

OPTIMIZING HIV SERVICE DELIVERY DURING AND AFTER CONFLICT: THE CASE OF SOUTH SUDAN

SOUTH SUDAN

Background

The Republic of South Sudan gained independence in 2011, making it the newest country in Africa. The two protracted civil wars that preceded independence and, together, spanned over four decades, left South Sudan's health system and infrastructure in an extremely weak state. With an estimated 190,000 people living with HIV in the country—20,000 of whom are children under 15—mounting an effective national HIV response represents one of many critical public health challenges facing South Sudan.

In 2011, South Sudan had 22 HIV care and treatment sites providing services to people living with HIV, up from only two in 2006 (see Figure 1). Progress strengthening HIV services was halted, however, when the national HIV program failed to secure resources to continue HIV activities funded through the Global Fund to Fight AIDS, Tuberculosis, and Malaria. This critical funding expired in November 2011, leaving the future of South Sudan's HIV program uncertain.

Core Project Approaches

In December 2012, ICAP collaborated with CDC to respond to this urgent need by launching a program to provide technical assistance to the Government of South Sudan. ICAP used a multi-pronged approach to support the Ministry of Health (MOH) to develop a robust, evidence-based response to the



HIV epidemic and improve the quality of HIV care and treatment services in South Sudan. This approach comprised:

Building the Ministry of Health's Capacity at the National and State Level

Figure 1: South Sudan Health Facilities Providing HIV Care and Treatment (national HIV prevalence: 2.7%)



Recognizing that the numerous implementing partners supporting South Sudan's HIV program lacked coordination, ICAP worked to increase the MOH's ownership of the HIV response; to standardize the way HIV services were being delivered; and to increase communication among partners by:

- Supporting the revitalization of HIV-related technical working groups and providing technical assistance to revise national HIV care and treatment guidelines, training materials, and monitoring and evaluation (M&E) tools; to standardize the national package of HIV care and support; and to develop plans for the scale-up of HIV care and treatment and Option B+ throughout South Sudan.
- Seconding an HIV specialist to the MOH's HIV/AIDS Department to strengthen coordination and oversight of the national HIV program.
- Identifying bottlenecks affecting the quality of HIV services in South Sudan by working hand-in-hand with the MOH to conduct a **joint assessment** of 21 of the country's 22 HIV care and treatment facilities. Meetings

were subsequently conducted at each facility to share the findings with health managers and staff, and to collaboratively develop action plans addressing identified gaps.

- Advocating for the establishment of a supply chain technical working group, in order to address recurrent supply chain interruptions that were inhibiting HIV service delivery, and supporting the group to conduct national-level HIV commodity quantification using facility-level consumption data.
- Developing a supervisory framework and beginning to build the capacity of national- and state-level MOH staff to provide effective supervision to HIV care and treatment facilities. This included institutionalizing regular, on-site supportive supervision and clinical mentorship visits using a standardized HIV program quality assessment tool.

Providing Technical Assistance to Health Facilities to Improve HIV Service Quality

The joint assessment revealed that health providers working at HIV care and treatment sites generally lacked sufficient knowledge and skills to provide high-quality services. To address this gap, ICAP:

- Trained 33 health facility ART managers in ART site management, covering topics such as how to coordinate HIV services at the facility level and how to manage the supply of drugs and commodities.
- Adapted useful job aids and disseminated them to health workers. ICAP also provided them with ongoing on-the-job mentorship and supportive supervision to continuously build their knowledge and skills.
- Developed a data-driven, systematic continuous quality improvement framework to build health worker capacity to monitor service quality indicators.

In addition, ICAP worked to improve health facility-level systems across South Sudan's 22 care and treatment facilities by:

- Conducting workflow analyses to maximize the efficiency of limited available human resources.
- Providing basic medical equipment, such as scales, stethoscopes, and blood pressure cuffs, as well as essential office supplies, to 14 health facilities.
- Working to institutionalize intra- and inter-facility referral

systems to increase patient uptake of HIV services.

- Supporting health facilities to standardize requisition and reporting processes to lessen the frequency of drug and commodity stock-outs.
- Strengthening facility-level laboratories by distributing CD4 point of care machines and related reagents to ten priority health facilities, training 22 laboratory personnel on their use, and providing clinical mentorship on laboratory quality management.

Supporting the Use of Strategic Information for Evidence-Based Decision-Making

The joint site assessment also revealed considerable gaps in routine service data collection, compilation, and review. To begin to address these gaps, ICAP:

- Participated actively in the national strategic information technical working group, supporting national stakeholders to assess gaps in M&E and update national M&E tools.
- Worked hand-in-hand with health facilities to collect routine service data, providing mentorship on the use of updated national M&E tools and supportive supervision to improve the quality of data being collected.
- Helped introduce appointment log books at HIV clinics as a way to standardize patient appointment systems and allow health workers to better monitor patient retention.
- Supported the MOH to conduct the country's first **National Annual Review and Planning Workshop**, where representatives from the MOH, 19 ART facilities, and implementing partners gathered for five days to review results of the joint clinic assessment and performance during 2014. During the workshop, each health facility developed an annual plan encompassing all aspects of HIV care, with specific targets to be monitored at the facility, state, and national level. This represented the first evidence-based, facility-level decision-making and planning event of its kind in South Sudan.

Providing Technical Assistance to Minimize Service Interruption During and After Conflict

When political conflict re-erupted in South Sudan in December 2013, many HIV care and treatment facilities in Juba, Jonglei, Upper Nile, and Unity states were forced to close, and facilities throughout the country experienced complete or partial

stock-outs of ARVs and other essential commodities. To help minimize service interruptions, ICAP:

- Provided technical support through weekly calls to each health facility, using a checklist to address all aspects of HIV service provision, and liaised with stakeholders and facilities to address supply shortages and stock-outs.
- Developed guidelines on ARV substitution to facilitate health workers' decision making in cases where a patient's current ARV regimen was out of stock. This document was vetted by the MOH and distributed nationally.
- Provided technical assistance to introduce client-held cards enabling ART and PMTCT patients to carry their treatment information to any facility to access services.

What Was Achieved

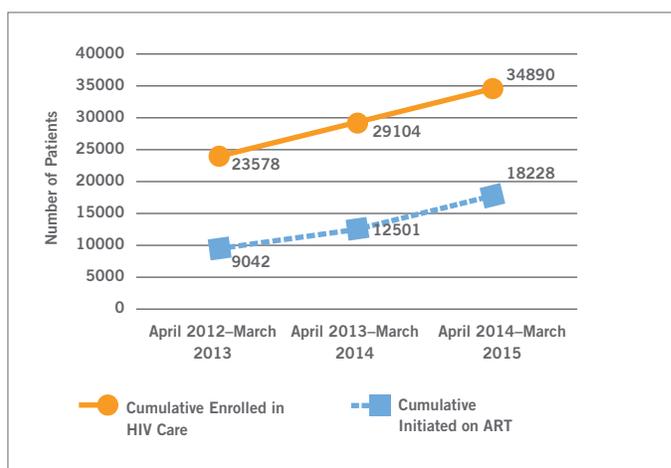
As a result of the support ICAP provided to local partners in South Sudan between December 2012 and March 2015,

- A total of **12,704** people were newly enrolled in HIV care and **10,440** people were initiated on ART.
- The cumulative number of patients accessing ART increased from **9,042** in March 2013 to **18,228** in March 2015 (see Figure 2).
- The cumulative number of patients enrolled in HIV care increased from **23,578** in March 2013 to **34,890** in March 2015 (see Figure 2).
- The number of people receiving ART at a given point in time more than doubled, from 5,159 in March 2013 to 10,852 in March 2015.
- The percentage of people living with HIV known to be alive and on treatment 12 months after ART initiation increased from **66 percent** in March 2014 (when this data started being collected) to **72 percent** in March 2015.

Lessons Learned and the Way Forward

- In complex settings where there are problems with service quality, engaging a new, "third-party" partner (in this case, ICAP) to conduct a comprehensive assessment of service quality can help identify key bottlenecks and foster communication and collaboration among implementing partners and local stakeholders in order to address them.

Figure 2: Increase in Cumulative Number of Patients Enrolled in HIV Care and Initiated on ART in South Sudan, 2013-2015



- It is very difficult to implement an effective HIV program in the context of severe human resource shortages; efforts to improve HIV service delivery should be accompanied by initiatives to expand existing cadres of health workers.
- To optimize resources and ensure that all health facilities are implementing the same model of HIV care, it is important that countries have nationally standardized HIV guidelines, a national training curriculum, and mechanisms that support a holistic approach to mentorship and supportive supervision.
- By early 2014, approximately 740,000 people had been internally displaced by renewed political conflict in South Sudan. To ensure that people living with HIV can remain on treatment during and after crisis situations, it is critical that humanitarian assistance programs provide a minimum set of HIV care and treatment services to internally displaced populations.

Going forward, ICAP will continue its work providing technical assistance to South Sudan's MOH to further strengthen its HIV program. ICAP will also expand its scope in 2016, initiating intensive work with nearly half of the HIV care and treatment facilities in South Sudan—prioritizing high-patient load facilities in high-burden regions of the country—to improve the quality of HIV care and treatment service delivery.