FROM RELIEF TO DEVELOPMENT

SUDAN HEALTH TRANSFORMATION PROJECT, PHASE II
Rapid expansion of primary health care in South Sudan
SOUTH SUDAN is a nascent country with a turbulent history. The new nation is recovering from nearly 50 years of civil war with its northern neighbors. Chronic displacement from conflicts, coupled with a dearth of education, health care, food, and infrastructure, has left South Sudan in a fragile state, and its residents in desperate need of basic services.

In light of South Sudan’s acute needs, the United States Agency for International Development (USAID), in conjunction with the South Sudan Ministry of Health, designed the Sudan Health Transformation Project (SHTP) to rapidly expand and improve the nation’s access to basic primary health services. The overarching goal of the project’s second phase (SHTP II), implemented from February 2009 to September 2012, was to create healthier families through access to better quality primary health services. Building on lessons learned and partnerships formed during the first phase, USAID supported SHTP II in implementing critical health interventions in 14 counties across all 10 states of South Sudan (see map above).


**Map of SHTP II**

**Population Coverage 2012**

| Total population in focus counties: 1.37 million | Number of children under age 1: 349,831 |
| Number of children under age 5: 274,911 | Number of deliveries: 48,110 |

Source: 2008 Sudan census, adjusted for growth

**South Sudanese erupt in joy as South Sudan becomes independent on July 9, 2011.**

**FROM RELIEF TO DEVELOPMENT**

**Sudan Health Transformation Project, Phase II**

**STRENGTHENING THE SYSTEM, STRENGTHENING THE SERVICES**

Suzanna Ile (shown page 5) is a 26-year-old South Sudanese woman. Suzanna had become pregnant twice and, each time, she lost the baby during childbirth. When Suzanna discovered she was pregnant a third time, she visited a facility supported by SHTP II. The midwife who examined her detected a contracted pelvis and informed Suzanna that delivering in a hospital via Cesarean section would greatly increase her child’s chances of survival.

SHTP II addressed health needs like Suzanna’s by providing integrated services at 163 primary health facilities that adhere to the Ministry’s Basic Package of Health Services and focus on seven high-impact areas (see Figure 1). The World Health Organization’s six building blocks—service delivery, leadership and governance, information systems, human resources, health systems financing, and pharmaceutical systems—provided a framework for the project’s strengthening approach to South Sudan’s health system.

As seen in Figure 1, SHTP II integrated all six components together to create a strong, sustainable health system in South Sudan.
The project used this comprehensive approach to prioritize and plan the most effective interventions and approaches. This involved building leadership and management capacity, bolstering human resources by conducting needs-based training and mentoring, and supporting service delivery through performance-based contracting with the project’s nine subcontracting partners (SCPs).

SHTP II’s holistic systems approach ensured that Suzanna knew about health services available to her and had access to a facility that was open, adequately staffed and sufficiently equipped to provide her with quality services. Today, Suzanna’s son, Modi, is a healthy two-year-old.

In less than five years, SHTP II increased DPT3 vaccination coverage for children under age 1 from 20 percent to more than 70 percent in project-supported counties.

APPLYING PERFORMANCE BASED CONTRACTING

SHTP II used performance-based contracting to improve financial management and operations among its nine SCPs and funded the SCPs to implement health programs at the county level. SHTP II assessed the performance of the SCPs using a scorecard that measured their achievements against selected indicators. An SCP that achieved more than 100 percent on its scorecard received a payment bonus, whereas one that scored below 80 percent was financially penalized. Initially, no SCPs received performance bonuses, but by the end of the project, roughly 50 percent had received them. This indicates that performance-based contracting served to motivate good performance, as it required SCPs to pay close attention to their expected results (see Figure 2).

As shown in Table 2 and Figures 3 and 4 (next page), SHTP II successfully expanded availability of and access to health care services in SHTP II-supported facilities, especially in maternal, reproductive, and child health, and in malaria prevention and treatment (women receiving IPT2).

In addition to these achievements, SHTP II also worked with four Ministry sites in urban areas providing services to prevent mother-to-child transmission of HIV. The project trained and equipped providers at these sites to offer antiretroviral prophylaxis directly to HIV-positive pregnant women. Additionally, the project conducted a community-led total sanitation project that motivated residents to construct latrines using locally available materials, thereby reducing open urination and defecation. Through the project’s community-led total sanitation interventions, residents constructed 2,200 latrines, which improved community hygiene and benefited more than 20,700 individuals.

Figure 2.
Number of children under age one receiving DPT3, pregnant women attending at least one ANC visit, and family planning counseling visits in SHTP II-supported facilities.

INCREASING AVAILABILITY OF AND ACCESS TO SERVICES

An SHTP II-supported midwife provides a young child with a vaccination.
ENHANCING QUALITY OF PRIMARY HEALTH CARE SERVICES

To measure quality of care, SHTP II used a standards-based model for continuous quality improvement. This model, also known as the Fully Functional Service Delivery Point (FFSDP) toolkit, was designed by Management Sciences for Health (MSH) and adapted for South Sudan by SHTP II to improve the quality of the Basic Package of Health Services and increase access to services at health facilities. Basing the toolkit on the Ministry’s technical guidelines, SHTP II developed and field-tested the standards, which assess the availability and quality of various elements of the health system, such as infrastructure, equipment, trained and motivated staff, and community support (see Figure 5). SHTP II used this tool to identify gaps in service delivery in order to improve the quality of health services, which contributed to the project’s achievements in expanding service delivery (see Figures 3 and 4). SHTP II evaluated 41 health facilities (26 of them at least twice) in order to assess the toolkit’s success in motivating communities to enhance facilities using local materials, instead of depending on large-scale renovations.

IMPROVING KNOWLEDGE OF AND DEMAND FOR SERVICES

To increase knowledge of and demand for health services, SHTP II trained and mentored health facility staff, village health committees (VHCs), and home health promoters to provide health education and promotion in their communities. Through community outreach and education, the project also reached more than 370,000 people with HIV/AIDS prevention messages. SHTP II trained VHCS to take active roles in the management and supervision of health facilities as well as in community education and mobilization activities. Once trained, many VHCS provided local labor and materials to improve their communities’ health infrastructure. Community infrastructure projects often focused on water sources, latrines, and safe birthing rooms because these facilities help to improve major

Table 2. SHTP II achievements and increases in key indicators for malaria and maternal and child health

<table>
<thead>
<tr>
<th>Indicators</th>
<th>No. persons seen in first reporting quarter</th>
<th>No. persons seen in last reporting quarter</th>
<th>Total persons seen from first to final quarter</th>
<th>Percent increase from first to final quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under age one who received DPT3</td>
<td>2,941</td>
<td>14,339</td>
<td>88,583</td>
<td>390%</td>
</tr>
<tr>
<td>Pregnant women who received IPT2</td>
<td>1,731</td>
<td>6,778</td>
<td>54,853</td>
<td>292%</td>
</tr>
<tr>
<td>Pregnant women who attended a first ANC visit</td>
<td>2,802</td>
<td>10,837</td>
<td>88,286</td>
<td>287%</td>
</tr>
<tr>
<td>Pregnant women who attended four or more ANC visits</td>
<td>646</td>
<td>5,273</td>
<td>42,514</td>
<td>716%</td>
</tr>
<tr>
<td>Family planning counseling visits</td>
<td>2,937</td>
<td>9,958</td>
<td>64,762</td>
<td>239%</td>
</tr>
<tr>
<td>Women who delivered with a skilled birth attendant</td>
<td>978</td>
<td>1,706</td>
<td>13,676</td>
<td>74%</td>
</tr>
</tbody>
</table>

3. Due to variations in project start-up activities, reporting periods vary by indicator. The percent increases for the first four indicators compare data from October–December 2009 with data from April–June 2012, and the skilled births indicator compares data from January–March 2010 with data from April–June 2012.
health behaviors, such as poor hygiene and delivery practices. Additionally, SHTP II trained more than 1,100 residents to work as home health promoters.

To streamline the country’s community mobilization efforts, SHTP II helped write the Ministry’s training curriculum and guidelines for home health promoters. In the final quarter of the project, the Ministry approved these guidelines and adopted them as the national standard. This standardized approach will increase community services and, in turn, help reduce infant and child mortality.

**“Those who knew Thiet Health Center before [the Leadership Development Program] would say it is a different place. Now, Thiet Health Center is the best-run facility. The Ministry of Health should implement this program in all counties, at all levels. It will help to improve health service delivery everywhere.”**

— Marco Agor, county health department staff, Tonj South Leadership Development Program workshop, March 2012

### INCREASING THE CAPACITY OF SOUTH SUDANESE TO MANAGE AND DELIVER SERVICES

**Leadership Development Program**

Service delivery often suffers when managers cannot effectively and efficiently take advantage of available resources. SHTP II used the MSH-designed Leadership Development Program to improve leadership and management practices at all levels of the health system in order to enhance health service delivery. The Leadership Development Program helped teams of health professionals to:

- Develop effective solutions to overcome identified challenges;
- Strengthen planning and budgeting;
- Enhance monitoring and evaluation and quality assurance framework and capacity; and
- Improve the work climate through teamwork.

SHTP I implemented the program in all project-supported counties and worked with 42 Leadership Development Program teams. By solving problems, seeking innovative solutions, collaborating with available partners, assessing existing budgets, and planning for intervention with measurable results, several teams improved service delivery in their facilities. At certain facilities, some of these improvements included:

- Increasing the number of women delivering with a skilled attendant per quarter by 213 percent;
- Increasing the number of children receiving DPT3 in a five-month period by 150 percent; and
- Eliminating 100 percent of unexcused employee absenteeism within two months.

The project also conducted the Leadership Development Program with teams from the national Ministry, which helped to improve communication, accountability, and coordination within five Ministry departments.

**In-Service Trainings**

To increase the capacity of health workers across the country, SHTP II worked with the Ministry and other partners to assess facility staff’s need for training. Based on these identified needs, the project created standardized training programs in the following high-priority health and management areas:

- Reproductive health and family planning
- Maternal and newborn health
- Child health and malaria
- Health monitoring and information systems
- Pharmaceutical management
- Management and leadership

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>53</td>
<td>85</td>
<td>495</td>
</tr>
<tr>
<td>Q2</td>
<td>942</td>
<td>262</td>
<td>755</td>
</tr>
<tr>
<td>Q3</td>
<td>262</td>
<td>755</td>
<td>888</td>
</tr>
<tr>
<td>Q4</td>
<td>755</td>
<td>888</td>
<td>706</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,376</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SHTP II produced a participant’s guide, a facilitator’s guide, job aids, and information, education, and communication materials in each subject area. The project used these materials to train more than 6,000 health workers at project-supported facilities (see Table 3, left).** By the end of the project, the Ministry was considering national adoption of the training materials related to reproductive health and maternal and newborn health.

**SUPPORTING AND BUILDING THE CAPACITY OF THE MINISTRY OF HEALTH**

SHTP II actively participated in developing national policies, synchronizing overarching goals, and coordinating donor and partner relations to ensure a standardization of primary health care service delivery across the country. The project assisted the Ministry in creating and disseminating information, education, and communication (IEC) materials and behavior-change communication (BCC) materials in areas such as family planning, malaria prevention, and hygiene promotion to all SHTP II-supported health facilities. SHTP II also provided 68 percent of health service staff salaries in its supported facilities, which will be continued by future projects as the Ministry works to develop a strategy to absorb these staffing costs.

To increase the capacity of health facilities, county health departments, and partners, SHTP II distributed equipment valued at more than $2 million to the project-supported counties. This equipment included vehicles, sterilization machines, examination and delivery beds, laptops, refrigerators, solar panels, generators, blood pressure cuffs, and thermometers.

**MONITORING AND EVALUATION**

SHTP II worked with the Ministry to consolidate and test the data collection tools, which have become the national primary health care monitoring and evaluation tools. The project also trained county health department and SCP staff to properly use and analyze the data they collected with these tools. Consistent supervision by SHTP II staff ensured continuous monitoring and mentoring opportunities that strengthened the facilities’ data collection systems. By the end of the project, facilities demonstrated significant improvements in the reliability, timeliness, and validity of collected data.

---

**Table 3. Number of health personnel trained per quarter in SHTP II-supported facilities**

**LEFT** Equipment procured for SHTP II facilities, with funds from USAID, includes simple items, such as buckets for hand washing to decrease the spread of disease.

**CENTER** A child receives polio vaccine in Kapoeta North during SHTP II-supported Child Health Days (by John Warren).

**RIGHT** Young boy’s gash on his arm is stitched up at an SHTP II facility after an accident in Malakal.
LESSONS LEARNED

The successful transition of a health system from reliance on relief and emergency activities to a sustainable model rooted in development requires great effort from all government and other stakeholders. The following are important lessons learned over the course of this project.

■ Standardizing the nation’s training curricula allowed for better and more consistent, roll-out of training interventions and gradual alignment with the Ministry’s goals.

■ Performance-based contracting can support the achievement of key indicators by motivating partners to concentrate interventions in focused, high-impact areas.

■ Consistent mentoring and training of M&E staff improved the quality and accuracy of reported data and were vital aspects of health system development under SHTP II.

■ SHTP II’s comprehensive supportive supervision strategy integrated a standards-based performance quality improvement approach into the MOH’s supervision checklist. This strategy improved the quality of care and increased access to the Basic Package of Health Services in the project-supported facilities.

■ Supervision of health facility staff also provided opportunities for needed mentoring and training. Supervision and training are particularly important in fragile states such as South Sudan, where health workers have limited continuing education opportunities and a dearth of qualified staff hinder services delivery.

■ Management and leadership development of health system managers helped expand access to and improve the quality of the Ministry’s Basic Package of Health Services. The Leadership Development Program proved to be an easily understood, decentralized approach to building leadership capacity and problem-solving skills among health care staff at all levels.

■ The country health departments remain understaffed and underresourced with low capacity to effectively monitor and manage county and facility activities, despite SHTP II efforts. These departments deserve increased focus and resources in follow-on projects.

■ Acting as a liaison among all health service delivery levels allowed SHTP II to become a cohesive partner, capable of effectively integrating services, supporting the standardization of systems, and addressing needs from the community level to the national level.

A NEW NATION, A TRANSFORMING HEALTH SYSTEM

After 50 years of civil war, modern South Sudan has a rapidly evolving and changing landscape, and the health system is no exception. Sustainable development goes far beyond a three-and-a-half year project, but the gains made through SHTP II will act as a foundation to move the country from relief to development. Integration among all levels of health service delivery has been vital to overall strengthening of the health system. For example, the project’s success in increasing DPT3 vaccination coverage for children under age 1 from 20 percent to more than 70 percent, in less than five years, was due to a focus on integrated strengthening efforts. This rapid scale-up came as a result of not only increased vaccine supplies but also cold-chain improvements, pharmaceutical management training, vaccinator capacity building, proper data management, and widespread community education.

As the country begins to tackle the challenges of nation building, the gains made by SHTP II in improving the health system in South Sudan, particularly by building the capacity of the government and local health care stakeholders, will better the lives of South Sudanese for decades.

There is still much work to be done in South Sudan, but SHTP II’s results demonstrate that, with proper investment and stakeholder buy-in, the health system can expand and strengthen both access to and quality of a Basic Package of Health Services that benefits all South Sudanese.

Acknowledgements

Printed in September 2012 by the Sudan Health Transformation Project, Phase Two (SHTP II), which is funded by the United States Agency for International Development (USAID) and implemented by Management Sciences for Health (M SH) under Contract No. GHS–1–04–07–00006–00. The views expressed in this publication are the responsibility of SHTP II and do not necessarily reflect the views of USAID or the United States Government.

M SH is a global nonprofit organization based in the United States, was the prime contractor and worked alongside subcontractors and partners including Action Africa Help-International, Adventist Development and Relief Agency (ADRA), Comitato Collaborazione Medica, International Medical Corps, International Rescue Committee, John Snow, Inc., Mundi Relief and Development Association, Population Services International, and Save the Children (South Sudan). The project also worked in conjunction with South Sudan’s Ministry of Health.

The success of this project has been the direct result of the commitment, dedication, and contributions of SHTP II staff and the NGO teams who worked to support it. The report is based on invaluable input from the project staff and was prepared by Erin Polich, the SHTP II Senior Communications Specialist; John Rumunu, the SHTP II Project Director; and Fred Hartman, the SHTP II Country Lead.

All photos are courtesy of Erin Polich/M SH except where credited to Jenn Warren/Save the Children.

ACRONYM LIST

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>antenatal care</td>
</tr>
<tr>
<td>BCC</td>
<td>behavior-changing communication materials</td>
</tr>
<tr>
<td>DPT2</td>
<td>diphtheria, pertussis, and tetanus (third dose)</td>
</tr>
<tr>
<td>FFSDP</td>
<td>Full Function System Service Delivery Point</td>
</tr>
<tr>
<td>FY</td>
<td>fiscal year</td>
</tr>
<tr>
<td>IEC</td>
<td>information, education, and communication materials</td>
</tr>
<tr>
<td>IPT2</td>
<td>intermittent preventive therapy (second dose)</td>
</tr>
<tr>
<td>MSH</td>
<td>Management Sciences for Health</td>
</tr>
<tr>
<td>SCP</td>
<td>sub-contracting partner</td>
</tr>
<tr>
<td>SHHS</td>
<td>Sudan Household Health Survey</td>
</tr>
<tr>
<td>SHTP II</td>
<td>Sudan Health Transformation Project, Phase II</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VHC</td>
<td>village health committee</td>
</tr>
<tr>
<td>WASH</td>
<td>water, sanitation, and hygiene</td>
</tr>
</tbody>
</table>

COVER: TOP LEFT A child receives a health service from an SHTP II-supported Child Health Day in Kapoeta North (by Jenn Warren). BOTTOM LEFT Mother and child wait for services outside an SHTP II facility in Tambura. RIGHT Mundari tribe members in Tukara village.

BACK COVER: LEFT Working together in South Sudan (by Jenn Warren). RIGHT A fog waves on July 9, 2011, South Sudan’s Independence Day.
For additional copies of this report, contact communications@msh.org.

For additional information about this report or SHTP II, please contact: A. Frederick Hartman, MD, MPH, Regional Portfolio Director, East Africa, 617-250-9303, fhartman@msh.org