

# Strengthening the National Malaria Control Program in South Sudan

## PROJECT DESCRIPTION

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program works to ensure access to quality pharmaceutical products and effective pharmaceutical services through systems strengthening approaches that achieve positive and lasting health outcomes. SIAPS, which is funded by the US Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH), is providing technical assistance at the national level and in South Sudan's former Central and Western Equatoria states to strengthen pharmaceutical services.



## BACKGROUND

Malaria is an endemic disease that accounts for 40% of outpatient consultations, 30% of hospital admissions, and 20% of health facility deaths in South Sudan<sup>i</sup>. Children under the age of five and pregnant women are most vulnerable to malaria

due to their weak immune systems. According to the 2013 Malaria Indicator Survey (MIS) from the country's Ministry of Health (MoH), only 17% of children under the age of five years received treatment within 24 hours of fever onset, and only 50% sleep under long lasting insecticide-treated nets (LLINs). Only 32% of pregnant women received two or more sulphadoxine-pyrimethamine intermittent preventive treatments for malaria during pregnancy<sup>ii</sup>. Access to malaria treatment and prevention services remains limited due to poor planning and coordination, particularly at the state and county levels.

The Government of South Sudan expends significant resources in the fight against malaria. With support from development partners, it has invested in personnel, infrastructure, and the procurement and distribution of malaria commodities in the country. As one of the key partners supporting government efforts to control malaria, SIAPS has been working to build the capacity of the National Malaria Control Program (NMCP), a government organization responsible for the planning, coordination, and general oversight of all malaria prevention and control activities, including fulfilling Roll Back Malaria and MIS requirements.

## APPROACH

SIAPS seeks to build the capacity of the NMCP to perform its core functions, including planning, coordinating, and implementing malaria interventions. With a senior malaria technical

advisor and a senior monitoring and evaluation advisor embedded within the NMCP, SIAPS helps to build the capacity of public health workers by providing on-the-job training and conducting routine supportive supervision for the NMCP and its partners. The SIAPS team coordinates with other USAID and global health partners and provides malaria case management training to build local capacity and ensure effective management of essential anti-malarial commodities in the country.

## PROJECT IMPLEMENTATION

### ***Building Capacity within the NMCP***

SIAPS technical support to the NMCP included providing on-the-job training, conducting malaria technical working group meetings, improving malaria surveillance, and updating the malaria epidemic preparedness and response plan. SIAPS continued to coordinate the Pharmaceutical Technical Working Group as the secretariat and provided a national-level update of malaria commodities security.

### ***Training in Malaria Case Management and Rational Medicine Use***

The MoH issued revised Malaria Case Management Guidelines in 2016. In response, SIAPS organized malaria case management trainings to build local capacity for effective treatment and rational medicine use per the guidelines. Working with national- and state-level trainers of trainers from the NMCP and key national public hospitals, SIAPS staff delivered three trainings, one in Western Equatoria State and two in Central Equatoria State. The goal of these trainings was to build the competencies of health workers to understand the risks associated with complicated severe falciparum malaria; take histories and make appropriate diagnoses; administer emergency treatment to severely ill patients, including children and pregnant women; and keep appropriate records.

By May 2016, SIAPS had trained 107 health workers, including medical officers, clinical officers, nurses, midwives, dispensers, nursing assistants, storekeepers, laboratory assistants, and

community health workers from 10 counties in the Western and Central Equatoria states<sup>iii</sup>. All 107 trained health workers developed two post-training action plans to be implemented and reviewed during supportive supervision visits.

### ***Supporting the 2013 and 2016 MIS***

As recommended by the Roll Back Malaria Partnership, which is the platform for a coordinated global effort against malaria, the NMCP conducts an MIS every two to three years to evaluate the outcomes and impact of malaria interventions using population-based indicators. The MIS is a national survey that examines the prevalence of core malaria control interventions; the prevalence and type of malaria parasites in children under the age of five and pregnant women; the prevalence of anemia among pregnant women; and the knowledge, attitudes, and practices regarding malaria in the general population<sup>iv</sup>.

As part of the core planning team for the 2013 MIS in South Sudan, SIAPS worked closely with the NMCP and its partners to provide technical oversight, including budgeting, protocols, and data collection. During the implementation phase, SIAPS provided logistical support and training to field teams; oversaw data entry, analysis, and compilation; and assisted with the publication and dissemination of the final report. Despite challenges due to conflict in South Sudan, SIAPS has provided similar support to the NMCP and its partners in preparing the protocol and tools for the 2016 MIS.

### ***Conducting Supportive Supervision in Health Facilities***

SIAPS conducted quarterly joint supportive supervision visits with NMCP staff, along with state malaria coordinators and malaria monitoring and evaluation officers, to counties in the Western and Central Equatoria states to provide guidance and mentor health workers. The visits gave SIAPS the opportunity to assess the capacity of health workers and technical staff working in the target malaria sentinel sites; the availability of laboratory services, such as malaria microscopy and rapid diagnostic testing; and the training needs, reporting tools, and conditions that influence the

performance of health workers. The visits also helped the team gather information on supply chain management in general and gauge the availability of antimalarial medicines in health facilities. After conducting each visit, SIAPS developed recommendations and coordinated trainings to improve the management of malaria patients at health facilities.

### ***Distributing Malaria Commodities***

As the lead agency supporting the MoH in ensuring effective management of pharmaceuticals and services in South Sudan, SIAPS provided safe storage for USAID-procured malaria commodities, including LLINs and artemisinin-based combination therapy (ACT) in the Western and Central Equatoria states. SIAPS supported NMCP partners in conducting a gap analysis for malaria commodities, developing a distribution plan for existing commodities to ensure coverage, and increasing the availability of antenatal care services.

In the Western and Central Equatoria states, SIAPS distributed 250,000 doses of sulphadoxine-pyrimethamine to pregnant women, 635,650 doses of ACT to health facilities, and 400,000 LLINs through routine distribution in eight states per the World Health Organization's Expanded Program on Immunization and antenatal care clinic recommendations. SIAPS worked with the USAID-funded DELIVER project and the NMCP to finalize the commodities procurement information request forms for these antimalarial commodities for the Western and Central Equatoria states. SIAPS, with additional funding from USAID, also supported the NMCP to procure one million rapid diagnostic tests to be distributed as a stop gap for fiscal year 2017 in eight Health Pooled Fund 2-supported states. The tests are expected to be distributed in November 2016.

## **CHALLENGES**

**Insecurity:** Many counties in Western Equatoria State have suffered from ongoing insecurity that hindered supportive supervision visits. As a result, some targets were not achieved.

Insecurity further affected commodities distribution, with some LLIN consignments looted while en route to Kuajok, Warrap State. Conflict in July 2016 led to a scaling down of project activities across many sites in South Sudan, and SIAPS has had to provide remote support from outside the country.

**Infrastructure:** Many counties still lack adequate infrastructure, such as medicine stores, electricity, and roads, making supportive supervision visits a challenge.

**Staff turnover and morale:** Nearly 50% of essential staff left the NMCP between March and August 2016. This was partly due to delayed salary payments from the Global Fund malaria grant principal recipient in South Sudan, as well as a desire to look for job opportunities outside the NMCP.

<sup>i</sup> **South Sudan Ministry of Health 2013 Malaria Indicator Survey Report.**

<sup>ii</sup> **Ibid.**

<sup>iii</sup> **Central Equatoria State Malaria Case Management Training Report. April 2016.**

<sup>iv</sup> **South Sudan Ministry of Health 2013 Malaria Indicator Survey Report.**

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## RECOMMENDATIONS

Project Activity	Recommendation
Malaria case management trainings	Malaria case management trainings should be continued on the job and via continuing medical education at health facilities. Copies of printed guidelines should be available to all health facility workers; one copy per facility is not sufficient.
Technical support to USAID partners on the storage and distribution of malaria commodities	Before shipping medical commodities to their destinations, an assessment of storage needs must be completed and gaps costed. Medical commodities destined for remote field locations may be dispatched in batches to minimize loss and storage challenges at the receiving end.
Development of malaria policy documents	As part of the policy development process, consensus building on draft policy documents among key technical working group members should be prioritized before seeking approval from senior management at the MoH. An external consultant should be hired to help with activities that require a significant level of effort.
Technical assistance to the NMCP to conduct the 2016 MIS	It is critical that the country continue conducting the 2016 MIS even after the SIAPS project concludes, as it provides important planning information to the MoH and donors.
Supportive supervision	Supportive supervision should be continued because it provides the NMCP with information on training needs for health workers and issues of availability of essential medicine in health facilities, particularly antimalarial medicines.

ABOUT SIAPS | The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program works to assure access to quality pharmaceutical products and effective pharmaceutical services through systems-strengthening approaches to achieve positive and lasting health outcomes. SIAPS is funded by the US Agency for International Development (USAID) and is implemented by Management Sciences for Health.

The information provided does not reflect or represent the position or views of the US Agency for International Development or the US Government.



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