

Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project

Cooperative Agreement No. AID-OAA-A-14-00045

SOUTH SUDAN

QUARTERLY PROGRESS REPORT

OCTOBER 1 TO DECEMBER 31, 2018

JANUARY 31, 2019



LINKAGES South Sudan Quarterly Progress Report October 1 to December 31, 2018

OVERALL ACHIEVEMENT

The LINKAGES project, through its partner IntraHealth International, in partnership with the Directorate of Reproductive Health of the South Sudan Ministry of Health (MOH) implemented activities aimed at increasing uptake of modern contraceptives in Central, Eastern and Western Equatorial States.

The activities were supported by PEPFAR as part of the commitment to meeting the reproductive health needs of people living with HIV (PLHIV) and those at risk of HIV as part of the global health community's goal to assist an additional 120 million women with unmet need for family planning (FP) to access contraceptives by 2020.

According to the South Sudan Reproductive Health Commodity Quantification report (2016) the modern contraceptive prevalence rate (mCPR) among women in South Sudan is only 1.5%. Among the factors identified as limiting the uptake of modern contraceptives include; cultural barriers, limited number of competent service providers, and poor distribution of FP commodities to health facilities, among others.

The primary objective of the FP activities implemented was to reduce the large unmet need for contraceptives among women in the equatorial region of South Sudan. This was done through the integration of FP services into existing HIV services, placement of competent services providers in existing facilities, supporting the MOH to develop standardized training material for service providers and supporting facilities on FP commodity management.

LINKAGES FP activities in South Sudan will wrap up in Q2 FY19 focusing mainly on finalization and printing of the FP curriculum as the final deliverable

1. Summary of Key Results:

- Developed standardized national in-service training curriculum for both clinical and community health workers.
- Provided competence-based training to 20 health care workers and 20 community health workers.
- Provided modern contraceptives to 2255 users with a Couple Year Protection (CYP) of 1906.34.
- Supported the six partner facilities to improve on commodity projection, storage and requisitions.
- Collaborated with state MOH, Jubek State, in conducting joint supportive supervision to the FP service points.

2. Result Areas

The FP activities were implemented under the following objectives:

Objective #1: Increase access to and use of integrated FP/HIV services through augmented service capacity

LINKAGES partners with six high-volume health facilities in the three states of Central, Eastern and Western Equatorial to provide quality FP services. Eleven (11) dedicated FP/HIV providers were hired and seconded to the facilities to augment service delivery. Prior to their deployment, the providers were trained to provide hormonal implants, intrauterine contraceptive devices (IUCDs) and injectable contraceptives. The eleven (11) dedicated providers were responsible for ensuring availability of quality counselling and same-day FP service delivery and management of the inventory of FP commodities.

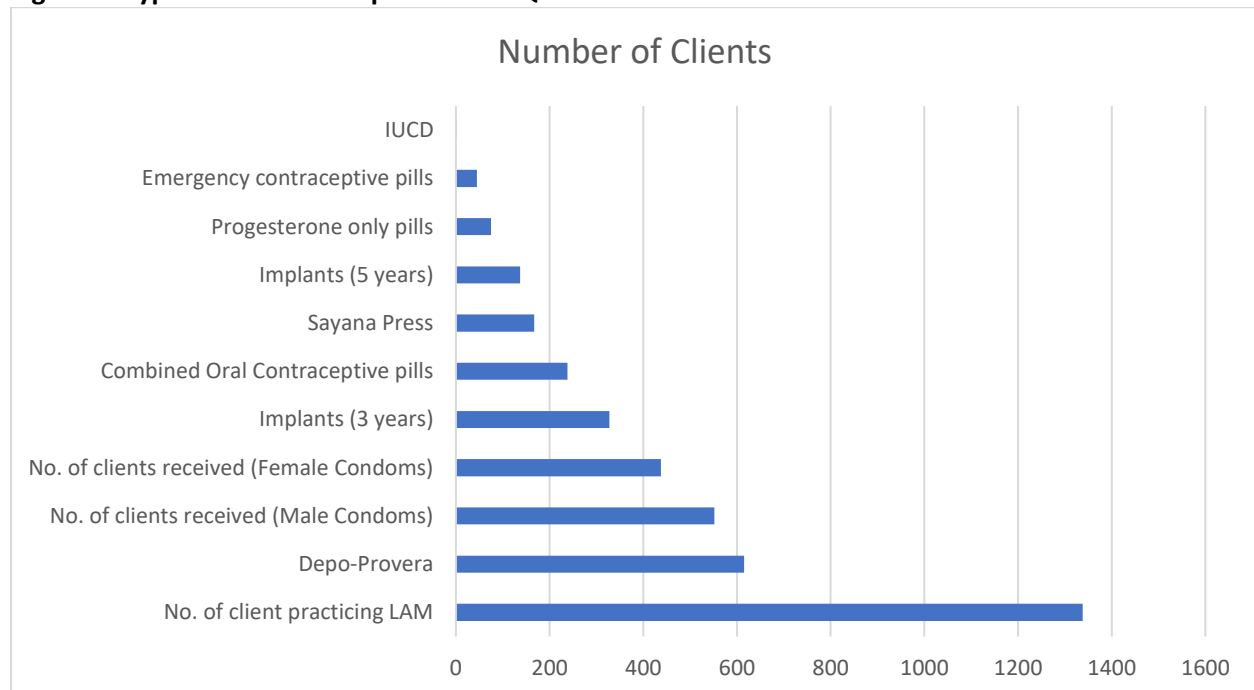
The partner facilities included Gurei, Malakia, and Gumbo Primary health care centers (PHCC) in Juba, Yambio PHCC, Nimule and Yei Hospitals. The facilities were selected based on the client volumes and the estimated unmet FP need in the catchment areas.

In Q1 FY19, the following was accomplished:

A. Provision of FP services in selected high burden urban primary health care centers

A total of 2255 clients were provided FP services in the partner facilities and during community outreaches. The services included a wide range of modern contraceptives, such as oral contraceptive pills, injectables (both Depo Provera and Sayanna Press), contraceptive implants (Jadelle and Implanon) male and female condoms, emergency contraceptive pills and implant removal services. The contraceptive services provided had a combined CYP of 1906.34. The chart on the following page illustrates the number of clients provided various services.

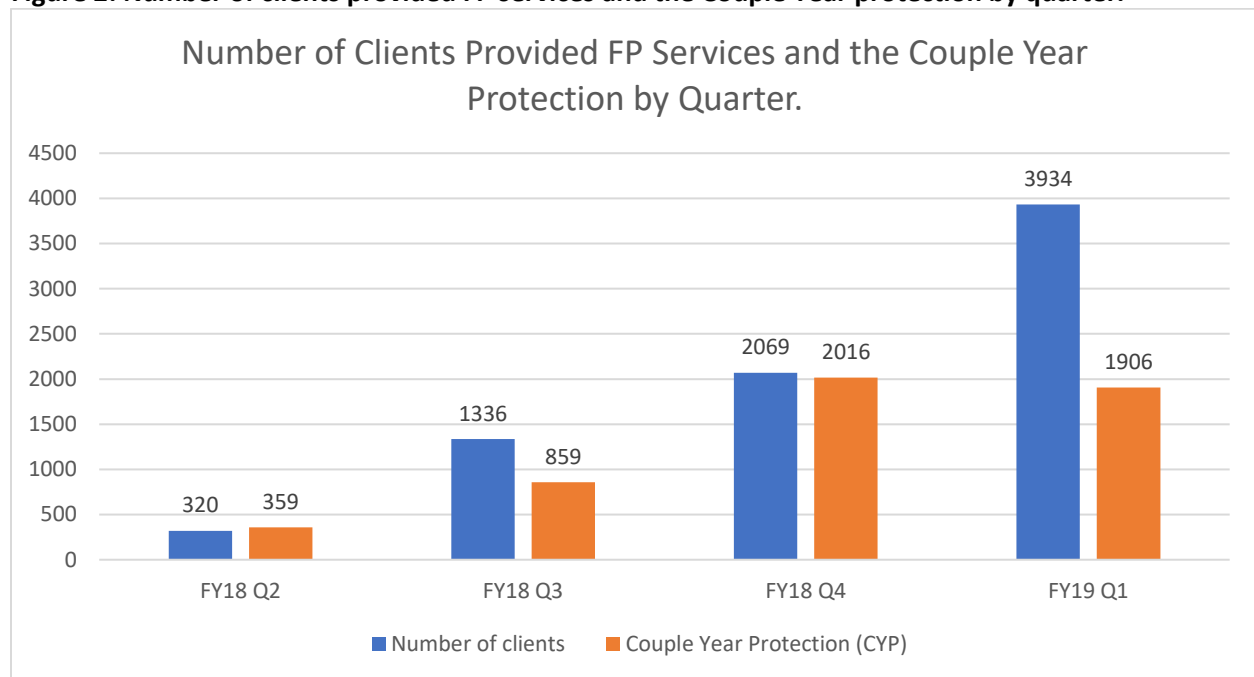
Figure 1: Types of FP services provided in Q1 FY19



Depo-Provera was the most preferred modern method while IUCDs were the least preferred. The preference for Depo-Provera in the country may be attributed to the method’s discrete nature which allows women to use the method without consent from their spouses, who are often against contraceptive use. Provision of IUCDs was mainly inhibited by lack of IUCD insertion sets. Provision of IUCD insertion sets and training of health care providers on infection prevention will be important in increasing access to the method.

The majority (70%) of the clients seeking FP services were aged above 25 years. Young women in the 20-24 age group constituted 22% while the 15-19 age group constituted 8% of the FP clients provided with services in the year.

Figure 2: Number of clients provided FP services and the Couple Year protection by quarter.



B. Integration of FP/HIV services

FP service provision was integrated in the community-based HIV testing activities conducted at key population hotspots. Female sex workers (FSW) with unmet FP needs were counselled and supported to select appropriate contraceptive methods. A total of 88 FSW accessed various FP services, including 37 who received implants, 30 who received Depo-Provera, and 13 who received oral contraceptive pills.

Provision of HIV testing services was integrated in FP services delivery with a total of 199 FP clients accessing HIV testing services as they sought FP services. Out of those tested, one tested HIV positive and were linked to HIV treatment services.

C. Promote services through digital communication platforms and existing community outreach workers to motivate people to seek FP services

Promotion of FP services was mainly conducted through health education sessions in various departments of the health facilities including outpatient clinics, maternity, maternal newborn and child health clinics among others. Health education sessions outside of the health facilities were organized by community health workers and peer educators from the HIV program for key populations. The main objectives of the health education sessions were:

- 1) To generate demand for quality FP services.
- 2) Promote male involvement in FP services.
- 3) Address myths and misconceptions related to FP in the community.

The health education sessions reached a total of 4369 people, who included 622 males and 3747 females. The topics of discussions included benefits of FP services, child spacing, and managing side effects, among others. Health education sessions targeting men and couples were prioritized to increase men's understanding of FP and address their concerns that hinder their partners from using contraceptives, encourage men to discuss FP with their partners, and to address gender norms that affect uptake of modern contraceptives.

The health education sessions were designed to be interactive with participants who were given an opportunity to actively participate. Satisfied FP users were given an opportunity to share their experiences and dispel common misconceptions about contraceptive use. Providers used various job aids to facilitate learning and adopted various techniques that are appropriate for adult learners.

D. Support and promote quality FP service provision through use of facility data to inform FP commodity inventory management, service delivery and problem solving.

The dedicated service providers deployed to the various public facilities worked with the facility management teams and the county reproductive health (RH) coordinators to improve service delivery through promotion of facility data use. Monthly review meetings were held with the facility in-charges to review performance, make projections for commodities and address challenges experienced in the service delivery process.

Commodity requisition from United Nations FP Association (UNFPA) in all the supported facilities improved with each facility submitting timely monthly reports to the County Health Department for consolidation and onward sharing with State and National Ministry. This process facilitated timely FP commodity requisition and dispatch. As a result, there were no commodity stock-outs reported in the quarter.

Objective #2: Strengthen health worker capacity through training and peer mentoring

A. Training of service providers

Following the development of the new National Training Curriculum for FP, the project supported the training of 21 trainers of trainers as part of the pre-test. From the 21 trained, eight (8) were identified to pre-test the community healthcare workers (CHWs) training manual through a training of 16 CHWs.

The competence-based trainings focused on building capacity of healthcare workers in the following areas:

1. Conduct client education sessions to create awareness of FP, generate demand and correct misinformation, rumors and misconceptions.
2. Integrate FP messages with other health promotion activities such as HIV prevention, maternal and child health services, immunization and nutrition.
3. Demonstrate effective counseling skills to help clients to make a voluntary informed choice about contraception.
4. Demonstrate application of knowledge and skills related to FP methods available through the MOH.
5. Provide FP methods Oral Pills, Injection -DMPA-SC, condoms and LAM to new and continuing users for the clinicians.

6. Provide FP methods Oral Pills, Injection -DMPA-SC, condoms and LAM to new and continuing users for the CHWs.
7. Counsel and refer clients for methods that clinicians/CHWs cannot provide.
8. Participate in field work in five (5) selected practicum sites.
9. Keep basic FP records, contraceptive supplies and report

The training participants were drawn from public health facilities spread out in the former 10 states. Following the training, the providers will start providing services in their respective facilities under the supervision of the MOH and UNFPA staff. Their performance will be rated using a standardized check list and those who meet the minimum level of competence required will be certified.

3. Management and Operations

- Received a no cost extension approval from USAID to wrap up FP activities and finalize FP curriculum manuals for clinicians and community healthcare workers
- Obtained quotations from local vendors in readiness for printing of the FP curriculum

4. Quarterly Financial Summary

Funding	Obligation	Expenditures this Quarter	Total Expenditures	Obligation Remaining
HIV	\$7,285,355	\$(88,482)	\$7,153,352	\$132,003
FP	\$908,153	\$127,354	\$876,162	\$31,991

5. Challenges, lesson learned and recommendations

Challenges

FP service provision in South Sudan experiences several challenges ranging from limited human resources, inadequate equipment, and negative provider attitudes, among others. The key challenges experienced included:

- a) Infection prevention was a major challenge in all facilities. The MOH does not have an infection prevention policy/manual. As a result, a majority of the service providers lack the knowledge and equipment required for appropriate infection prevention. Provision of basic materials such as fuel for the autoclaves is a challenge affecting facility sterilization process.
- b) Most facilities in South Sudan have limited space and are poorly staffed. As a result, few have sufficient space that would ensure FP clients can access services in privacy and confidentiality. The project has supported the facilities to identify alternative service delivery areas including pitching tents to provide comfortable waiting areas for clients or ensure confidentiality during service delivery.
- c) The social-cultural context of South Sudan favors large family sizes. As a result, there is a negative attitude towards FP. The negative attitudes are also evident among healthcare workers. Continuous professional development sessions aimed at addressing providers attitudes towards FP and health education in the community were routinely held to address the negative perceptions and promote FP services.

Lessons learned

- There is a high unmet need for contraceptives especially implants and injectables.
- Placement of dedicated providers in all FP provision points increases FP services uptake.
- Collaboration with MOH and other FP implementing partners is critical in strengthening the FP agenda in the country.
- Providers need to be trained in implant removal as well as insertions.
- There is strong support for FP within the MOH/RH Department.
- Dedicated providers are available, if their support can be assured

Planned Activities for Q2 FY19 (January to March 2019)

- Finalize the development and printing of FP curriculum manuals