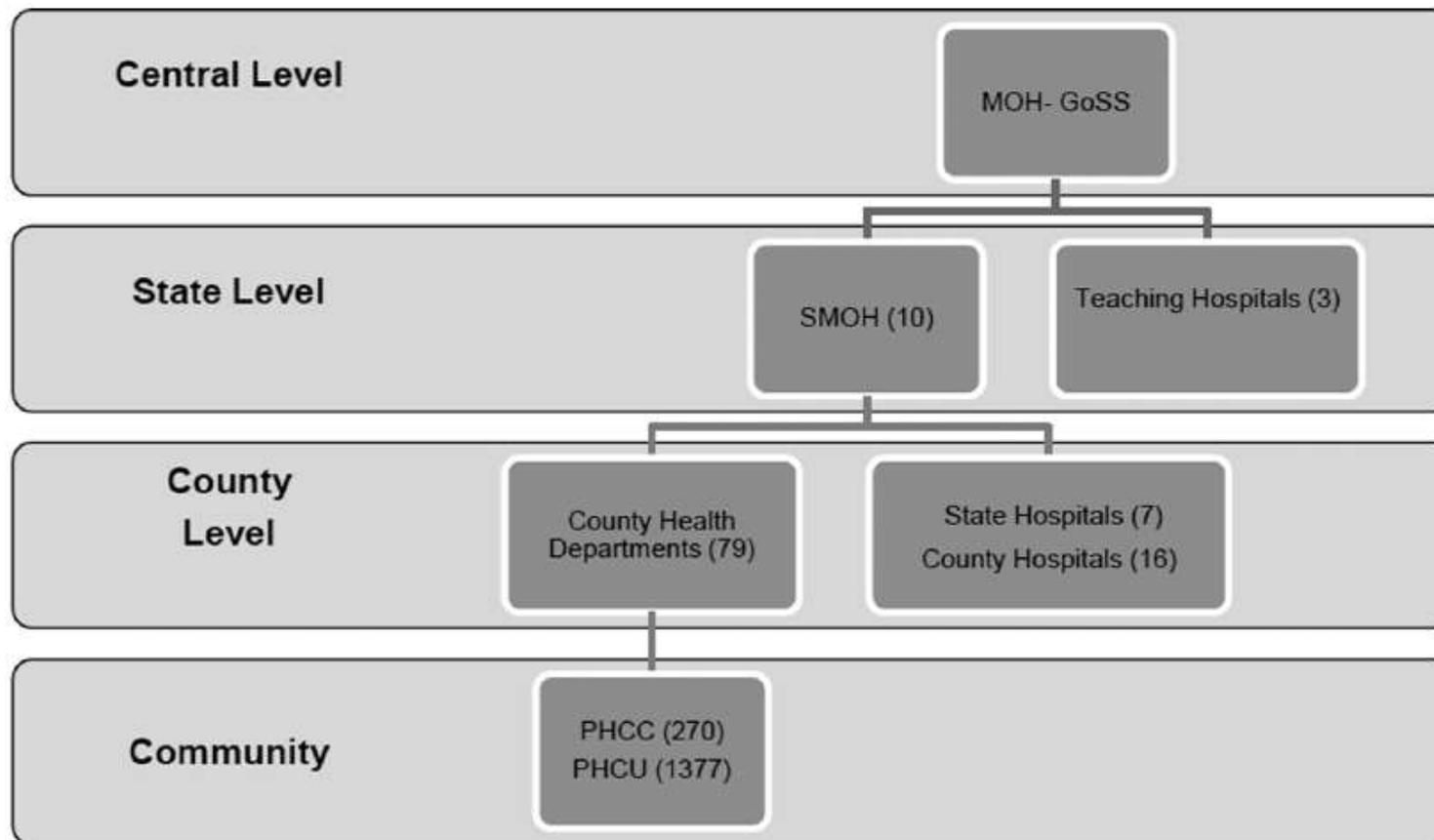
- MMR: 2054 per 100,000LB
- Fertility rate: 6.7
- CPR: 3.3%
- Infant mortality rate: 102 per 1,000 LBs
- Under-five mortality rate: 135 per 1,000 LB
- Children below 5 moderately or severely underweight: 32.8%
- Children below 5 severely underweight: 14.1%
- ↑ Teenage pregnancy (300 of every 1000 adolescent girls are pregnant).
- Humanitarian crisis has worsened these pre crisis indicators.

THE RESPONSE: THE SOUTH SUDAN HEALTH POOLED FUND (HPF)



- Support the MOH and work with other partners to provide lifesaving SRH, MNCH and GBV services.
- Goal: develop a resilient health system, which is government led at all levels. This will be achieved by the incremental strengthening of the CHDs, allowing them to take over the management of health services from the IPs.
- Two phases (Phase 1: 2012-2016; Phase 2: 2016-2018).
- Multi donor Funds from: UK-DFID; the governments of Australia and Canada, the European Union, SIDA and USAID.

ORGANISATION OF HEALTH CARE IN SS



Source. Ministry of Health and Government of South Sudan (2011).

THE APPROACH

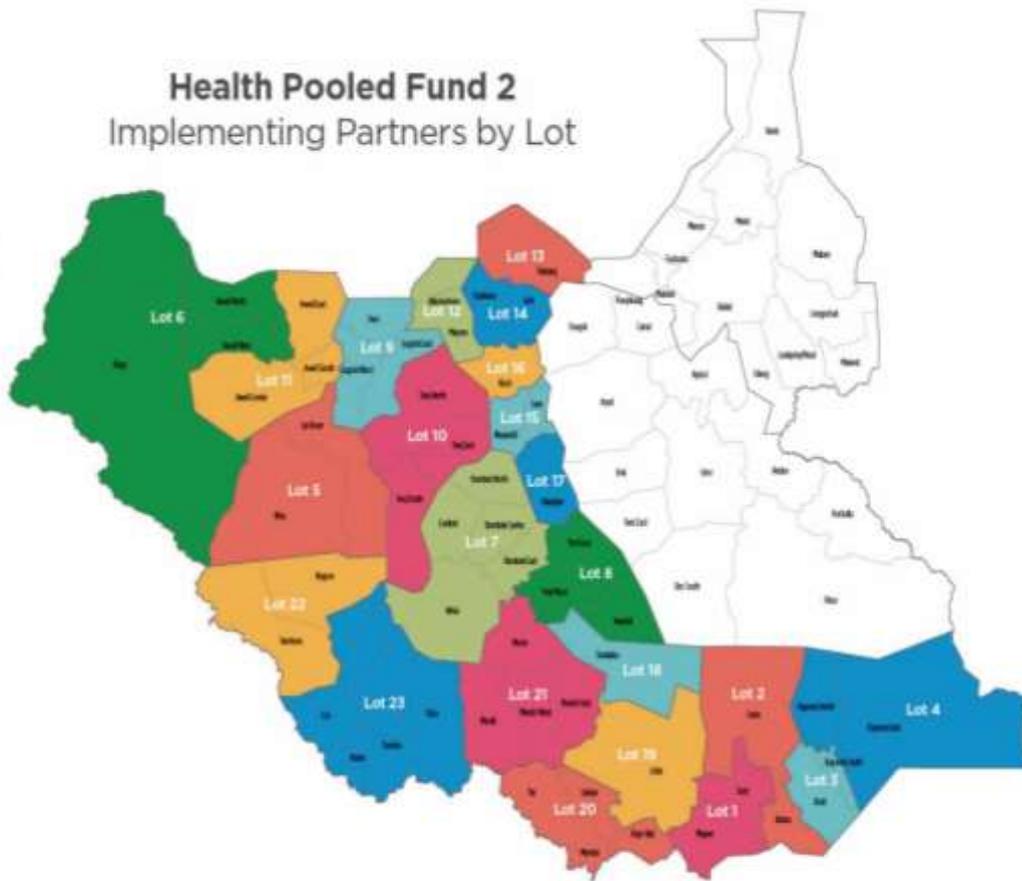


- A partnership with the MoH
- Builds on previous HSS programmes (SHTP, MDTF, BSF)
- Interventions focus on the WHO six building blocks + CE
- Phase 2 brought additional focus on nutrition, FP, WASH and Gender
- Emergency Preparedness and Response Fund (EP&R)
- Fund management function in Juba, with service delivery through contracted IPs at the county level.
- 23 IPs. Geographically segmented into “lots”

THE SCALE

Health Pooled Fund 2
Implementing Partners by Lot

LOT	IMPACT
1	SD (Contra, ARC)
2	Health Link
3	Contra (ARC, Oxf, AFD)
4	ARC (SD)
5	HealthLink PH (Contra, AFD)
6	HealthLink PH (Contra, AFD)
7	CSAHH
8	CSAHH
9	World Vision (CP)
10	CP (World Vision)
11	Midwifery Consortium (ARC, UNFPA)
12	World Bank
13	CARE
14	Contra (Children Aid South Sudan, World Bank)
15	UNICEF
16	World Bank
17	ARC (UNICEF)
18	AFD (AFD)
19	Health Link
20	AFD (ARC, UNICEF)
21	AFD (UNICEF, UNICEF, UNICEF)
22	World Vision (UNICEF, UNICEF)
23	World Vision (UNICEF, UNICEF)



This map should not be used for navigation or legal purposes. It is intended for general reference use only.

- 8 out of 10 states
- 231 PHCCs
- 755 PHCUs
- 30 hospitals
- 22 mobile clinics
- In addition, procures essential medicines for 1,321 health facilities across all 10 former states and buffer stock that can cover 82 additional facilities.

RESULTS

Table 1: Trends in MNCH indicators

Service indicator	Baseline	Achievement in 2015/16	Achievement 2016/17
# and % of one-year-olds vaccinated with third dose of Pentavalent (DTP-HepB-Hib third dose) vaccine	51,954 (21.6%)	187,263 (45.5%)	167,018 (38 %)
# and % of children under five years with diarrhoea who received oral rehydration therapy	750,000 (80%)	88%	370,833 (90.5%)
# of expectant mothers who delivered in health facilities	27.5%	76,121	73,882
# of women who attended their first antenatal care visit	255244	284,493	268,731
# and % of women who attended at least four antenatal care (ANC) visits during pregnancy	20,500 (8%)	118,901 (27.8%)	118,980 (26.8%)
# and % of ANC attendees who received IPT2 and more	51%	166,073 (58.4%)	141, 834 (49.9%)
# of women giving birth given uterotonic in the third stage of labour	11,527	New	26,616
# of facilities with capacity to offer basic emergency obstetric care	0 PHCC provide BEmONC	34	37
# of facilities with capacity to offer comprehensive emergency obstetric care	3	20	27

RESULTS CONTD.

- Improved community governance of health services: conducive mechanisms for communities to provide and obtain feedback, including whistleblowing.
- The emphasis on involving communities has increased, leading to community-driven initiatives.
- Home health promoters and other community health volunteers (e.g. mother support groups), have provided home visits to pregnant mothers, sick children, and nutrition and immunisation defaulters.
- Number of health facilities with functional health committees increased from 405 to 743
- Number of health committee members: 6,969



CHALLENGES

- Demotivated staff, caused by poor or non-payment of salaries.
- Lack of middle managers at national MoH level, making it difficult to create adequate dialogue and effect skills transfer.
- High staff turnover at CHD level, making sustainable capacity-building a challenge at this level.
- A lot of HSS requires on-the-spot mentoring. Insecurity in former Central, Eastern and Western states has hindered travel to these areas.



Training on HRIS and SSEPS in Yambio

LESSONS LEARNT



- Continuous coordination with UN, humanitarian actors and the Steering Committee creates linkages between routine service delivery and mechanisms (e.g. CHF) that support emergency responses
- Flexible and adaptive design to meet the needs of the populations receiving health services.
- Improving coordination to strengthen the capacity of the new County Health Departments
- Humanitarian aid and development work together



Thank You