



## South Sudan Quarterly Report October-December 2011

### Introduction

Reproductive health (including maternal, child and neonatal health) in South Sudan is set against complex political, demographic, economic, socio-cultural and technological contexts. South Sudan has experienced periods of intermittent wars and conflicts for over half a century, the longest civil war was that from 1983 to 2005 (22 years). Decades of war in Southern Sudan have devastated the country in terms of loss of human life, massive displacement, destruction of both physical and social infrastructure, and loss of human development opportunities, including loss of experienced health professionals. As a consequence South Sudan has some of the highest Maternal and Child Mortality rates in Sub-Saharan Africa. The context of continuous war and lack of awareness of services has seriously limited both access to and use of quality Reproductive Health Services. Fortunately, the Comprehensive Peace Agreement signed on 9<sup>th</sup> January 2005 in Nairobi, Kenya, the referendum held on January 9<sup>th</sup> 2011 and subsequent independence granted on July 9<sup>th</sup> 2011 has given South Sudan hope and an enabling platform for development. In spite of this relatively peaceful atmosphere, there still exist pockets of inter-tribal wars in some states in South Sudan which continue to perpetuate emergency responses and services overshadowing sustainable development programmes in the affected areas.

The population of South Sudan is estimated to be 8,764,000 (SSCSE 2010)<sup>1</sup>, and was expected to increase to 10 million by 2011. This is due to the high rate of natural population growth (3% per annum), the high fertility rate (6.7 per woman) and the return of refugees and internally displaced people (IDP).

The Government of South Sudan, with support from development partners, carried out a large multi-topic consumption survey: the National Baseline Household Survey (NBHS) in 2009 which is representative for South Sudan, its ten constituent states, and its urban and rural areas. This survey was used to generate a report on estimates of poverty incidence which were released to the general public in June 2010<sup>2</sup>. The report was based on consumption as a welfare indicator, produced and estimated the poverty line for South Sudan. Poverty in South Sudan is widespread; approximately half of the population (50.6%) lives on less than the official poverty line.

South Sudan has a very young population. The NBHS documented that 72% of the population was under the age of 30, and 44.3% below the age of 15. In this context, it is unsurprising that the burden of poverty falls heavily on children: about half the population below the poverty line (49.2%) is below the age of 15. Disaggregation of the composition of the poor by sex reveals that the proportion of men and

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<sup>1</sup> 8,3million 2008 census

<sup>2</sup> *Southern Sudan Centre for Census, Statistics and Evaluation (2010): Poverty in Southern Sudan: Estimates from the NBHS 2009*

women among the poor is almost identical indicating that there is not a significant gender gap in poverty in South Sudan.

Literacy rates are very low with only 11.8% of women and 36.8% of men aged 15-49 years able to read and write.

Women’s health is also a major cause for concern. By the age of 19 one out of three girls is married or in union; and the same proportion has already started childbearing. Contraceptives are reserved for the urban and well educated resident: the unmet needs for spacing or limiting childbirth affect one in five women aged 15-49. Once pregnant, only a quarter of women receive antenatal care from a skilled provider and less than one in ten has the recommended four antenatal visits. Barely one in ten has antenatal care that includes measurement of blood pressure, urine testing for proteinuria and blood testing for anaemia. A majority of women (87%) deliver their babies at home and nearly one quarter of women quote complications during labour and postpartum but more than 40% of these women will deliver unattended and only 15% of women will be attended by a skilled birth attendant. Less than 1% of women will receive lifesaving comprehensive obstetric care in the form of caesarean sections (0.5%) – far less than the recommended five to fifteen per cent to avoid the deaths of mothers and babies during obstructed labour. One in ten women receives vitamin A supplement after giving birth, a simple inexpensive treatment that replenishes the mother and boosts the immunity of the breastfed child.

Based on the 2006 data, the maternal mortality rate in Southern Sudan is 2054 per 100,000 live births, arguably the worst in the world and giving women a one in seven chance of dying during pregnancy or childbirth. Although the maternal mortality rate could not be calculated from this survey, the lack of progress in providing services, and particularly emergency obstetric care, casts considerable doubt that the rate could have improved.

Violence is an accepted part of life. Eighty percent of men and women believe it is appropriate for men to beat their wives for a variety of reasons, including the woman arguing with her husband or going out without telling him. Polygamy affects 41% of women and also increases a woman’s risk of sexually transmitted diseases, including HIV/AIDS. The risk in South Sudan is compounded by the fact that less than one in ten women has comprehensive knowledge about how to prevent transmission of the virus. Only 15% of women know that HIV can be passed during pregnancy and childbirth. Fewer than one in ten women have been tested for HIV<sup>3</sup>.

South Sudan is primarily multilingual, multi-ethnic and multicultural, consisting of more than 60 indigenous ethnic communities with diverse which greatly affect RH and FP service delivery.

**Summary of the narrative above by the table below**

Indicator	Value South Sudan
Infant mortality rate	102 (per 1000 live births) (SSHS 2006)
Under-five mortality rate	135 (per 1000 live births) (SSHS 2006)

<sup>3</sup> 2010 SSCSE MOH Summary findings of Household Survey

Proportion of under-fives moderately and severely underweight (weight for age)	32.98 per cent (SSHS 2006)
Proportion of under-fives moderately and severely stunted (height for age)	30.3 per cent (SSHS 2010)
Continued breastfeeding rate (2 years)	36 per cent (SSHS 2010)
Literacy rate among women of reproductive age	11.8 per cent (SSHS 2010)
Literacy rate among men	35.4 per cent (SSHS 2010)
Gender parity index (primary school)	0.8 per cent (SSHS 2010)
Secondary school net attendance rate	2.5 per cent (SSHS 2010)
Primary school attendance rate of children of secondary school age	20.8 per cent (SSHS 2010)
Contraceptive prevalence	4.7 per cent (SSHS 2010)
Maternal mortality ratio	2,054 (per 100,000 live births) (SSHS 2006)

*SSHS – South Sudan Household Survey; MIS – Malaria Indicator Survey 2010*

#### **MAP OF SOUTH SUDAN**



### **ACTIVITIES OF MCHIP IN SOUTH SUDAN**

In January 2011 MCHIP through USAID requested the MOH South Sudan to compile data on Post-Partum Hemorrhage and Eclampsia and prepare poster presentations in Addis Ababa in February .

MCHIP posted the first staff to South Sudan in August 2011 as a response to the MOH request to USAID. The staff who is based in the MOH is an advisor in FP/RH with a major focus in FP. Since the formation of the MOH after the signing of the CPA, subsequent referendum and attainment of independence, the MOH has had challenges developing RH/FP policies, protocols, and guidelines and designing RH/FP programs. As a result of this more than 60% of the BPHNS are subcontracted to INGOs, FBOs, and local NGOs.

The workplan is still being finalized as the PPH prevention activities are being discussed with the USAID mission in South Sudan and all the partners involved in implementation.

### **MCHIP PROGRAM OBJECTIVES AND KEY ACTIVITIES**

Objective 1: To build capacity for family planning and reproductive health

Key Activities:

1. Policy development:

- RH Policy RH Strategic Plan:- The Technical advisor in FP/RH participated in its finalization and subsequent presentation to the senior Ministerial Management committee
- Family Planning Policy
- Family Planning Technical Guidelines Distribution
- Family Planning Technical Guidelines Review (**Planned**)
- Initiation for the establishment of the FP TWG which has been reviewing the FP Policy

2. Collaboration and Networking:

• **UNFPA:**

- FP Policy development
- Presentations on FP during their IUNVs Midwives Midterm review
- Participation in their country program preparation and contributed to their focus on: FP, Commodity security and sustainability, training in RH, SGBV, and ASRH
- Planning and Preparation for the EMONC assessment
- Planning and preparation of the MMR Assessment

• **MSH SHTP II:**

- Participated and supported the review of the HHP documents-(Curriculum, Protocols, Guidelines)
- Participated in their Sub-Contracting Partners quarterly review meeting and took the participants through on the their roles in delivering Comprehensive FP services at various SDPs, and the central role of effective counseling

• **MARIE STOPES INTERNATIONAL:**

- As part of collaboration, networking and linkages facilitated their access to Family Planning commodities from MOH and SHTP II

• **FAMILY HEALTH INTERNATIONAL 360:**

- Reviewed and facilitated their production of IEC materials in Family Planning which they have distributed in their focus facilities and given samples to the MOH.

3. ADVOCACY INFORMATION AND EDUCATION

During the monthly meetings of the NGO forum and the Reproductive health coordination forum the MCHIP Technical advisor has taken the opportunities to have the NGOs discuss all their programs in RH and the kind of FP services they offer. These discussions have been able to highlight the following challenges and issues:

1. Lack of Technical guidelines. The Technical guidelines that were printed in 2007 were 1000 copies only! They were only distributed from the last quarter of 2010 by SHTP II but mostly to their target facilities.
2. The challenges of opposition from the church
3. The myths and misconceptions about FP among various communities

4. The challenges of commodity security throughout the year in various seasons,
  5. The challenges of skills of providers at various levels
  6. The skills and challenges of community entry for various health providers when discussing Family Planning and other RH issues
  7. Continuous dialogue with the department of Nursing and Midwifery services, various midwifery schools has seen the inclusion of Family planning into the basic nursing and midwifery curriculum
4. PARTNERSHIP AND LINKAGES
1. The MCHIP FP/RH Technical Advisor was tasked by the MOH to source for colleges in Kenya that can train South Sudan students in the following areas:
    - a. Direct entry midwifery
    - b. Middle level cadres anaesthetists (Nurses, Clinical Officers)
    - c. Tutors in nursing and midwifery
  2. The following schools were approached:
    - a. Great Lakes University of Kenya (GLUKS) for direct entry midwifery
    - b. Kijabe School of Nursing for middle level Cadre anaesthetists
    - c. Kenya Medical Training College for Tutors in Medical education and any other middle level trainings as agreed and identified by the Ministry
  3. A meeting was organized for the Undersecretary, Minister of Health and the Deputy Minister of Finance in NBI in November that brought together representatives of those institutions, the world bank group led by Prof Khama Rogo
  4. The MOH is arranging a larger forum meeting bringing in various stake holders and those institutions representatives to discuss HRH issues on the 27<sup>th</sup> January 2012 in Juba courtesy the world Bank/MOH
  5. It is anticipated this meeting will help the MOH fast tract training, absorption, deployment retention and sustainability of health workers to address the MDGs. The comprehensive policies on training for HRH in South Sudan

Objective 2: To strengthen Human Resources

Key Activities:

The Technical Advisor for HIV/AIDS M&E was hired in Quarter 1 and will begin work in South Sudan in Quarter 2.

The Scopes of Work for the Technical Advisor for Financial Management/Budget Preparation and the Senior MNH Advisor are still under review with the South Sudan MOH and recruitment will begin once they have been approved.

Objective 3: Disseminate EPI policies

Key Activities:

In September 2011, a consultant took part in a multi-agency external independent review of the EPI program in South Sudan and dissemination of the EPI policy. The following specific activities took place:

1. Participated in the multi-agency EPI review, providing leadership and guidance in close coordination with WHO and other partners.
  - a. Contributed to the development of data collection tools and methods for the EPI review.
2. Reviewed program performance by reviewing administrative reports and data, and by making visits to review sites. Contributed to a report summarizing the EPI review findings, including recommendations to guide the cMYP and program implementation.
3. Provided input to the South Sudan comprehensive Multi-Year Plan (cMYP), drawing on the results of the EPI review.
4. Participated in the design and facilitation of a national meeting to launch the 2009 National EPI Policy and disseminate the EPI review report.

Objective 4: Support a Program for prevention of postpartum hemorrhage

Key Activities:

#### PREPARATION FOR THE INTRODUCTION OF THE PPH PROGRAMME

A combined team of MCHIP,MSH and Ventures Strategies Innovations visited juba to advocate for and prepare the ground for introduction of the prevention and management of PPH using Misoprostol

- The team met and held discussions with a wide range of stake holders in Health care delivery especially RH, Senior Ministry of Health officials, partners, donors
- The team made presentations to the Reproductive Health coordination Forum
- The team held detailed presentations to RHCF technical working that dealt with details of any misconceptions about the program
- On the recommendation of TWG, the RHCF recommended the adoption and implementation of the program in phases
- The proposed program was presented to the Ministerial senior management committee and was approved

The project implementation plan is being reviewed and discussed with the mission in South Sudan, MSH and VSI and should be approved at the beginning of the second quarter.

#### **The Way Forward**

Work with various partners to:

- Print, launch and disseminate the RH policy and strategy
- Finalize the Family Planning Policy
- Print, launch and disseminate the FP policy
- Family Planning Technical Guidelines
  - Review and update the Family Planning technical guidelines in light of the new emerging evidence

- Review and harmonization of FP training documents/curriculum
- Advocacy with the various states stakeholders:
  - Governors, SMOH, CHD, commissioners, partners, community leaders
  - For sustained commodity security and sustainability
- Logistics and office space
  - Finalize in collaboration with MOH and UNFPA the movement to the new office premises

The HIV M&E Advisor will arrive in country on February 5<sup>th</sup> and begin work with the MOH and the SSAC. Recruitment will begin in Quarter 2 for the Budget Advisor and the Sr. MNH Advisor.

MCHIP will finalize the workplan and begin developing training materials and clinical guidelines for the PPH prevention program. In Quarter 2 and 3, MCHIP will conduct training of MSH staff and the implementing NGOs.