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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: THE REPUBLIC OF SOUTH SUDAN

July 2015

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The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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*Photo Juba South Sudan. Juba Primary Health Unit. Clinic in Juba that has trained clinicians.
Credit: Jessica Scranton*



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ACRONYMS

EPHS	Essential package of health services
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011, and a profile of health equity in the country.



THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN THE REPUBLIC OF SOUTH SUDAN

The Republic of South Sudan, formed in 2011, has made clear statements on its Ministry of Health website and in the Constitution that it aspires to provide a basic package of health services to its citizens¹. The *Health Sector Development Plan 2012–2016* for the government of South Sudan refers to the *Basic Package of Health and Nutrition Service for Southern Sudan (2009)*, so we conclude that this package, although developed prior to the country’s formation, currently serves as the EPHS for the Republic of South Sudan. For the full list of services, see Annex A.

We identified further specificity on services from the EPHS in the *Southern Sudan Essential Medicine List (2007)*, the Ministry of Health of Southern Sudan’s *Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals (2006)*, and the government of South Sudan’s *Reproductive Health Policy (2013)*.

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of the Republic of South Sudan’s EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	47
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	4
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	8

The following five priority RMNCH interventions are explicitly and implicitly excluded from the Republic of South Sudan's EPHS:

¹ The Constitution states, “All levels of government shall promote public health, establish, rehabilitate and develop basic medical and diagnostic institutions and provide free primary health care and emergency services for all citizens.” The Ministry of Health website states, “Through Ministry of Health, the Government of the Republic of South Sudan (RSS) manages the public healthcare system to ensure that good and affordable basic medical services are available to all people in South Sudan.”

Explicitly excluded:

- ▶ Routine immunization plus *H. influenzae*, meningococcal, pneumococcal, and rotavirus vaccines

Implicitly excluded:

- ▶ Interventions for cessation of smoking
- ▶ Social support during childbirth
- ▶ Home visits for women and children across the continuum of care
- ▶ Women's groups

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)				
Births attended by skilled health personnel (in the five years preceding the survey) (%)				
BCG immunization coverage among one-year-olds (%)	2013	52		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	45		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

The provision of health care services in South Sudan is structured into community, primary, secondary, and specialized care levels linked by a referral system. Community Health Workers, Maternal and Child Health Workers, and Home Health Promoters provide care at the level closest to the community. Primary health care units provide the first level of interaction between the formal health system and the communities. These facilities are expected to provide basic preventive, promotive, and curative care for a catchment population of 15,000. Primary health care centers are expected to provide services for about 50,000 people and provide basic diagnostic laboratory services, maternity care in addition to the services also offered at primary health care units. County and State Hospitals are intended to provide secondary care such as comprehensive obstetric care, in-patient care, and surgery for a catchment

population of 300,000 people and 500,000 people respectively. However, there are numerous gaps and challenges to strengthen all these levels to reach minimum optimal standards (Health Sector Development Plan 2011–2015).

Recent conflict in the country has created challenges for the health care delivery system. Health facilities in stable areas are flooded with internally displaced people. Health care delivery is mainly focused on life-saving treatments, not primary care and prevention.

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women
- ✓ rural populations

Due to lack of survey data, the World Health Organization has not produced a full health equity profile of South Sudan at this time.

The government's strategy is to ensure that rural communities and vulnerable groups can obtain and use primary care services through the public health system. Public Sector Community Health Workers, Maternal and Child Health Workers, and Home Health Promoters play an important role in this strategy, but it is not clear whether this system is functioning across the country given the volatile environment. The government of South Sudan targets children and women and men of reproductive age for priority health care interventions through national policies, as evidenced by the new government's *Reproductive Health Strategy* (2013) and others.

Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ All services included in the EPHS are legally exempt from user fees on a national scale.

The extent of financial protection for the EPHS in South Sudan is somewhat unclear, but the government of South Sudan does appear to value the notion of financial protection and aspire toward it. The Transitional Constitution (2011) states that the government shall provide "free primary health care and emergency services for all citizens." Additionally, the Ministry of Health website states, "Through [the] Ministry of Health, the Government of the Republic of South Sudan (RSS) manages the public healthcare system to ensure that good and affordable basic medical services are available to all people in South Sudan. We achieve this through providing subsidized medical services while promoting individual responsibility for the costs of healthcare services. Our population is thus encouraged to adopt a healthy lifestyle, taking responsibility for one's own health. Safety nets are provided, however, to ensure that no South Sudanese is denied access into the healthcare system or turned away by public hospitals because of lack of money."

The *Health Sector Development Plan 2012-2016* implies that while user fees at health facilities are currently banned, the government will gradually introduce user fees for secondary, tertiary, and specialized health services once the economic situation of the country stabilizes. With respect to health insurance coverage, the *Health Sector Development Plan 2012-2016* states that a nascent national health insurance system is accessible only to a small proportion of government civil servants. There is no evidence that community-based health insurance schemes exist anywhere in the country at this time.

In 2011, the World Health Organization and Oxford Policy Management assisted the government of South Sudan with costing the then-latest version of the *Health Sector Development Plan (2011)* and developing a health care budget based on inputs from the *2009 Basic Package of Health and Nutrition Services for Southern Sudan* (Fox and Manu 2012). However, it is not clear whether the government is moving forward with subsidized health care for the population in light of recent conflicts.

SOURCES

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ANNEX A. THE REPUBLIC OF SOUTH SUDAN'S EPHS

**Ministry of Health,
Government of Southern Sudan**



**Basic Package of Health and Nutrition
Services
For Southern Sudan**

Final Draft – January 2009

Table1. BPHS at a Glance

Component	Sub-components	Service Norms
Integrated Reproductive Health Services	Essential Obstetric Care (SOC, EmONC,PAC, PMTCT,PNC, FP)	<i>Quality focused antenatal, safe hygienic delivery and post natal care emphasizing early recognition of complications, life saving interventions appropriate to each level and expedient rational referral; PMTCT and prevention and management of STI in pregnancy. Maternal and Newborn Nutrition. The PHCCs are of two types BEmONC PHCC provides the signal functions of basic EmONC: (i) I.V antibiotics administered, (ii) I.V oxytocics administered, (iii) I.V Anti-convulsants, (iv) Manual Removal of the placenta, (v) Assisted delivery by Vacuum Extraction, (vi) Manual Vacuum Aspiration (MVA) of retained products of conception and post Abortion Care (PAC), (vii) Neonatal Resuscitation; and comprehensive EmONC which provides the full EmONC functions including surgical obstetrics.</i>
	Protective SRH for women	<i>Safe temporary and emergency contraception permanent contraception, management of obstetric fistula, infertility, prevention and management of STI and HIV/AIDS screening for and early treatment for cervical and breast cancer; empowerment for gender equitable reproductive practices; and childhood female reproductive (physical) anomalies.</i>
	Adolescent SRH	<i>Empower young people and provide services that enable them make reproductive and sexual decisions that will ensure their health now and in the future by preventing adolescent pregnancies, STI, HIV/AIDS and secondary infertility. Gender equitable roles training, and promotion of ABC.</i>
	Men's SRH	<i>Counseling on gender equitable sexual roles, shared responsibilities regarding male involvement in to know and act to improve women's health and participate in contraception; recognition and management of men's RH problems in Childhood, physical anomalies, adolescence delayed or disturbed puberty and adults sexual dysfunction, infertility, prevention and management of STIs and HIV/AIDS and gender based violence and in Old Age, PADAM (Partial Androgen Deficiency in Aging Male) and prostatic hypertrophy.</i>
Community Based Health Care	Integrated Essential Child Health Care	Expanded Program on Immunization (EPI) - Achieve and maintain coverage with all the vaccines currently available for preventable childhood illnesses according to GAVI guidelines. Essential Child Nutrition Action: Promotion of exclusive breast feeding for six months starting with initiation of breastfeeding within 30mins to 1hour of birth, starting complementary feeding from seventh month and continue breast feeding for 24 months. Growth monitoring and promotion and micronutrient supplementation and community based nutrition rehabilitation, referral of unexplained failure to thrive and severe malnutrition. IECHC , an integrated approach to managing common childhood illnesses - Malaria, Childhood diarrhea, Acute respiratory infections (ARIs) Pneumonia, anemia, malnutrition, intestinal parasites and common epidemic outbreaks. This combines the Community Based Child Survival Program(CBSP) and Integrated Management of Childhood Illnesses (IMCI); and care of special children – those with anomalies and developmental impairment.
	Management of local endemic diseases	Preventive services and IEC on Malaria, Diarrhea ARI and Pneumonia, TB, STI and HIV/AIDS, meningitis and enteric infections. Case management: provision of treatment for common endemic illness as close to the population as possible.
	Community based prevention, care for common injuries and rehabilitation	<i>Empower communities to prevent and provide appropriate immediate care for injuries including rational referral and identify and care for people with various physical and functional impairment and chronic debilitating conditions integrating them in as near normal community life as possible.</i>
	Visual health, Oral Health and Mental Health	Visual health: school based eye care programs, face washing sessions for younger children, health education and training of teachers on visual acuity testing and simple remedial measures for RE mass topical antibiotic treatment as and when necessary. Oral Health: School based programs, train teachers on sessions for brushing and inspection for cavities for the young children. Oral health education and checkups at PHCU and PHCCs Mental health: Psychosocial programs for stressful conditions, awareness raising, community based counseling and community programs for gender based violence, substance and alcohol abuse, and behavioral counseling and referral for serious psychiatric conditions.
	Disease surveillance and emergency preparedness	<i>Community based identification and reporting of known disease outbreaks: meningitis, cholera, trachoma, staphylococcal conjunctivitis; recognition of unusual outbreaks and community disasters preparedness and response</i>
Health Promotion	Awareness sensitization and BCC on the priority health problems	<i>Maternal care, IECHC, Endemic common infective diseases, community based environmental safety, injury prevention and first aid, safe water use and sanitary practices, reproductive practices and sexual behavior.</i>
	School Health and Nutrition	<i>Skill based training on physical injury, drowning, accident and snake-bite prevention and management as entry point to intersectoral integrated development promotion: information, education and behavior change communication for health and food security</i> Community based nutrition and food security program: Food production, preservation, preparation and dietary practices and hunger prevention <i>Gender perspectives of health and development: Skill based adolescent reproductive health</i>
	Community based nutrition and food security	<i>Empower communities to develop a range of environmentally friendly and sustainable, collective community actions for production, exchange, preservation, storage, of a range of food that ensure prevention of hunger and preservation of optimal nutritional status of female and male children and adults</i>
	Community actions for safe environment, water and sanitation	Development of community capacities to gain sustained access to improved water supply and sanitation services and promotion of safe hygienic practices (to include education about use of latrines, hand-washing with soap and water and clean water sources).
M/E and Operations Research	Routine Health Management Information System, Periodic Surveys and special studies	<i>Ensuring shared responsibility for collection and interpretation of health related information, data, statistics or experiential studies. Extending the routine health data/statics collection from state to community based level to inform planning and evaluation of programs.</i>

Table2. Summary of Integrated Reproductive Health Care (IRHC) 1.

Emergency Obstetric and Neonatal Care (EmOMNC)

Service	Village level	Primary Health Care UNIT (PHCU)	BEmONC Primary Health Care Centre (PHCC)	Services at CEmONC Primary Health Care Centre (PHCC)
Focused Antenatal Care	1. Identification of pregnant mothers and counseling for Early initiation and compliance with ANC, and referral for antenatal care, PMTCT and STI prevention and treatment 3. Nutrition counseling, for mothers, micronutrient supplementation iron, and folic acid and vitamin A. 5. Malaria prevention, LLINs and IPT 6. Preparation and timely referral for BEmONC or CEmONC according to risk status including arrangements for residential waiting homes	As at Village level plus: 1. Identification and referral of high risk cases or complications to appropriate EMNOC centre: High Risk/Complications: CPD, fluid retention, previous C/section, multiple pregnancy and grand multiparity, antepartum hemorrhage, severe edema, severe antepartum fits : refer to CEmONC PHCC. 2. Moderate risk, infection, Post partum hemorrhage: Volume replacement – ORS Infection: Cotrimoxazole Pallor: Iron, folate and multivitamins, HBP, Refer to BEmONC PHCC. 4. Monthly Antenatal care Mobile Clinic services.	Services provided 8 hours daily all working days a week. All activities PHCU level plus: 1. Liaisons with a Reproductive health focal point 2. All signal functions of Basic EmONC. - normal deliveries - treatment of moderate obstetric complications <i>including i.v., antibiotics, MVA and PAC</i> 3. Identification of high risk cases and referral to CEmONC or State Referral Hospital.	Services provided 8 hours daily all working days a week. All activities of BEmONC plus: 1. Liaisons with a reproductive health focal point 2. All signal functions of Comprehensive EmONC (at antenatal Preparation)
Care of uncomplicated Delivery	Referral of all mothers in labor to BEmONC PHCC for clean hygienic assistance of uncomplicated delivery. Clean hygienic assistance of delivery for precipitous labor, while transferring to PHCU/PHCC	Provision of Clean hygienic assistance of uncomplicated delivery for abrupt labor, oral misoprostol (or cytotec),	Clean hygienic assistance of uncomplicated delivery: gloves, cotton wool, clean blade, soap, oral misprostone-cytotec, Obstructed labor and Haemorrhage: refer to CEmONC PHCC	Comprehensive non surgical and surgical obstetric services 24hrs.
Emergency Obstetric and Neonatal care	Awareness raising on and identification of high risk labor CPD and other obstructed labor, Hemorrhages, Fever, Convulsions – refer to CEmONCPHCC.	Identification of hemorrhage and stabilize with ORS for volume replacement as case is transferred to refer to CEmONCPHCC; Transfer of obstructed labor, eclampsia, high fever and sick neonates to EmONC centres.	<i>The signal Functions of Basic EmONC:</i> I.V antibiotics administered I.V Oxytoxics administered I.V Anti-convulsants Manual Removal of the placenta Assisted delivery by Vacuum Extraction Manual Vacuum Aspiration of retained products of conception Neonatal Resuscitation	<i>The signal Functions of Comprehensive EmONC:</i> IV antibiotics administered I.V Oxytoxics administered I.V Anti-convulsants Manual Removal of the placenta Assisted delivery by Vacuum Extraction Manual Vacuum Aspiration of retained products of conception Neonatal Resuscitation Surgical obstetrics : Cesarean section and emergency hysterectomy
Focused Postnatal Care	1. Maternal and IEHC counseling Referral for PNC and Child Health Clinics 2. Identification, treatment and immediate referral: a. To CEmONCPHCC: Postpartum hemorrhage/inevitable or incomplete abortion Volume replacement with ORS, MVA and misoprostol b. To BEmONCPHCC: Infection: Cotrimoxazole Pallor: Iron, Folate and Multivitamins Convulsion: Clear airway, oral sedative	1. Maternal and IEHC care counseling Referral for PNC and Child Health Clinics 2. Identification, treatment and immediate referral To County Hospital: Postpartum hemorrhage/inevitable or incomplete abortion Volume replacement with ORS, MVA and misprostone To PHCC: Infection: Cotrimoxazole Pallor: Iron, Folate and Multivitamins Convulsion: Clear airway, Sedate	1. Counseling Referral for PNC and Child Health Clinics 2. Immediate treatment for Puerperal complications: (i) Postpartum hemorrhage/inevitable or incomplete abortion Volume replacement with IV fluids, MVA/PAC and parenteral oxytocics (ii) Infection: Parenteral antibiotics (iii) Anaemia: Iron, folate and/or referral Convulsion: Clear airway, iv anticonvulsants	1. Counseling Referral for PNC and Child Health Clinics at PHCC and PHCUs 2. Immediate treatment for Puerperal complications: (i) Postpartum hemorrhage/inevitable or incomplete abortion Volume replacement with IV fluids, MVA/PAC and parenteral oxytocics, oral or intravaginal misoprostol (ii) Infection: Parenteral antibiotics (iii) Anaemia: Iron, folate and/or referral Convulsion: Clear airway, iv anticonvulsants

Table3. Summary of Integrated Reproductive Health Care (CERH2) – Preventive Reproductive Health Services (PRHS)

Service	Services within villages	Services at Primary Health Care UNIT (PHCU)	Services at BEmONC Primary Health Care Centre (PHCC)	Services at CEmONC Primary Health Care Centre (PHCC)
Family Planning and Reproductive Women's Health Services	Awareness creation for demand generation for WRH and counseling of women and their sexual partners to accept FP/WH services. CBD of oral FP methods, Condom promotion and supply	Daily Counseling of women and their sexual partners to accept FP/WH services. Provision of oral FP methods, Condom promotion and supply. Plus Monthly outreach: BP check, SMSTI, VCT Pap Smear, LT contraceptives-IUD and Sc implants Palpation for breast masses by quarterly appointments	Daily Counseling of women and their sexual partners to accept FP/WH services. Provision of oral FP methods, Condom promotion and supply. BP check, SMSTI, VCT Pap Smear, LT contraceptives-IUD and Sc implants Palpation for breast masses by quarterly appointments.	Daily Counseling of women and their sexual partners to accept FP/WH services. Provision of oral FP methods, Condom promotion and supply. BP check, SMSTI, VCT Pap Smear, LT contraceptives-IUD and Sc implants Palpation for breast masses by quarterly appointments. Surgical male and female contraception
Adolescent SRH and Young People	Counseling on sexuality and ABC Promotion of VCT and SMSTI. In school counseling Out of school - youth groups social marketing	Youth focused services: CT, SMSTI and counseling for ABC. Condom supply Daily service at specified time	Provision of Youth focused services daily service at specified time: VCT, SMSTI and counseling for ABC. Condom supply	Youth Friendly Services, focus on sexual and reproductive health interventions and special attention for pregnant teenagers.
Men's RH	Advocacy for gender equitable sexual roles. Counseling and referral for CT and SMSTI. Social marketing of condoms Awareness creation on male reproductive organ disorders, urethral stricture, prostate hypertrophy and cancer and testicular cancer.	Counseling for gender equitable sexual roles, CT and SMSTI. Condom distribution Identification and referral for male reproductive organ disorders, urethral stricture, enlargement of and cancer of prostate and testicular cancer.	Counseling for gender equitable sexual roles, VCT and SMSTI, Social marketing of condoms Identification and referral for male reproductive organ disorders, urethral stricture, prostate hypertrophy and cancer and testicular cancer. Case identification and referral	Limited care on male reproductive organ disorders, urethral stricture, Outreach surgery for prostatic hypertrophy Referral for all prostatic and testicular cancer.

Table4. Summary of CBHC1 - Integrated Essential Child Health Care

Service	Services at Community	Services at Primary Health Care UNIT (PHCU)	Services at Primary Health Care Center (PHCC)
Expanded program on immunization	<p>Promote EPI among parents</p> <p>Identify under-five immunization defaulters, counsel and refer</p> <p>Prepare and mobilize communities to attend Mass outreach/mobile immunization or during NIDs.</p> <p>Surveillance and reporting of cases of Vaccine preventable diseases</p>	<p>Monthly routine outreach/ mobile immunization at static centers</p> <p>Counsel referred under-five immunization defaulters and immunize,</p> <p>Prepare and mobilize communities to attend Mass immunization on NIDs.</p> <p>Surveillance and reporting of cases of Vaccine preventable diseases</p>	<p>Daily routine immunization, six days a week</p> <p>Counsel referred under-five immunization defaulters and immunize,</p> <p>Prepare and mobilize communities to attend Mass immunization on NIDs.</p> <p>Surveillance and reporting of cases of Vaccine preventable diseases</p>
Essential Nutrition Action	<p>1. Baby friendly initiatives: Counseling on prevention of pre-lacteal feeding, exclusive breast feeding for first six month timely and early weaning and continued feeding for 24 months,</p> <p>2. Community based GMP and Counseling and training/demonstrations in diet rich in protein and calories by selection and enrichment of local weaning diet.</p> <p>3. MUAC screening and supplementary feeding for moderate malnutrition and for children in families of at risk child. Referral of severe malnutrition To TFC</p> <p>4. Mass de-worming and Micronutrient supplementation on NIDs.</p>	<p>1. Baby friendly initiatives: Counseling on prevention of pre-lacteal feeding, exclusive breast feeding for first six month timely and early weaning and continued feeding for 24 months,</p> <p>2. Community based GMP and Counseling and training/demonstrations in diet rich in protein and calories by selection and enrichment of local weaning diet.</p> <p>3. GMP malnutrition and for children in families of at risk child. Referral of severe malnutrition To TFC</p> <p>4. Mass de-worming and Micronutrient supplementation on NIDs.</p>	<p>1. Baby friendly initiatives: Counseling on prevention of pre-lacteal feeding, exclusive breast feeding for first six month timely and early weaning and continued feeding for 24 months,</p> <p>2. GMP and counseling and training/demonstrations in diet rich in protein and calories by selection and enrichment of local weaning diet.</p> <p>3. Nutrition rehabilitation protocol for the mild to moderately malnourished children.</p> <p>5. Treatment of severe malnutrition at designated TFCs</p>
Integrated Management of childhood illness	<p><i>Community Based Child Survival Program</i></p> <p>1. Awareness and promotion of ITNs on NIDS and Mass distribution days.</p> <p>2. Train CBHWs (Community midwives, CHWs and MCHWs) on simple use of algorithms to assess classify and assign treatment or refer cases of HMM (treatment of uncomplicated fever with ACT.</p> <p>3. Referral of children with danger sings to PHCCs: Severely clod body, severely hot body, inability or refusal to feed, fast berathing, skin pinch returns very slowly</p> <p>2. HMD - Awareness on recognition of diarrhea and promotion and training of CBHWs and parents on use of ORS, zinc supplement, encouragement of increased frequency of feeding during and post diarrhea.</p> <p>3. HMARI. Training parents on recognition of pneumonia by counting number of breaths per minute and in chest indrawing and early treatment with cotrimoxazole for cases of cough, rapid breathing in drawing of chest and nasal flaring. Encouragement of increased frequent feeding during and post ARI.</p> <p>4. Sedation for cases of convulsion and referral for first time convulsion.</p> <p>6. Encouragement of Isolation of sick children and quarantine for children during epidemic outbreaks of cholera and meningitis.</p>	<p>1. Algorithm guided treatment of Malaria with ACT or second line treatment.</p> <p>2. Algorithm guided treatment of moderate dehydration from diarrhea with ORS, and severe dehydration or diarrhea with danger sings with IV ringers solution. Use of zinc and other micronutrient supplement, encouragement of increased frequency of feeding during and post diarrhea.</p> <p>3. Algorithm guided treatment pneumonia by counting number of breaths per minute and in chest in-drawing nasal flaring with parenteral antibiotics- amoxicillin and provision of moist oxygen .</p> <p>4. Sedation for cases of convulsion and referral for first time convulsion.</p> <p>6. Epidemic and outbreak management - cholera and meningitis, measles, whooping cough, polio yellow fever, RV fever etc.</p>	<p>1. Algorithm guided treatment of Malaria with ACT or second line treatment.</p> <p>2. Algorithm guided treatment of moderate dehydration from diarrhea with ORS, and severe dehydration or diarrhea with danger sings with IV ringers solution. Use of zinc and other micronutrient supplement, encouragement of increased frequency of feeding during and post diarrhea.</p> <p>3. Algorithm guided treatment pneumonia by counting number of breaths per minute and in chest in-drawing nasal flaring with parenteral antibiotics- amoxicillin and provision of moist oxygen .</p> <p>4. Sedation for cases of convulsion and referral for first time convulsion.</p> <p>6. Epidemic and outbreak management - cholera and meningitis, measles, whooping cough, polio yellow fever, RV fever etc.</p> <p>7. Coordination of activities including.</p>

5. SERVICE NORMS AND STANDARDS BY LEVELS OF CARE

5.1. Overview

The service norms and standards are marched with the requirement of the health policy as much as possible. Based on discussions respective groups and based on the strategies developed by different programs, the best practices from neighboring counties have been adapted practices Southern Sudan Health policy and the realities of manageable human resource (HR) norms. This is proposed to match with service delivery standards and maintain quality of care. Partner health service organizations are encouraged to aim at the higher service norms where possible.

The services are summarized by level in matrices at the end of the section to facilitate the acquisition of the correct equipment and standardize supplies.

5.2. Village Level.

At the village level, care is provided by *Home health Promoters (HHP)*, and *Mother and Child Health Workers (MCHHW)* under the direct supervision of “Community Midwives” and senior CHW and periodic Supervision of “*Community Health Extension Workers (CHEWS)*”. Home Health Promoters (HHPs) are elected by the community members and trained as community health workers for a minimum of nine months. Literacy is an advantage, but not mandatory. HHPs are not intended to be full-time professionals of the health system and as such receive no salary, but are motivated through other material and non-material incentives. HHPs should be residents in the community they serve and committed to serve all residents without distinction. Their key functions include, (i) health education and promotion (ii) dispensing of household level preventive health commodities such as condoms and water-guard (chemicals), water filters and the limited number of medications allowed for household level use for prompt treatment especially of children, which include, co-trimoxazole, ORS/zinc and ACT, (iii) active case finding of pregnant women and referral for Antenatal care attention (iv) active case finding and treatment and guidance for children with diarrhea, ARI and fever; and referral of severe cases or those that have developed complications, (v) enumerating cases and keeping surveillance and notification of disease, (vi) alertness to unusually high rate of any type of illness to provide early warning signals of outbreaks of epidemic diseases.

The joint team of HHPs and MCHWs are volunteers whose incentives are determined by the communities they serve in, with some guidance and support from the county and state health authorities. Appropriate incentives may include ensuring a career path in health professions for the academically performing volunteers - “*in school youths*” for example. The village health committees provide administrative oversight and support. They are elected community members who should be representative of the whole community and maintain a gender balance with equal numbers of women and men. The committees: (i) maintain liaison between the SMoH, the service provider and the community, (ii) encourage and facilitate community-based health development initiatives especially protection of water sources, construction of toilets and other environmental sanitation measures, (iii) identify and propose to the CHD the candidates to be trained as CHWs, (iv) maintain oversight over the local health services (PHCU/Cs), (iv) mobilize communities to support PHCU/C infrastructure and maintenance. The technical supervisors are “*community health extension workers (CHEWs)*” who should work in teams of four, *one community enrolled nurse, one public health technician, one community mid-wife and one nutrition field educator*. These cadres will conduct field visits where they will observe the general state of health supporting VHCs and the home based care providers in promoting improvement of water supply, safe water use and

sanitary practices. They will observe and provide on the job guidance and where necessary, training for the services listed under community level care in the BPHS.

Summary of key services at village level

Health promotion: IEC, social marketing of health domestic level preventive health commodities, and the prescription of the allowed medications (co-trimoxazole, oral rehydration salts (ORS) / zinc and artesunate combination therapy).

- Active case finding of pregnant women and referral for antenatal care attention.
- Active case finding and treatment and guidance for children with diarrhea, ARI and fever; and referral of severe cases or those that have developed complications.
- Enumerating cases keeping surveillance and notification of disease, with appropriate reporting.
- They will trained to be alert to unusually high rate of any type of illness, and to provide early warning signals of outbreaks of epidemic diseases.

***Important clarification:** Investment directed at reducing maternal mortality will be made in educating professional skilled midwives and providing other health staff trained as “skilled birth attendants”. The focus will not be on training any more Traditional Birth Attendants (TBAs), but training MCHWs, whose skills will primarily be on the compliance counseling for the promotion of preventive reproductive and obstetric health service, with sufficient skills in prompt identification and referral of obstetric complications, and hygienic and safe assistance of any abrupt labor on transfer. This enables the creation of career path for the MCHWs through further training to community and professional midwifery or nursing. It is acknowledged that the training of sufficient Community Midwives will take time. Therefore in the short term, the MCHWs and TBAs will be provided training in the selected simple reproductive health care interventions until there is a sufficient number of trained Community Midwives to completely phase out TBAs.*

5.3. Primary Health Care Units (PHCUs).

PHCUs are the frontline health facilities staffed by three health staff - two Community Health Workers and a Community Midwife. They provide basic preventive and curative services. One of the CHWs is primarily in charge of the curative activities and is therefore based in the PHCU, while the second is responsible for overseeing and coordinating the community based activities implemented in collaboration with the network of HHPs. In a long term perspective the CHW in charge of the curative aspects of the PHCUs will be replaced by a clinical officer (CO), while the one in charge of oversight of the community based activities will be replaced by public health officer. There should be one PHCU for every 15,000 people. Key activities of a PHCU are (i) preventive care and health promotion, (ii) antenatal care, normal deliveries and family planning, (iii) curative care for common and uncomplicated diseases, early identification and referral for complicated cases, (iii) case follow up and treatment of chronic diseases diagnosed at higher level, (iv) referral to PHCC or CH for complementary exams or treatment, if necessary, (v) first aid for trauma, stabilization and referral where necessary (vi) home treatment and outpatient care for moderate malnutrition, follow-up patients seen and treated for severe acute malnutrition, (vii) training activities of community based health cadres, administrative and support activities (HMIS, maintaining registers and, if applicable, book-keeping). Once a month the PHCU should host outreach services that will provide limited PHCC level services. These will include outreach immunization, antenatal and family planning, water and sanitation promoters. Similarly on special occasions, they will host other outreach services such as visual, oral health and LLTN distribution teams.

Summary of Services provided at PHCUs

- Preventive care and health promotion
- Antenatal care, normal deliveries and family planning, once trained staff is available
- Curative care for common and uncomplicated diseases

- Diagnosis and treatment of simple cases and referral of the more complicated cases, follow up home care and compliance counseling for people with chronic diseases diagnosed at higher level
- Referral to PHCC or County Hospital for further investigation or treatment where required
- First aid for trauma (stabilization and referral)
- Home treatment and outpatient care for moderate malnutrition, follow-up patients with severe acute malnutrition
- Training activities (of HHPs)
- Administrative and support activities (HMIS, maintaining registers)

5.4. The Basic Emergency Obstetric and Neonatal Care Primary Health Care Centre (BEmONCPHCC)

The basic EmONC (BEPHCC) are the first referral health facility, It offers a wider range of diagnostic and curative services than a PHCU, notably laboratory diagnostics, it also has an observation ward. It provides treatment of simple cases and 24-hour basic Emergency Obstetric and Neonatal Care (EmONC). The PHCC is staffed qualified health professionals, including a minimum of 1 COs and 3 registered or certified Nurse/Midwives (or Enrolled community Nurses), 3 CHWS or 2 CHW and 1 vaccinator; 2 Midwives (can temporarily be held by MCHWS; one nurse midwife, 1 laboratory assistant, one pharmacy technician, one public health technician, two cleaners and two watchmen/ ground staff. The basic EmONC PHCC dispenses a wider range of drugs than PHCUs, specifically they provide parenteral treatment and minor surgical procedures. In obstetrics, they provide life saving procedures like manual vacuum aspiration (MVA) and post abortion care (PAC). There should be one (number 1) Basic EmONC PHCC for every 25,000 women of child bearing age i.e, a total population of 50,000 people. Key activities of a PHCC are, (i) *the signal functions of basic EmONC, i.e.,* i.v. antibiotics, i.v. oxytocics, i.v. anti-convulsants, manual removal of the placenta, assisted delivery by vacuum extraction, manual vacuum aspiration of retained products of conception (MVA) and PAC, neonatal resuscitation, family planning, adolescent sexual reproductive health (ASRH), child birth assistance, (ii) antenatal care (ANC), (iii) postnatal care follow up, (vi) curative care (including parenteral administration of medicines and fluids, (vi) stabilization care for severe malnutrition, (vii) stabilization of people with critical injuries or illness and referral, (viii) surgery for minor trauma, and dental care, (vix) TB diagnosis and treatment (DOTS). BEPHCC also provide screening for STIs/HIV, provision of VCT and PMTCT services and Observation, with at least 10 beds, six of which should be obstetric beds.

Summary of key services provided at BEmONCPHCCs

- Preventive care and health promotion
- 24-hour basic Emergency Obstetric and Neonatal Care.
 - I.V. antibiotics administered
 - I.V. oxytocics administered
 - I.V. anti-convulsants
 - Manual removal of the placenta
 - Assisted delivery by Vacuum Extraction
 - Manual vacuum aspiration of retained products of conception
 - Neonatal resuscitation
- Curative care (including I.M. injections and I.V. lines for I.V. fluids and antibiotics)
- Home treatment and outpatient care for moderate and severe acute malnutrition
- Inpatient stabilization care for severe acute malnutrition (SAM) with complications
- First aid for emergency conditions and referral

- Small surgery (incl. first aid for trauma, stabilization and referral)
- Dental care (on fixed days by dental technician, once service is available)
- TB diagnosis and treatment (DOTS)
- Laboratory examinations
- Screening for STIs/HIV and provision of VCT and PMTCT services
- Observation, with 10-20 beds
- Training (for PHCU staff)
- Health Management Information System (clinical documentation, regular reporting, audits)
- Administrative and support activities (e.g. register keeping, drug management and maintenance)

5.5. Comprehensive EmONC Primary Health Care Centre (CEPHCC).

BEPHCC are the second level referral centers, where there are county hospitals, the hospital acts as one such center. They provide all services provided by the BEPHCC and in addition they provide full surgical obstetrics, with the capabilities of carrying out caesarian sections, other measures for severe uterine bleeding or damage and safe blood transfusion where necessary. There should be one CEPHCC for every 50,000 women of child bearing age, or a population of 150,000 to 200,000. The HR should include at the minimum, three health professionals who are “*skilled birth attendants,*” three competent anesthetists and three laboratory technicians trained in blood transfusion safety. A comprehensive EmONC PHCC should have at least two operating theatres to enable sustained safe surgical obstetric interventions. This enables alternate use of theatres in emergency situations even in the event one of the nits has to be closed because of contamination or breakdown of equipment.

Comprehensive EmONC PHCC will provide mentorship to PHCU staff and help to create career paths for the HHP, Village maternal health workers and CHW. They will ensure efficient Health Management Information Systems for the health services in their catchment areas including administrative and support activities (e.g. register keeping, drug management and maintenance and, if applicable, book-keeping) and reporting of all health activities within its coverage.

Summary of key services provided at BEmONCPHCCs

- Preventive care and health promotion
- 24-hour basic Emergency Obstetric and Neonatal Care.
 - I.V. antibiotics administered
 - I.V. oxytoxics administered
 - I.V. anti-convulsants
 - Manual removal of the placenta
 - Assisted delivery by Vacuum Extraction
 - Manual vacuum aspiration of retained products of conception
 - Neonatal resuscitation
- Curative care (including I.M. injections and I.V. lines for I.V. fluids and antibiotics)
- Home treatment and outpatient care for moderate and severe acute malnutrition
- Inpatient stabilization care for severe acute malnutrition (SAM) with complications
- First aid for emergency conditions and referral
- Small surgery (incl. first aid for trauma, stabilization and referral)
- Dental care (on fixed days by dental technician, once service is available)
- TB diagnosis and treatment (DOTS)

- Laboratory examinations
- Screening for STIs/HIV and provision of VCT and PMTCT services
- Observation, with 10-20 beds
- Training (for PHCU staff)
- Health Management Information System (clinical documentation, regular reporting, audits)
- Administrative and support activities (e.g. register keeping, drug management and maintenance)

5.6. Boma Health Committees (BHCs)

The BHCs will provide administrative support and mentorship. They consist of elected community members. They should be representative of the whole community and must maintain a gender balance with women and men equally represented. Among its key functions are:

- a. Implementation of community health activities
- b. Community participation and involvement
- c. Community ownership and development of local leadership
- d. Referral system and surveillance
- e. Monitoring and Evaluation
- f. Monthly work plans by health committees
- g. Outreach health programs
- h. Health education and promotion
- i. Health campaigns and awareness programs
- j. Efficient and cost-effective use of resources

5.7. The County Health Department.

The County Medical Officer of Health (CMOH) as the head of the County Health Department (CHD) guarantees the implementation of the health policy, co-ordinates with other authorities and actors and oversee health activities by all agencies or stakeholders working , such as, health promotion, curative services, HMIS, EPI, pharmaceuticals and medical supplies data management for securing commodities, HR management and administration and finance. The county health department houses the oversight team. It also Chairs the County Healthy forums that has the responsibility for the development of comprehensive sector wide county health plan. The CHD guarantees the implementation of the health policy, co-ordinates with other authorities and actors and supervises specific areas activities that include:

- a. Health coordination
- b. Assessment and analysis of local health and managerial needs
- c. Joint strategic planning based on local needs and problems
- d. Contributions towards management of information systems
- e. Implementation of health care and services
- f. Monitoring and evaluation
- g. Referral system and epidemiological surveillance
- h. Efficient and cost-effective use of resources

In view of the shortcomings of skilled human resources, many of these functions may be carried out initially by an implementing partner to whom the BPHS is contracted out or by a separate partner charged with the responsibility of building the capacity of the CHD, (in case the MoH decides that the possibility of conflict of interest requires service delivery separating from coordination). It is important that these functions are located at the CHD and not in the NGO/FBO partner's office and that continued investment in infrastructure and capacity building takes place over the years.

It is proposed that in the interim, one CHD manage the health services of 2-3 counties. Major decisions require consensus building between implementing partners and the CHD. Key decisions such as location of health facilities and appointment of public health staffs have to be approved by the State MoH.

Table 5. Primary Health Care Units (PHCU)

Catchment Population: 15,000 population		Human Resources (Total 8)	Facilities	Equipment
Service profile				
Integrated Reproductive Health Services	Essential Obstetric Care: Outreach/mobile ANC at the PHCU monthly, Normal deliveries, Counseling for compliance with ANC, referral of infections to B-EmNOCPHCC, Hemorrhages, eclampsia and severe sepsis to C-EmNOCPHCC	Technical [5] -2 CHWs (1 for facility-based curative activities, 1 for community based promotive activities) -2 MCHW (to be replaced by Community Midwife when human resources are available) -1 Statistical Clerks Support Staff [3] -2 Dispensers and Assistant -1 Janitor (1 guard/cleaner) Total staff: [8]	2 Consultation Rooms Delivery room Dispensing area / Store Waiting area Latrine Water store	Examination tables Delivery table Fetoscope Stethoscope Sphygmo-manometer Thermometers Fetoscopes Dressing set Baby scale Adult scale Bicycle
	Protective Sexual and Reproductive Health (SRH) for women			
	Adolescent SRH			
	Men's SRH			
Community Based Health Care	<i>Integrated Essential Child Health Care (i) EPI: Mobile/Outreach Immunization of children monthly, support NIDs and mop up campaigns</i> ENA: Promotion of BF infant feeding and weaning practices, GMP, management of mild to moderate malnutrition and referral of severe malnutrition to PHCC Community based child survival			
	Management of local endemic diseases			
	Control of neglected tropical diseases			
	Community based prevention, care for common injuries and rehabilitation			
	Visual health, Oral Health and Mental Health			
	Disease surveillance and emergency preparedness			
Health Promotion	Awareness sensitization and BCC on the priority health problems			
	School Health and Nutrition			
	Community based nutrition and food security			
	Community actions for safe environment, water and sanitation			
M/E and Operations Research	Routine Health Management Information System, Periodic Surveys and special studies			

Table 6. Basic, Emergency Obstetric and Neonatal Care Primary Health Care Centre (B-EmONCPHCC)

Catchment population: 25,000		Number of Beds 15		
Service profile		Human Resources (Total 21)	Infrastructure	Equipment
Integrated Reproductive Health Services	Essential Obstetric Care: Daily ANC treatment for ordinary infections and SSTI, conduct normal deliveries, counseling for compliance with ANC, and for delivery at health facilities. Referral of APH and severe PPH to CEmNOCPHCC, and Severe Hypertensive renal diseases in Pregnancy and eclapmsia to State Hospital	Technical [13] -2 Medical Assistant/ Clinical Officers -3 Community certificated/enrolled nurses - 2 Community Midwives -2 Nutritionist -2 Laboratory Assistant -2 Pharmacy Assistant	3 Consultation Rooms Maternity ward and labor ward 2 general observation units 1 Laboratory Delivery room Minor theatre Dispensing area / Store Cold chain store unit Waiting area Latrine Protected water source for 20,000 or more liters Staff residential houses Electricity supply 24 hours or minimum when required	Stethoscopes Otoscope Sphygmomanometer Thermometer Baby scale Adult scale Beds, bedding 10 general and Delivery tables - 3 Fetoscope Equipment for basic EmONC – MVA, Delivery forceps, vacuum extractor Surgical toilet tray set Manual resuscitation equipment Oxygen supply (portable oxygen concentrators) Autoclave / Sterilizing facility Cold chain & Laboratory equipment Refrigerator Bicycles
	Protective Sexual and Reproductive Health (SRH) for women			
	Adolescent SRH			
	Men's SRH			
Community Based Health Care	Integrated Essential Child Health Care Daily immunization of children monthly, support NIDs and mop up campaigns ENA: Promotion of BF infant feeding and weaning practices, GMP, management of mild to moderate malnutrition and referral of severe malnutrition with complications to TFC Integrated Management of Childhood Illnesses (IMCI)	Support Staff [8] -2 Dispensers -2 Statistical Clerks -2 Community Health Workers -2 Janitor (guard/cleaner) Total Staff: [21]		
	Management of local endemic diseases			
	Control of neglected tropical diseases			
Health Promotion	Community based prevention, care for common injuries and rehabilitation			
	Visual health, Oral Health and Mental Health			
	Disease surveillance and emergency preparedness			
M/E and Operations Research	Awareness sensitization and BCC on the priority health problems			
	School Health and Nutrition			
	Community based nutrition and food security			
	Community actions for safe environment, water and sanitation			
	Routine Health Management Information System, Periodic Surveys and special studies			

Table 7. Comprehensive Emergency Obstetric and Neonatal Primary Health Care Centre (EmOC PHCC)

Catchment Population: 50,000		Number of Beds 25		
Service profile		Human Resources (Total 27)	Facilities	Equipment
Integrated Reproductive Health Services	Essential Obstetric Care (EOC) that includes Emergency, Obstetric and neonatal Care (EmONC), Post Abortion Care (PAC), PMTCT, Post Natal Care (PNC), Family Planning (FP) Including Caesarean Section and Emergency Hysterectomy	Technical [19] -3 Clinical Officers -2 Medical Assistants -5 Community certificated Nurse -2 theatre attendants -2 Community Midwives -2 Nutritionist	Consultation Rooms	Stethoscopes
	Protective SRH for women		Counseling center	Otoscope
	Adolescent SRH		Delivery room	Sphygmomanometer
	Men's SRH		Maternity 15 beds	Thermometer
Community Based Health Care	Integrated Essential Child Health Care	-2 field staff (Nurse, Public Health technician and Nutrition Assistant)	General wards – pediatric 5 beds, Male 5 beds, female, Children's 5	Baby scale
	Management of local endemic diseases		Dispensing area / Store	Adult scale
	Control of neglected tropical diseases		Cold chain Unit	Beds, bedding 10 general and
Health Promotion	Community based prevention, care for common injuries and rehabilitation	Support Staff [8] -2 Dispensers -2 Statistical Clerks -2 Community Health Workers (Vaccinators) -2 Janitor (guard/cleaner)	Sterilization Unit	Delivery tables - 3
	Visual health, Oral Health and Mental Health		Waiting area	Fetoscope
	Disease surveillance and emergency preparedness		Latrine	Equipment for basic EmONC
M/E and Operations Research	Awareness sensitization and BCC on the priority health problems	Total Staff: [27]	Water source for 40,000 liters	Minor surgery equipment
	School Health and Nutrition			Manual resuscitation equipment for neonates
Community actions for safe environment, water and sanitation	Community based nutrition and food security			Surgical theatre for Caesarian Section, ruptured ectopic pregnancy and emergency hysterectomy for ruptured uterus.
				Will also serve other emergency surgeries.
				Autoclave / Sterilizing facility
				Cold chain & Laboratory equipment
				Refrigerator
				Communication equipment
				Bicycles
M/E and Operations Research	Routine Health Management Information System, Periodic Surveys and special studies			

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	Level: Community Primary Referral		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Folic acid fortification/supplementation to prevent neural tube defects	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i> ; note that folic acid included under antenatal care at village level, not adolescence and pre-pregnancy; also note that <i>The Reproductive Health Policy</i> lists folic acid only under the second and third tiers of health facilities (excludes first tier <i>primary health care unit</i>).
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Level: Referral		
	Family planning (surgical methods)	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
Pregnancy (antenatal)	Level: Community Primary Referral		
	Iron and folic acid supplementation	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i> ; note that <i>The Reproductive Health Policy</i> lists folic acid only under the second and third tiers of health facilities (excludes first tier <i>primary health care unit</i>).
	Tetanus vaccination	Yes	Source: <i>The Reproductive Health Policy</i> ; note that the policy lists tetanus vaccination only under the second and third tiers of health

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
			facilities (excludes first tier <i>primary health care unit</i>).
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i> and <i>Southern Sudan Essential Medicine List</i>
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i> only lists nutrition counseling generically
	Interventions for cessation of smoking	No	This service was not specified in reviewed documents and is not relevant to other included services
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Yes	Source: <i>The Reproductive Health Policy</i>
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	Source: <i>The Reproductive Health Policy</i> only lists management of pre-eclampsia generically. <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i> do not appear to include this intervention for purposes of preventing pre-eclampsia.
	Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: <i>Southern Sudan Essential Medicine List</i>
	Magnesium sulphate for eclampsia	Yes	Source: <i>Southern Sudan Essential Medicine List</i> and <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Antibiotics for preterm prelabour rupture of membranes	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i> includes manual vacuum aspiration
	Post abortion care	Yes	Source: <i>Basic Package of Health and</i>

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
			<i>Nutrition Services for Southern Sudan</i>
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
Childbirth	Level: Community Primary Referral		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	This service was not specified in reviewed documents
	Social support during childbirth	No	This service was not specified in reviewed documents and is not relevant to other included services
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (<i>as above plus controlled cord traction</i>)	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Management of postpartum haemorrhage (<i>as above plus manual removal of placenta</i>)	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Screen and manage HIV (if not already tested)	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Prophylactic antibiotic for caesarean section	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Induction of labour for prolonged pregnancy (initiate labour)	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Management of postpartum haemorrhage (<i>as above plus surgical procedures</i>)	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Postnatal (Mother)	Level: Community Primary Referral		
	Family planning advice and contraceptives	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Nutrition counselling	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Treat maternal anaemia	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
Postnatal (Newborn)	Level: Community Primary Referral		
	Immediate thermal care (to keep the baby warm)	Unspecified	This service was not specified in reviewed documents
	Initiation of early breastfeeding (within the first hour)	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Hygienic cord and skin care	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i> ; note that this service was unspecified at community level
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Extra support for feeding small and preterm babies	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Management of newborns with jaundice (“yellow” newborns)	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i> and <i>Prevention and Treatment Guidelines for Primary Health Care</i>	

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
			<i>Centres and Hospitals</i>
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i>
Infancy and Childhood	Level: Community Primary Referral		
	Exclusive breastfeeding for 6 months	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Prevention and case management of childhood malaria	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Vitamin A supplementation from 6 months of age	Yes	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i> ; note that the guidelines advise to start at 3 months if child is not breastfed, 9 months if child is breastfed.
	Routine immunization plus <i>H. influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	No	Source: <i>Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals</i> ; the guidelines exclude pneumococcal and rotavirus vaccines
	Management of severe acute malnutrition	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Case management of childhood pneumonia	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Case management of diarrhoea	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
	Level: Primary and Referral		
Comprehensive care of children infected	Yes	Source: <i>Basic Package of Health and</i>	

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	with, or exposed to, HIV		<i>Nutrition Services for Southern Sudan</i>
	Level: Referral		
	Case management of meningitis	Yes	Source: <i>Basic Package of Health and Nutrition Services for Southern Sudan</i>
Across the continuum of care	Level: Community Strategies		
	Home visits for women and children across the continuum of care	No	This service was not specified in reviewed documents and is not relevant to other included services
	Women's groups	No	This service was not specified in reviewed documents and is not relevant to other included services



BOLD THINKERS DRIVING
REAL-WORLD IMPACT