EARN MISSION TO SOUTH SUDAN 10-14 OCTOBER 2011

REVIEW OF IN-COUNTRY PARTNERSHIP

Introduction:

The In-Country Partnership Review Mission took place in South Sudan between 10-14 October 2011 as per the country road map updated during the last EARN meeting in Mombasa. The main purpose was to diagnose the main constraints hindering the optimal functioning of the RBM partnership in-country and discuss with NMCPs and partners ways of improving harmonization, coordination and alignment among all malaria control stakeholders in country. The Mission team consisted of Mr. Richard Carr, RBM Partnership Secretariat, Mr. Athuman Chiguzo, EARN ECC Co-Chair and Dr. Joachim Da Silva- EARN Coordinator Nairobi.

Methodology

A six short questions in-depth interview guide was used to illicit relevant information among stake holders, face to face meetings with Minister for Health, Under Secretary for Health and Direct general as well as field visits to one PHCC and two PHCU in TerekeKa County. The questions that were posed to partners were:

1. What is your organization role in the national malaria control programme?
2. Are you familiar or aware of the RBM road map for Burundi?
3. What are the specific contributions does your organization make in the Burundi RBM road map
4. In the last 2-3 years what has your organization specifically towards malaria control in Burundi?
5. What partnership challenges are you facing with other malaria stakeholders in Burundi?
6. How best do you think you can overcome these challenges- suggest solution and priorities for action.

In-depth interview using the above checklist were held with various stakeholders

Findings:

Meeting with Dr. Margaret Etoi- Director General Training Monday 10 October 2011

Dr. Margaret emphasised that malaria is the number one cause of morbidity and mortality in South Sudan. Therefore malaria is given a high priority in the country.

Meeting with Dr. Samson Paul Baba, under Secretary in the ministry of health Monday 10 October 2011

He reiterated that malaria is a key health problem and partnership is required to address the problem. However there are three key issues that are impeding progress towards addressing malaria. The goal of zero death due to malaria by RBM is not attainable in South Sudan Due to the following:

Human factor: there is a human resource gap especially with no head for the NMCP. Human behaviour has not been addressed adequately especially on BCC toward utilization of malaria control interventions. Life style of the community is contributing heavily. More than 80% of the population are nomads and require different type of interventions. Currently the country is experiencing a upsurge of malaria, lack of ACTs,

As well as acute access to affected areas due poor infrastructure. He said only 43% of the community have an access to a health facility while the majority have no access.

Other challenges include supply chain management, Floods, Development issues, Inadequate BCC messages and life style.

UNICEF (Dr. Romanus Mkerenga, Chief Health and Nutrition)

Role

UNICEF is a regular co-worker with ministry of health. UNICEF is undergoing transformation and has now joined ESARO away from NARO

UNICEF is close to the NMCP as malaria is priority health problem in South Sudan, in 2005/6 UNICEF help in the development of the current malaria strategic plan. It has supported the program on in supply chain management for malaria commodities mainly LLINs and ACTs. UNICEF also supports the NMCP in social mobilization/BCC activities, Capacity building (especially training of IMCI/ C-IMCI, Procurement of Supplies, Surveillance, Participate in the malaria task forces.

Road map

UNICEF is familiar with the RBM road map for Burundi

UNICEF contributes in buying and distributions of LLINs for routine programme. In 2010/11 procure and distributed 1.6 million LLINs in three States and recently bought and distributed 700,000 LLINs through routine ANC. UNICEF has participate in the development of the current national malaria strategy with is ended in July 2011 but extended to 2013

Challenges

The main challenges sited are

Managerial challenges. The NMCP lack personnel for coordination. Most personnel current there are seconded by partners. The number and quality of staff in the NMCP is not adequate to implement the program. There has been high turnover of staff even among partners

The other challenges are the geographical nature of the country. Most parts of the country is in accessible- hard to reach.

Distribution of LLINs and coordination of BCC. BCC was not synchronized with the speed of LLINs distribution.

Social mobilization- acceptance is there bit there is inappropriate use

Sharing of information in time

Coordination of partners for net distribution

Lack of follow up

Monitoring LLINS distribution

No decision non integrated system

Very high cost on logistics approximately 30 -40% of cost of commodities go to logistics.

Political dynamics- influx of refugees into the country/ population movement

How to address/ overcome these challenges

Support the two year South Sudan development plan

Put institutional base for schools to support human resource development

Support decentralization policy- with emphasize on the human development with standards and quality.

Work with NMCP and build the capacity

Getting some experts from the neighbouring countries and build capacity of the locals

Improve infrastructure to improve accessibility to the hard to reach areas.
Come up with an agreement for a uniform monitoring system for LLINs

Training on logistics and Reporting

Provide regular funding to support BCC activities at States and county levels

Work closely with the programme to contribute to the MPR and update of the national malaria strategy

Management of resources

MoH to set the standards and be replicated to the states and counties..

WHO (World Health Organization) – Dr. Abdi Adan Mohamed
Role

The roles of WHO is to provide technical assistance in different areas. However, WHO is not satisfied with the way the NMCP is run. Malaria is a priority in South Sudan. There is need to create a strong team at the central level and then replicate it at the states and county levels.

Challenges

There is a human resource gap in the health sector as whole.

Accessibility to health services is not adequate. There is a gap in drug and nets distribution.

There is no clarity on nets distribution

South Sudan has many partners for malaria but are not coordinated- no clear role of partners.

Accessibility to health services due to poor infrastructure.

There are many priorities after the country's independence- everything is a priority.

No proper follow up of recommendations made during coordination meeting

Most partners are thinking it is a competition for attention by the programme

How to address/ overcome these challenges

Provide strong management team at the NMCP/MOH

Support the recruitment of NMCP manager

Involved in human resource development by supporting training of MoH staff at masters level one from each of the 10 states and three at the central level.

Provide helicopter from UN to support logistics and outreaches.

PSI (Abigail Pratt and Cherie Carter)

Role

PSI is the principal recipient of the malaria GF rounds 7 and 10.

It is involved in nets distribution- 1.9 million nets distributed through mass campaign and other are distributed through routine health services such as ANC.

Community home management of malaria

Health system strengthening

Has selected 5 SR - Save the children, Malaria consortium, Merlin Catholic diocese, World vision

Support hiring of staff and capacity building

Challenges

Human resource issues at the ministry and NMCP. Never know who to go to. The voice of the ministry is not there. It's time consuming especially to get authorization.

Over estimation of population. No one knows the exact number of people living in South Sudan.

DFID- SIMON WSILLIAMS on Behalf of the incoming health advisor- Jane Bageria DFID)

Support integrated community case management

Have Basic services fund which they channel through NGOs to work in primary health care- because 20% of health services is managed by NGOs. The programme ha been extended for one year- up to December 2012. This is as result of influx of refugees which is causing pressure on the health services

Have health pooled fund of pounds 150 million- other donor expected to join are EU, Canada and Australia. The role is to build the capacity of ministry of health to absorb do nor funds, integrate with states government

Train community dispensers to diagnose malaria and give effective treatment to malaria, diarrhoea and pneumonia through PSI

Global DFID initiative of neglected tropical, diseases

Maternal mortality & child mortality reduction through the development of midwifes capacity.

Support development of county hospitals.

Field Visit

Terekeka PHCC:

Malaria is the most common cause of ill health followed by STI. Approximately 7-8 out of every 10 test as RDT positive for malaria.

Services offered for malaria were

1. Malaria case management

-Diagnosis using RDTs and microscopy

-Malaria treatment using ACTs (Artesunate ammodiaquine)

- Severe Malaria treatment- admission and provision of IV quinine.

2. Malaria prevention in pregnancy

- IPTp using SP during 2nd and 3rd trimester

-Nets distribution during ANC visit

Remarks: there adequate antimalarial in stock during the time of our visit.

Nyakibor PHCU

Malaria is the most common cause of ill health followed by STI. Approximately 6-7 out of every 10 test as RDT positive for malaria.

Services offered for malaria were

1. Malaria case management

-Diagnosis using RDTs

-Malaria treatment using ACTs (Artesunate ammodiaquine)

2. Malaria prevention in pregnancy

- IPTp using SP during 2nd and 3rd trimester

-Nets distribution during ANC visit

Remarks: there adequate antimalarial and LLINs in stock during the time of our visit.

Tukoro PHCU

Malaria is the most common cause of ill health followed by STI. Services offered for malaria were;

1. Malaria case management

-Diagnosis using RDTs - Slides are taken to Terekeka PHCC every week for quality control.

-Malaria treatment using ACTs (Artesunate ammodiaquine)

2. Malaria prevention in pregnancy

- IPTp using SP during 2nd and 3rd trimester

-Nets distribution during ANC visit

Remarks: there adequate antimalarial and LLINs in stock during the time of our visit.

MISSION PROGRAM ENDORSEMENT TEAM

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