

ANNEX F.

Ministry of Health, Government of Southern Sudan



Basic Package of Health and Nutrition Services For Southern Sudan

Third Draft – February 2008



ACKNOWLEDGMENT

On behalf of the Ministry of Health, Government of Southern Sudan, I thank all individuals, International and National Organizations institutions, and agencies that contributed to the development of this document. First and foremost, to the Italian Cooperation who provided the funds and WHO South Sudan Office who provided the technical assistance for the development of Basic Package of Health Services (BPHS) for South Sudan. Secondly to all development partners who generously contributed knowledge, experience and devoted time in the collation of relevant material and ideas that now form the Basic Package of Health Services for South Sudan.

I specially mention senior staff in the Government of South Sudan Ministry of Health (GoSS-MoH), Dr. Samson Baba, Dr. Nathan Atem and Dr. John Rumunu, for guiding the technical process and for specific input during the development of this document. Profound thanks also goes to the Health and Nutrition Consultative Group whose constructive feed back have shaped the content of the document and sharpened the focus on our priority concerns. Let me also express my sincere gratitude to Dr. Olivia Lomoro for supervising the editing and updating of this document, Dr. John Alwar for technical edit and compiling the final version of this the document.

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ABBREVIATIONS AND ACRONYMS

ABC	Abstinence, Be faithful, Condom use
ASRH	Adolescent Sexual Reproductive Health
ARI	Acute Respiratory Infection
ARV	Anti Retroviral therapy (against HIV)
BeMoNC	Basic Emergency Obstetrics and Neonatal Care
CeMoNC	Comprehensive Emergency Obstetrics and Neonatal Care
CHD	County Health Department
CHW	Community Health Worker
CMOH	County Medical Officer of Health
CPT	Cotrimoxazole Prophylactic Treatment
CTC	Community-based Therapeutic Care
DOTS	Directly Observed Treatment – short course
EmONC	Emergency Obstetric and Neonatal Care
EWARN	Early Warning Alert and Response Network
EOC	Essential Obstetric care services
FGM	Female Genital Mutilation
GAM	Global Acute Malnutrition
GAVI	Global Alliance for Vaccines and Immunisation
GFATM	Global Fund against AIDS, Tuberculosis and Malaria
GOSS	Government of Southern Sudan
HHP	Home Health Promoter
HNCG	Health and Nutrition Consultative Group
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide Treated Net
IEC	Information, Education and Communication
IECHC	Integrated Essential Child Health Care
JAM	Joint Assessment Mission
MCH	Mother and Child Health
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health (GOSS)
MUAC	Mid Upper Arm Circumference
NID	National Immunisation Day
OF	Obstetric Fistula
OPD	Outpatient Department
PMTCT	Prevention of Mother to Child Transmission (of HIV)
RUTF	Ready to Use Therapeutic Food
SoH	Secretariat of Health (predecessor of MoH)
SSRC	Sudan Relief and Rehabilitation Commission
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
VCT	Voluntary Counselling and Testing
SBA	Skilled Birth Attendant
MISP	Minimum Initial Service Package

1. BACKGROUND

1.1. Introduction

The Basic Package of Health Services (BPHS) in South Sudan is developed as the medium term strategy to promulgate the long term Health Care Policy (HCP) of the Ministry of Health (MoH) Government of south Sudan (GoSS) that is founded on Primary Health Care (PHC). It comprises a selection of the most cost-effective elements of PHC to be delivered in an integrated way to enhance progress towards the Millennium Development Goals (MDG). BPHS sets health service delivery norms and standards to guide planning, implementation, monitoring and evaluation at the community, Primary Health Care Unit (PHCU), Primary Health Care Center (PHCC), and by the County Health Department. This document contextualizes BPHS to the country context, positions health service provision within the overall economic and social development framework, and relates it to similar programs in other countries to enable international comparison.

1.2. Country context

Southern Sudan covers an area of approx. 640,000 kilometres¹ divided into ten states¹ with over 90 counties. The population is estimated at 7.8 – 10 million and expected to increase to 12 million by 2010, owing to high rate of natural growth and the return of refugees. Southern Sudan is one of the poorest countries in the world, although prospects of oil revenue promise future economic improvement. With few exceptions, population density is low, presenting some serious constraints in the distribution of health care personnel and commodities. According to the recently completed Sudan Household Health Survey (SHHS), the infant mortality rate is 102/1,000 live births and the under-five mortality rate is 135/1,000 live births, being the highest in the world. Child malnutrition is endemic, 32.98% of under-fives are underweight, 13.5% of them severely, another 22.04%, have moderate and 7.25% severe wasting; and Only 17.03% of under-fives are fully immunized. Among the expectant mothers, only 23.11% of expectant mothers receive antenatal care from Skilled health personnel and only 13.6% deliver in health institution where only 10.02 % are cared for by skilled health personnel. Contraceptive Prevalence rate stands at 3.5% . Moreover, only 31.73% of mothers receive at least two doses of tetanus toxoid vaccine during pregnancy. All these lead to a high maternal mortality ratio of 2054/100,000 livebirths Less than half (48%) of people in South Sudan use improved drinking water, and only 6.4% of the population uses sanitary means of excreta disposal. A range of rare 'tropical' diseases remain endemic in Southern Sudan under the name 'neglected diseases'.

Comment [th1]: What is the unit. Shouldn't this be km²?

United Nations (UN) agencies including the United Nations Children's Fund (UNICEF), the World Food Program (WFP), the World Health Organization (WHO), and bilateral donors, particularly United States (US) through the United States Agency for International Development (USAID) and Non Governmental Organizations (NGOs), played a key role in health service provision in Southern Sudan over the latter period of the war. Health interventions focused on first-level health services that typify humanitarian action. As a result, the overall access to health care remains below 25% of the population, with user rates estimated to be as low as 0.2 contacts per person per year. Traditional medicine is practiced either out of conviction or because no other means of care are available and private for-profit sector is minimal and do not play a big role in health service delivery and is unlikely to do so in the near future.

¹ Western Equatoria, Central Equatoria, Eastern Equatoria, Northern Bahr el Ghazal, Western Bahr el Ghazal, Lakes, Warrap, Jonglei, Unity and Upper Nile

2. BASIC PACKAGE OF HEALTH SERVICES STRATEGY

2.1. Introduction

The last two decades have seen the emergence of a significant number of low cost technologies and approaches to support the effective delivery of PHC in the remotest of locations of the world. Southern Sudan missed the opportunity to join with the rest of the world in the adoption of such technologies and approaches because of a prolonged war and struggle for justice. Following the signing of Comprehensive Peace Agreement, a Multi-Donor Trust Fund (MDTF) was set up to channel resources to stimulate growth and development both in the north and south Sudan. Within this framework, the Umbrella Program for Health Systems Development (UPHSD) was established to develop core health sector systems and capabilities and increase population access to basic health services. BPHS is one of the service delivery components of UPHSD. This chapter outlines the Goal, Objectives and the Principles of BPHS. It links BPHS with referral health services and with activities of other development sectors, such as Agriculture, Education, Environmental Management, Gender, Social Welfare, Culture and Religious Affairs, that contribute directly to health outcomes, thereby creating opportunities for collaboration in planning and service delivery to mutually synergize and enhance the progress towards MDGs.

Comment [th2]: This is vague

2.2. The Purpose of BPHS

BPHS comprises a selection of cost-effective, affordable and acceptable promotive, preventive, rehabilitative and limited curative services that address priority health problems that are responsible for the greater part of the disease burden. These are:

Comment [th3]: The adjectives and the nouns don't line up too well...

- Improvement of Maternal and child health
- Control of communicable diseases
- Improvement of nutrition
- Control of selected non communicable diseases.

The term is used synonymously with essential health service package (EHSP) or minimum package of health services (MPHS). It promotes integration in health service delivery, since it provides a package of PHC elements as opposed to vertical intervention programs.

The Goal

BPHS contributes to the GoSS-Health Policy goal of promotion of equitable access to essential health services. The intention is to strengthen health systems while scaling up efficient, effective and sustainable provision of health services to attain rapid reduction in burden of disease thereby reducing poverty among the people of South Sudan.

Objectives

1. To increase access to PHC services from 25% to 50% by 2011 for the people in Southern Sudan.
2. To improve the quality of health care by delivery of specified norms and standards of selected PHC services at community, PHCU, PHCC and to the county health department levels.
3. To strengthen the management of health services through capacity building for state, county, payam health authorities and the communities in evidence based and result oriented planning, implementation, monitoring and evaluation of county and state health plans.

Core Values and Principles

BPHS is guided by the values defined in the GoSS-MoH Policy, namely: the right to health, a pro-poor focus, community ownership, good governance, equity of access to essential services and cost effectiveness. It embraces three principles of PHC that are adopted in the GoSS-MoH Health Policy, i.e., community participation; intersectoral collaboration; and strengthening referral systems.

Community participation

Community members are to be empowered to take greater responsibility for their health. They are to be sensitized to identify their health priorities, mobilize, allocate and manage resources, and monitor and evaluate the performance of their health initiatives. Community based extension service agents from health and collaborating sectors will coordinate, mentor and supervise communities own resource persons (CORPS) in the creation of awareness and support people to adopt behaviors that promote healthy lifestyle and prevent diseases.

Enhanced first level care and strengthened referral system

Essential health services must be available within the reach of the population. At community level, trained traditional birth attendants (TTBA) and Village Midwives (VMW) attached to a PHC unit under the direct Supervision of a skilled birth attendant (SBA), and village health promoters will support household members in implementing selected simple and effective health interventions. They will also be given skills training in highly effective first line interventions for the most common life threatening situations for mothers, children, adolescents and adults. While the BPHS does not address services from County, State, Teaching Hospitals, or the National reference laboratories, the services provided by these institutions will be developed in a way that directly supports and adds on to the outcomes of BPHS to cater for clients with more serious or relatively rare health needs. County hospitals will be directly responsible for oversight, technical support and capacity building for all clinical and diagnostic related services at PHCCs, PHCUs and household levels. The heads of hospital services will be represented in the county health management teams (CHMT) to ensure hospital-based resources are harnessed to strengthen the delivery of BPHS.

Intersectoral collaboration

Food production, its storage and distribution under the Agricultural sector, is critical to human survival and health. The Education sector can rapidly improve health related knowledge and skills in the community. Gender equity, culture, religious, social and economic practices have significant influence on people's health. The media can play supportive role by providing information that positively influence people to adopt health seeking behavior. The *Director Health Promotion*, working with counterparts from the respective sectors will develop behavior change communication (BCC) messages, materials and activities that will ensure that social and economic development is in tandem with enhanced health care outcomes. –Non governmental organizations (NGO) will be contracted to improve the current capacities of county health management teams and develop health care systems to increase access to essential services equitably.

Health Coordination forums (e.g. Health and Nutrition and Reproductive health Coordination forums) must be established both at the centre and at the state level and tasked to frequently bring together all stakeholders to engage in dialogue that takes forward all strategic frameworks for implementing the BPHS.

3. COMPONENTS OF THE BASIC PACKAGE OF HEALTH SERVICE

3.1. Introduction

BPHS outlines the service norms for four levels of care, Community-Based Health Care (CBHC) activities, Primary Health Care Unit (PHCU), Primary Health Care Centre (PHCC) and County Health Department (CHD). The selected interventions and the norms and standards for their delivery help the planners to acquire essential equipment and commodities, and to put in place the organization and logistics required for effective delivery of services. It also helps CORPS, and individual health professionals to assess their competencies and capabilities and guide health service managers in offering relevant guidelines, technical support, effective oversight and the necessary continued professional education programs to improve the knowledge and skills of health and related development workers. This chapter presents the components of BPHS, outlining service norms by level and integrates BPHS actions around four service areas:

1. Comprehensive Reproductive Health Care
2. Community Based Health and Nutrition Care
3. Health Promotion and Program Communication
4. Management, Oversight, Monitoring and Evaluation

Different directorates in GoSS-MoH will develop comprehensive policy protocols and guidelines for the delivery of quality services under their respective mandates. The directorate of PHC will integrate the care elements and services, oversee and provide technical support for the implementation within the BPHS framework. Table 1 presents a summary of BPHS at a glance.

3.2. Comprehensive Expanded Reproductive Health Services (CERHS)

CERHC services are intended to establish and maintain “reproductive health through informed choices of gendered, safe, reproductive and sexual practices.” The services include essential obstetric care (EOC), Women’s Reproductive Health Services (WRHS), Adolescent Sexual and Reproductive Health Services (ASRH) and Men’s Reproductive Health Services (MRHS).

Essential Obstetric Care (EOC)

EOC is a focused care delivery approach for normal and complicated pregnancies, at delivery and during the postpartum period. The goal is to reduce maternal mortality ratio by 25% between 2008 and 2011. Together with the Minimum Initial Service Package (MISP) for Reproductive Health programming and emergency preparedness response the services include: (i) Early detection of pregnancy and seeking antenatal care; (ii) Focused antenatal care Based on the principles of Standard Obstetric care (SOC) to identify and refer high risk pregnancies for management by Skilled health professionals; (iii) Nutrition education and support for expectant mothers, (iv) Skilled care and hygienic handling for mothers and newborns by Skilled birth attendants at delivery based on emergency obstetrics and neonatal care principles (v) Early identification, provision of life saving first aid measures and rational referral for life threatening complications, i.e. antenatal hemorrhage, infections and severe hypertensive-renal disorders in pregnancy; (vi) Focused postnatal care to prevent complications or identify any complications early, especially post partum bleeding and sepsis, and start life saving management and refer mother and child for further treatment; (vii) Post abortion care (PAC) to minimize mortality and prevent severe morbidity as a result of inevitable or incomplete abortions; and (viii) Prevention of mother to child transmission (PMTCT) of STI and HIV, and nutrition education and support for lactating mothers, Family planning and positioning of reproductive health commodities for emergency preparedness.

Table1. Summary of components of BPHS

Component	Sub-components	Service Norms
Expanded comprehensive reproductive health care	Essential Obstetric Care (SOC, EMONC,PAC, PMTCT,PNC, FP)	<i>Quality focused antenatal, delivery and post natal care emphasizing early recognition, life saving interventions and expedient rational referral; PMTCT and prevention and management of STI in pregnancy. Maternal and Newborn Nutrition</i>
	Tailored ASRH	<i>The signal Functions of Basic EMOnc</i> <ol style="list-style-type: none"> 1. <u>I.V antibiotics administered</u> 2. <u>I.V Oxytoxics administered</u> 3. <u>I.V Anti-convulsants</u> 4. <u>Manual Removal of the placenta</u> 5. <u>Assisted delivery by Vacuum Extraction</u> 6. <u>Manual Vacuum Aspiration of retained products of conception</u> 7. <u>Neonatal Resuscitation</u>
	Protective RH 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 RH	<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>
Community Based Health Care	Men's RH	<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>
	Integrated Essential Child Health Care	<i>Newborn care, warmth, feeding and identification of malformations and referral.</i> Expanded Program on Immunization (EPI) Essential Child Nutrition Action: Growth monitoring and promotion and micronutrient supplementation and community based nutrition rehabilitation, referral of unexplained failure to thrive and severe malnutrition. Integrated management of childhood illnesses: Childhood fevers- Malaria , Childhood diarrhea, Acute respiratory infections (ARI) and common epidemic outbreaks Child Development anomalies and convulsive disorders Limited curative services: Malaria, and Intestinal infections and parasites, eye and skin infections, Home based care for PLWHA, Follow up and DOTS supervision for cases of TB Prevention of Malaria, and intestinal infections and parasites, eye and skin infections, HIV/AIDS, TB and Leprosy <i>Oncocercus volvulus –OV, Kalaazar, Filariasis, Schistosomiasis and Trypanosomiasis</i>
	Management of local endemic diseases	<i>Empower communities to 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>
	Control of neglected tropical diseases	<i>Skill based training on physical injury, drowning, accident and envenomation prevention and management</i>
Health Promotion	Community based rehabilitation and care for chronic debilitating diseases	School Health and Nutrition as entry point to intersectoral integrated development promotion: information, education and behavior change communication for health and food security
	Community based nutrition and food security	Community based nutrition and food security program: Food production, preservation, preparation and dietary practices and hunger prevention Gender perspectives of health and development: Skill based adolescent reproductive health Skill based oral health
	Community actions for safe environment, water and sanitation	<i>Empower communities to develop a range of environmentally friendly and sustainable, collective community actions for production, exchange, preservation, storage, of arranges of food that ensure prevention of hunger and preservation of optimal nutritional status of female and male children and adults</i> Development of community capacities to gain sustained access to improved water supply and sanitation services and promotion of safe hygienic practices.
Epidemic response and emergency preparedness	<i>Community based surveillance and reporting of unusual or known epidemic diseases: meningitis, cholera, Community disasters preparedness and response</i>	
Community based first aid	<i>Skills training in immediate interventions, care and transfer for injuries.</i>	

Women's Reproductive Health services (WRHS)

WRHS will focus on reproductive health services and reproductive rights (RHRR) from demand generation for Reproductive Health services to the right to access the complete range of reproductive health services. A combination of Pre-pregnancy care and Family Planning (FP) services to minimize morbidity, mortality and disability from diseases of female reproductive organ. FP will target women of fertile age to keep them in optimal health before and in between pregnancies. The goal is to reduce unmet contraceptive needs by 30% by 2011 and to minimize morbidity and mortality related to obstetric fistula and cancers of breast and cervix. Services will include; (i) BCC for informed FP choices; (ii) Provision of appropriate FP for birth spacing to allow women's health to recover in between pregnancies and to minimize grand multi-parity; (iii) awareness raising and screening for and management of obstetric fistula; (iv) condom programming for protected sex; (v) training in self palpation skills for masses in the breast; (vi) encouragement to regularly attend clinics for Papsmear, VCT, and syndromic management of STI (SMSTI). To encourage Tetanus Toxoid vaccination uptake in (women of Reproductive Age) WRA

Adolescent Sexual Reproductive Health Services (ASRHS)

ASRHS will provide services for adolescents and young people to prevent sexually transmitted infections, adolescent pregnancies and HIV/AIDS. Youth friendly service provision and care will be adopted to encourage health seeking behavior among young people. The goal is to increase RH awareness and Reproductive Rights knowledge among the youth to 90% by 2011. Service elements include: (i) Gender and Sexuality education; (ii) ABC promotion; (iii) VCT; and (iv) SMSTI.

Men's Reproductive Health Services (MRHS)

MRHS will promote safe sexual practices and raise awareness on reproductive organ diseases of men. The service elements are: (i) Promotion of equitable gender roles in family health care; (ii) Promotion of VCT; (iii) Promotion of fidelity and condom use; (iv) SMSTI; and (v) Awareness raising and screening for prostate cancer and enlarged prostate.

3.3. Community Based Health Care

Community based health care (CBHC) component is the pinnacle of BPHS. Indeed, all activities and services delivered beyond the PHCC will be coordinated under the comprehensive community development programs (CCDP). The purpose of CBHC is to sustain healthy families, by reducing the risks of premature death, disability and disease through their full participation and involvement. The components of CBHS are:

Integrated Essential Child Health Care (IECHC)

IECHC aims at improvement of child survival and development. The goal is to reduce child mortality rate by 25% by the year 2011. The specific service elements are: (i) Extended Program on Immunization (EPI); (ii) Essential Nutrition Action (ENA) with growth monitoring and promotion, micronutrient supplementation and community based nutrition rehabilitation; (iii) Early detection and treatment of malaria with ACT combinations and use of LLINs for prevention of malaria; (iv) Control of diarrheal diseases (CDD) through oral rehydration treatment (ORT) and zinc, provision of safe water, construction of toilets, safe sanitary practices and treatment of

dysentery with cotrimoxazole; (v) Management of acute respiratory infection (ARI) and early recognition and treatment of upper respiratory tract infection (URTI) and prompt recognition and referral of pneumonia cases by teaching mothers to count the rate of breathing; (vi) Recognition, isolation and reporting of cases of vaccine preventable diseases; (vii) Newborn care that aims to prevent the risk of death from hypothermia especially for the newborns with low birth weight and choking; baby friendly initiatives; identification of malformations, convulsive disorders or other obvious developmental anomalies and referral for treatment; and (viii) community based rehabilitation interventions.

Comment [th4]: Possible to break this one down? A bit difficult to read through

Management of Endemic and Neglected Communicable Diseases (MENCD)

MENCD focuses on limited curative services for common illnesses in the community but emphasizes preventive measures to minimize occurrence of such illnesses. In Southern Sudan, these are of malaria, enteric, skin and eye infections and parasite infestation, burns, scalds and physical injuries. TB and leprosy are also common and are included in this category. Service elements are: (i) First line curative interventions including ACT for malaria; (ii) ORT, Co-trimoxazole and albendazole for enteric and skin infections, and for de-worming; (iii) Topical antibiotics (drops or ointments) for eye infections; (iv) Training in use and supply of commodities (cleansing materials, dressings and bandages) for first aid management for burns, scalds, cuts, bruises and fractures; (v) promotion and supply of **ITN** and residual spraying of shelters and houses for prevention of malaria; (vi) Improvement of housing and environmental sanitation; (vii) Home based care (HBC) for People living with HIV/AIDS (PLWHA); (viii) Awareness raising, identification, referral and treatment of TB and leprosy and supervision of DOTS for confirmed cases; (ix) Community based rehabilitation for people with chronic debilitating conditions and recognition and referral of cases of cataract. The control of *Oncocercus volvulus* (OV) is well established at community level in Southern Sudan and provides opportunities for development of control programs for other tropical diseases including Kalaazar and hydatid disease, schistosomiasis and trypanosomiasis through identification, reporting, and empowerment to control them.

Comment [th5]: ?? is this supposed to be MENCD?

Comment [th6]: In other documents, we use LLINs. Just FYI.

Table2. Summary of Comprehensive Expanded Reproductive Health Care (CERHC), Safe

Motherhood Pillars and Minimum Initial Service Package

Service Focused Antenatal Care	Services at Community	Services at Primary Health Care UNIT (PHCU)	Services at Primary Health Care
	1 Identification of pregnant mothers and referral for antenatal care. 2. Counseling for, PMTCT and STI prevention 3. Nutrition counseling, for mothers 4. Micronutrient supplementation iron, and folic acid 5. Malaria prevention, ITNs and sulphadoxine IPT 6. Safe and hygienic assistance for uncomplicated births 7. Identification of complications and refer to PHC: Risk of obstructed labor, fluid retention, previous C/section: refer to PHCC 8. Identification of multiple births, life threatening complication, treatment and immediate referral to County hospital. Antepartum hemorrhage: Volume replacement – ORS Infection: Cotrimoxazole Pallor: Iron, folate and multivitamins Convulsions: clear airway and sedation	Same activities at community level plus monthly outreach PHCC level care. Baby friendly initiatives. Pre pregnancy care and identification of multiple births.	Services provided 8hours daily all week, and emergency services 24hr year All activities PHCU level plus: Liaisons with a Reproductive health
Care of uncomplicated Delivery	Clean hygienic assistance of uncomplicated delivery: gloves, cotton wool, clean blade, soap, oral misoprostol-cytotec, Obstructed labor and Haemorrhage: refer to County hospital	Daily provision of Clean hygienic assistance of uncomplicated delivery: gloves, cotton wool, clean blade, soap, oral misoprostol -cytotec, Obstructed labor and Haemorrhage: ORS for volume replacement and refer to County hospital	1. BP check 2. Rapid urine tests for protein, blood 3. HB 4. Pelvimetry 5. Screening for STI 6. PMTCT 7. Baby friendly initiatives Antepartum hemorrhage: Volume replacement with ORS / Saline or R-lactate Infection: Cotrimoxazole or parenteral severe cases Pallor: Iron, folate and multivitamins Convulsions: clear airway and parenteral Clean hygienic assistance of uncomplicated delivery: gloves, cotton wool, clean blade, soap, misoprostone-cytotec, Obstructed labor and Haemorrhage hospital
Basic Emergency Obstetric and neonatal care			The signal Functions of Basic EM: 7. <u>IV antibiotics administration</u> 8. <u>IV Oxytocics administration</u> 9. <u>IV Anti-convulsants</u> 10. <u>Manual Removal of the placenta</u> 11. <u>Assisted delivery by Vacuum</u> 12. <u>Manual Vacuum Aspiration</u> products of conception 7. <u>Neonatal Resuscitation</u>
Focused Postnatal Care	1. Maternal and IECH care counseling Referral for PNC and Child Health Clinics 2. Identification, treatment and immediate referral To County Hospital: Postpartum haemorrhage/inevitable or incomplete abortion Volume replacement with ORS, MVA and misoprostol To PHCC: Infection: Cotrimoxazole Pallor: Iron, Folate and Multivitamins Convulsion: Clear airway, oral sedative	1. Maternal and IECH care counseling Referral for PNC and Child Health Clinics 2. Identification, treatment and immediate referral To County Hospital: Postpartum haemorrhage/inevitable or incomplete abortion Volume replacement with ORS, MVA and misoprostone To PHCC: Infection: Cotrimoxazole Pallor: Iron, Folate and Multivitamins Convulsion: Clear airway, Sedate	1. Counseling Referral for PNC and Clinics 2. Immediate treatment for Puerperal: (i) Postpartum haemorrhage/inevitable or incomplete abortion: Volume replacement with IV fluids MVA/PAC and parenteral oxytocin or oral misoprostol (ii) Infection: Parenteral antibiotics (iii) Anaemia: Iron, folate and/or Convulsion: Clear airway, iv anti
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 Youth focused services: VCT, SMSTI and counseling for ABC. Condom supply Daily service at specified time	Daily Counseling of women and their partners to accept FP/WH services. Provision of oral FP methods, Condom promotion and supply. BP check, SMSTI, VCT Pap Smear, LT contraceptives-IUD Palpation for breast masses by quarterly appointments
Adolescent SRH and	Counseling on sexuality and ABC Promotion of VCT and SMSTI. In school counseling Out of school - youth groups social marketing Youth Friendly Services and special attention for pregnant teenagers.	Counseling for gender equitable sexual roles, VCT and SMSTI. Condom distribution Identification and referral for male reproductive organ disorders, urethral stricture, enlargement of and cancer of prostate and testicular cancer.	Provision of Youth focused service specified time: VCT, SMSTI and c ABC. Condom supply
Men's RH	Advocacy for gender equitable sexual roles. Counseling and referral for VCT 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, VCT 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 Identification and referral for male reproductive organ disorders, urethral stricture, prostate hypertrophy and cancer and testicular cancer Case identification and referral

Table3. Summary of CBHC1 - Integrated Essential Child Health

Service	Services at Community	Services at Primary Health Care UNIT (PHCU)	Services at Primary Health Care Center (PHCC)
Expanded program on immunization	Promote EPI among parents Identify under-five immunization defaulters, counsel and refer Prepare and mobilize communities to attend Mass immunization on NIDs. Surveillance and reporting of cases of Vaccine preventable diseases	Monthly routine outreach immunization Counsel referred under-five immunization defaulters and immunize, Prepare and mobilize communities to attend Mass immunization on NIDs. Surveillance and reporting of cases of Vaccine preventable diseases	Daily routine immunization, six days a week Counsel referred under-five immunization defaulters and immunize, Prepare and mobilize communities to attend Mass immunization on NIDs. Surveillance and reporting of cases of Vaccine preventable diseases
Essential Nutrition Action	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, 2. Community based GMP and Counseling and training/demonstrations in diet rich in protein and calories by selection and enrichment of local weaning diet. 3. MUAC screening and supplementary feeding for moderate malnutrition and for children in families of at risk child. Referral of severe malnutrition To CTC 4. Mass de-worming and Micronutrient supplementation on NIDs.	1. Counseling on prevention of pre-lacteal feeding, exclusive breast feeding for first six month and continued feeding for 24 months. 2. Facility based GMP and Counseling and training/demonstrations in diet rich in protein and calories by selection and enrichment of local weaning diet. 3. Assess and assign treatment for child with moderate malnutrition and provision of high energy/protein complementary feeds for children in families if at risk child, refer severe case CB nutrition rehabilitation protocol for the moderately malnourished children. 4. Regular de-worming and Micronutrient supplementation.	1. Counseling on prevention of pre-lacteal feeding, exclusive breast feeding for first six month and continued feeding for 24 months. 2. Facility based GMP and Counseling and training/demonstrations in diet rich in protein and calories by selection and enrichment of local weaning diet. 3. Assess and assign treatment for child with moderate malnutrition and provision of high energy/protein complementary feeds for children in families if at risk child, refer severe case Facility based nutrition rehabilitation protocol for the moderate and severely malnourished children. 4. Reguar de-worming and Micronutrient supplementation. Assess and assign treatment for sick children. Counsel mother of child with fever and confirm malaria with rapid test first line ACT for fresh acute fever. Management of severe malaria with parenteral quinine. Recognition of persistent and recurrent fever and referral. Screening for anemia and referral. Counsel parents on and promotion of ITNs, 2. Mange children with moderate to sever dehydration withers for moderate and IV fluids for severe, use of zinc supplement. Encourage frequent small feeds during and increased feeds after the diarrhoea Assess and assign treatment for sever pneumonia by counting breathing and colour and early treatment with parenteral and other antibiotics and oxygen treatment for cases of cough, rapid breathing in drawing of chest and nasal flaring encouragement of increased frequency of feeding during and post pneumonia. 4. POP for fractures, and splinting for dislocations. Limited surgical toilet and suture for deep cuts and lacerations dressings for scalds, cuts and lacerations 5. Sedation for cases of convulsion and referral for first time convulsion. 6. Recognition of children with infectious fevers, quarantine and reporting of outbreaks including cholera and meningitis.
Integrated Management of Childhood Illnesses	1. Recognition of fever in child and starting first line ACT for fresh acute fever. Recognition of persistent and recurrent fever and referral. Screening for anemia and referral. Awareness and promotion of ITNs on NIDS 2. Awareness on recognition of diarrhea and promotion of use of ORS, zinc supplement, encouragement of increased frequency of feeding during and post diarrhea. 3. Training parents on recognition of pneumonia by counting rate of breathing and in chest drawing 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. 4. First aid for injuries, burns and envenomation 5. Sedation for cases of convulsion and referral for first time convulsion. 6. Encouragement of Isolation of sick children and quarantine for children during epidemic outbreaks of cholera and meningitis.	1. Assess and assign treatment for sick children for malaria. Counsel mother of child with fever and confirm malaria with rapid test first line ACT for fresh acute fever. Recognition of persistent and recurrent fever and referral. Confirm malaria with rapid test Screening for anemia and refer. Counsel parents on and promotion of ITNs, 2. Assess and assign treatment for sick child for: diarrhea and promotion of use of ORS, zinc supplement, encouragement of increased frequency of feeding during and post diarrhea. 3. Assess and assign treatment of sick child for pneumonia: counting rate of breathing and chest in drawing early treatment with cotrimoxazole for cases of cough, rapid breathing in drawing of chest and nasal flaring encouragement of increased frequency of feeding during and post pneumonia. 4. Splinting for fractures, and dislocations. dressings for scalds, cuts and lacerations 5. Sedation for cases of convulsion and referral for first time convulsion. 6. Recognition of children with infectious fevers, quarantine and reporting of outbreaks including cholera and meningitis.	Assess and assign treatment for sick children. Counsel mother of child with fever and confirm malaria with rapid test first line ACT for fresh acute fever. Management of severe malaria with parenteral quinine. Recognition of persistent and recurrent fever and referral. Screening for anemia and referral. Counsel parents on and promotion of ITNs, 2. Mange children with moderate to sever dehydration withers for moderate and IV fluids for severe, use of zinc supplement. Encourage frequent small feeds during and increased feeds after the diarrhoea Assess and assign treatment for sever pneumonia by counting breathing and colour and early treatment with parenteral and other antibiotics and oxygen treatment for cases of cough, rapid breathing in drawing of chest and nasal flaring encouragement of increased frequency of feeding during and post pneumonia. 4. POP for fractures, and splinting for dislocations. Limited surgical toilet and suture for deep cuts and lacerations dressings for scalds, cuts and lacerations 5. Sedation for cases of convulsion and referral for first time convulsion. 6. Recognition of children with infectious fevers, quarantine and reporting of outbreaks including cholera and meningitis.

Table4. CBHC2. Management of Endemic and Neglected communicable Diseases

Service	Services at Community	Services at Primary Health Care UNIT (PHCU)	Services at Primary Health Care Center (PHCC)
Management of Local Endemic Diseases	<p>Advocacy and promotion of Gender equity roles in Family Health care.</p> <p>Promotion of use of ITNs</p> <p>Promotion of fetching water and treatment of water for domestic use, depending on source: filtration, hallogenation or disinfectant treatment and storage.</p> <p>Promotion and skills training in construction and proper use of toilet, including disposal of children's waste matter.</p> <p>Promotion of eye and skin hygiene</p> <p>Counseling and referral for VCT</p> <p>Recognition of Malaria and early treatment with ACT.</p> <p>Recognition of diarrhea and promotion of use of ORS, encouragement of increased frequency of feeding during and post diarrhea.</p> <p>Recognition of Dysentery and treatment with Cotrimoxazole</p> <p>3. Management of ARI with increased fluids and cleaning airway. Recognition of pneumonia by counting rate of breathing and in chest drawing and early treatment with cotrimoxazole for cases of cough, rapid breathing in drawing of chest and nasal flaring.</p> <p>Treatment of hyperactive airway disease (Asthma) with oral bronchodilators.</p> <p>5. Cleaning and dressing for minor cuts, bruises, burns and scalds. Splinting and referral for Fractures and dislocation. Oral analgesics.</p> <p>6. Treatment of eye infection with topical antibiotics</p> <p>7. Sedation for cases of convulsion and referral for first time convulsion.</p> <p>8. Encouragement of quarantine of people with cholera and meningitis.</p> <p>IEC for awareness raising on TB, Leprosy, Schistosomiasis (Bilharzia),</p> <p>9. Regular screening for people with prolonged cough and referral to PHCC for sputum smear.</p> <p>10. Identification and follow up of TB cases and encourage compliance and refer Defaulters</p> <p>11. Home based care for PLWHA: Nutritional and personal hygiene advise, IPT with cotrimoxazole, compliance assurance for ART</p>	<p>1. SMSTI and VCT</p> <p>2. Recognition of Malaria and early treatment with ACT.</p> <p>3. Treatment of diarrhea with moderate dehydration with ORS and severe dehydration with IV fluids, Recognition of Dysentery and treatment with Cotrimoxazole and tinidazole</p> <p>4. Management of ARI with increased fluids and cleaning airway, analgesics and antihistamines.</p> <p>Diagnosis of pneumonia and treatment with cotrimoxazole</p> <p>5. Treatment of hyperactive airway disease (Asthma) with oral bronchodilators.</p> <p>6. Cleaning and dressing for minor cuts, bruises, burns and scalds. Splinting and referral for Fractures and dislocation. Oral analgesics.</p> <p>7. Treatment of eye infection with topical antibiotics</p> <p>8. Sedation for cases of convulsion and referral for first time convulsion.</p> <p>9. Encouragement of quarantine of people with cholera and meningitis.</p> <p>10. Monthly outreach sputum smear for people with prolonged cough and DOT for smear positive cases</p> <p>11. Follow up check up for PLWHA: Nutritional and personal hygiene advise, care of wounds and skin infections, IPT with cotrimoxazole, compliance assurance for ART</p>	<p>SMSTI and VCT</p> <p>Treatment of severe or complicated Malaria with Parenteral and follow up with oral quinine.</p> <p>Treatment of severe dehydration with IV fluids, Recognition of Dysentery and treatment with Cotrimixazole and tinidazole</p> <p>3. Diagnosis of pneumonia and treatment with parenteral and oral antibiotics</p> <p>4. Treatment of hyperactive airway disease (Asthma) with parenteral and oral bronchodilators.</p> <p>5. Limited surgical toilet for trauma. Dressings for deep, burns and scalds. POP for Fractures and splints for dislocation. Parenteral and oral analgesics. Referral for complicated trauma cases</p> <p>6. Treatment of eye infection with topical antibiotics</p> <p>7. Sedation for cases of convulsion and referral for first time convulsion.</p> <p>8. Encouragement of quarantine of people with cholera and meningitis.</p> <p>9. Monthly sputum smear for people with prolonged cough and DOT for smear positive cases</p> <p>10. Follow up check up for PLWHA: Nutritional and personal hygiene advise, care of wounds and skin infections, IPT with cotrimoxazole, compliance assurance for ART</p>

3.4. Health Promotion

Health promotion is a new approach to improvement of health and social status, prevention of disease and disability. It is a paradigm shift from provision of information, education and communication (IEC) alone. It is led by BCC, but in addition includes facilitation of behavior change by providing inputs that enable and reward the behavior change. Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities for ownership and control of their own endeavors and destinies. The process draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in health care. This entails continuous provision of support for personal and social development through providing information and education for health. It involves enhancement of life skills to increase the options available to people to exercise more control over their own health and their environments, and subsequently enable them to make choices conducive to improved health status.

In Southern Sudan, Health Promotion will aim at facilitating learning throughout life cycles, to prepare people to respond appropriately to their health needs. Schools and other education facilities and networks will be used as the entry points to improvement of health at home, at work place and in other community settings. Efforts of the health, education, agriculture, communication, gender, social, culture and religious affairs sectors in service development and delivery at community level will be harnessed and pooled to act synergistically to improve health status of the people. Health professionals and their respective counterparts in other sectors will work together towards a health care system which contributes to the pursuit of health and social advancement, moving the role of health sector beyond responsibility for providing clinical and curative services. Captive audience including schools, women, youth and men's economic and social groups will be engaged as partners in the joint initiatives in this process of learning for transformation. The BPHS protocols for community based health promotion services will include the following:

Comment [th7]: Life cycles??

Basic Package of Health for Schools

Basic education has the highest potential for instilling a lasting societal change, therefore schools will be used as entry points into the communities to open channels between the health sector and broader social, political, economic and physical environmental sectors. The "Basic Package for School Health (BPSH)," which was developed by UNICEF and WHO will serve as a standard guideline in all schools. The objectives are to maintain optimal health of school pupils, to induce health and survival instinct in the new generations, and to transfer the benefits of healthy school life to the homes, villages and future generations.

Adolescents will benefit from knowledge about reproductive health and rights in preparation for healthy reproductive lives.

Demonstrations for safe water sources, toilets, house ventilations, kitchens, and play grounds will be concentrated in the schools to rationalize resource use while passing health messages to the surrounding communities. School exercises will be imbued with health messages, e.g., young and lower grade learners will be given reading exercises that have health messages such as taking infants for immunization and growth monitoring, keeping infants under ITNs, making under-fives sleep under bed nets, and reinforcing staple diets with high protein supplements. Schools will organize drama, PET, folk music first aid contests and festivals as part of learning. School letters to parents will also be used to pass health messages. School health inspection and growth monitoring outreach will be used to monitor and evaluate the outcome of the initiatives.

Comment [th8]: Incomplete sentence

Community based nutrition and food security program (CBNFSP)

CBNFSP will address food production, preservation, preparation and dietary practices in close collaboration with the ministries of agriculture, water, environment, education, gender, social services, culture and religious affairs. Actions and specific responsibilities will be assigned to the CORPS, sector extension workers and the county health service managers to plan and implement productive projects. Captive groups that include women, youth, farmers' groups and schools will be sensitized and provided with necessary inputs for farming, animal and poultry production in sufficient quantities to bridge the gaps in their food sufficiency,.

Women will be taught income generation skills and opportunities for benefiting from microfinance skills. They will also be trained storage of grains and pulses and methods of preservation of perishable foods such as vegetables, milk and meat, that are appropriate o their local situations including value addition where possible, Community groups will be facilitated to invest in low level technologies and other methods of food production and preservation tha they are willing to adopt and invest in. Demonstration farms will range from ever green kitchen gardens to large mechanized farms depending on the willingness of communities to invest. In schools the aims will be to have farms that will not only make the schools food sufficient, but also to be a source of extra income. The demonstration projects will be used as forums for training in nutrition and dietetics, construction of safe and energy conserving kitchens and appropriate food granaries. Such farms should be large enough to interest the grandaunts in commercial food production, including fish farming.

Community management of environmental health and hygiene (CMEH)

CMEH will promote communities and provide skills training in protection of their water sources, promotion of use and construction of toilets, and over and above this they will be exposed to education on personal hygiene. The programs will include education in physical safety, accident and envenomation prevention and first aid, promotion of oral health and community based mental health programs. Under the motto "Healthy people in healthy places," the places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities. At household level CMEH will promote health through safe and healthy home environments, with a focus on equitable gender role assignment and responsibility for health; in particular, the empowerment of men to be more involved in the health and social well being of their families. At community level CMEH aims to increase the number of communities to be protected, and promote better health and safety and prevent illness and injury in all their members. In schools, the UNICEF Package of Health for Schools model will be adopted and delivered to increase the number of schools that protect and promote better health, safety and development of all pupils and staff.

Comment [th9]: ????

At work place, CMEH will develop Healthy Workplaces activities to promote and protect the health and safety of people at work by preventing workplace-related fatalities, illnesses, injuries, and personal health risks. These will include gender relationships and perspectives at work place using STI and HIV/AIDS as entry points. Training in prevention and first aid for physical injuries and envenomation are highly relevant to the situation in Southern Sudan. Other work place interventions will target lifestyle related diseases including obesity, high blood pressure and diabetes. Healthy healthcare settings are absolutely essential to successful health promotion programs. Again, HIV/AIDS as one of the health workplace programs will be useful entry points.

Health promotion will be largely a community based affair, but will be supported by health talks and demonstrations of water sources, pit latrines, safe kitchens, food storage, dietetics and cookery, safe snacking foods, safe housing, ITNs and how to use them in local circumstances, kitchen gardens and household demonstration farms, fish ponds, poultry farms and zero grazing.

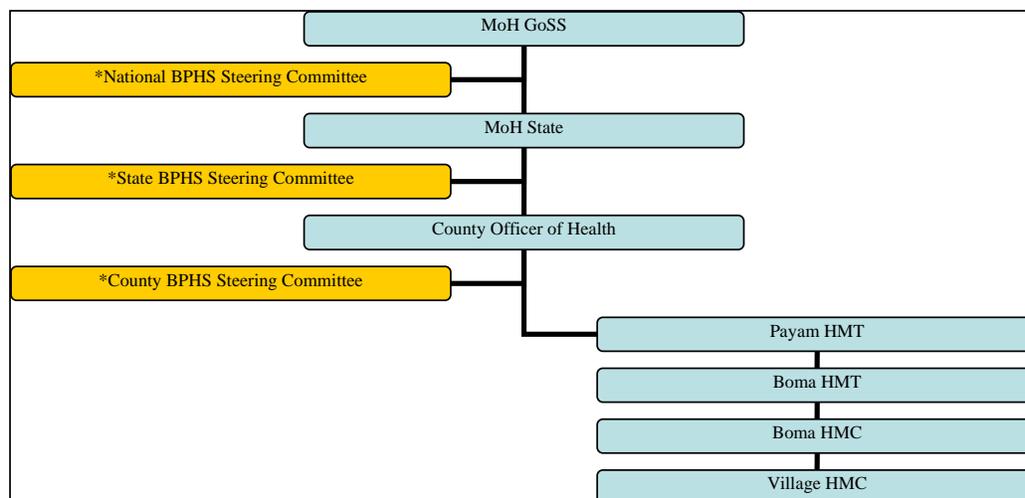
Table5. Summary of Health Promotion

Service	Promotion activities in the community
General	<i>Educational entertainment: traveling theatre groups and Folk Music and Theatre festivals and competitions between villages, Community groups, youth, women, men, Schools and Video Clubs and promotional games and sports e.g., win an ITN football (Edutainment), Participatory health water and sanitation training (PHAST) and Participatory educational theatres (PET), Traveling popular singer (TPS)</i>
Essential Obstetric Care (EMOC)	Provide information on overall Reproductive health and Reproductive Rights for demand generation for and Access to EOC services, Prepregnancy care, benefits of ANC, Mother and child nutrition education. Delivery by HW who have skilled delivery training. Promotion of IPT, TT, VCT, Breast feeding and delivery at health facility. Use of literature read by children to parents by children. Fliers and village posters. Participatory Education Theatres (PET)
Women's RH	Provide information on FP, obstetric fistula, Ca Cervix, Ca Breast. Counsel and assist mothers to exclusively for 6 months and continue breast feeding for at least 24 months, FP, VCT, SMSTI, pap-smear and breast palpation, fliers and village posters, School to parent messages. PET in schools and community groups. B&C promotion
Adolescent RH	Skills training in Gender Equitable roles. Social marketing of VCT, SMSTI, Condom programming to include ASRH for the youth. through school groups, youth organizations, men's groups, Farmers groups, religious institutions and groups. PET and drama groups. School counseling services by trained teacher counselors and visiting counselors.
Men's RH	Gender equitable role promotion by fliers, posters, messages through village meetings, talks at community meetings. Gender equitable skills training for captive groups, male youth clubs. Economic groups. PET in youth groups and village theatres.
Integrated Essential Child Health Care	Reach families, village meetings, and community groups with information Breast feeding, health weaning diet, EPI. Promote IECS at village and community meetings using focused selected messages of three or four most valuable practices. Child to child approach to promotion of sibs health: Breastfeeding and healthy weaning, immunize, sanitary handling of human wastes including children's and wash hands and keep children under nets, start treatment for fever early campaigns
Management of local endemic diseases Control of neglected tropical diseases	Reach families, village meetings, community groups, markets with messages on safe protected water sources, sanitary practices, hygiene and nutrition. Participatory health and sanitation training (PHAST), use of bed nets, water filtering and purification
Community based rehabilitation and care for chronic debilitating diseases School Health and Nutrition	Reach communities with messages of care, hope and empathy for people with impairments. Shows of demonstration equipment. Competitions on development of rehabilitation materials. Competitions on home care. Use schools as entry point to intersectoral integrated development promotion: information, education and behavior change communication for health and food security. Skill training using school farms, demonstration water sources, demonstration toilets, PHAST, PET, Education Drama
	Skill based health education and practical health skills integrated in learning programs.
	School feeding Regular de-worming Development of water sources and water halogenations Demonstration toilets and bathrooms Oral health and brushing/chewing sessions
Community based nutrition and food security Community actions for safe environment, water and sanitation	Reach community groups with messages and demonstrations on home gardens, food investment farms, horticultural production. Safety at farms, conservation farming. Produce storage and food preservation. Rapid high yield hunger prevention foods. Nutritious food demonstrations. Diet mixture, evergreen garden. Irrigation demonstration, fish farming, fish, meat and milk preservation, PHAST, Community owned demonstration farms and food stores.
Epidemic response and emergency preparedness	Participatory risk mapping (PRM), Pulses of information at times of outbreak by TPS, PET, Video Messages,
Community based first aid	First aid training and competitions for Red Cross member, youth groups, women groups and first aid films in video clubs

3.5. Management and administrative arrangements

3.5.1. Management

The GoSS-MoH health policy has already established a structure for governance that starts from the National to the community level. The structures will be integrated with the implementing partners and technical agencies in hierarchical way to deliver BPHS as illustrated in the organization diagram below.



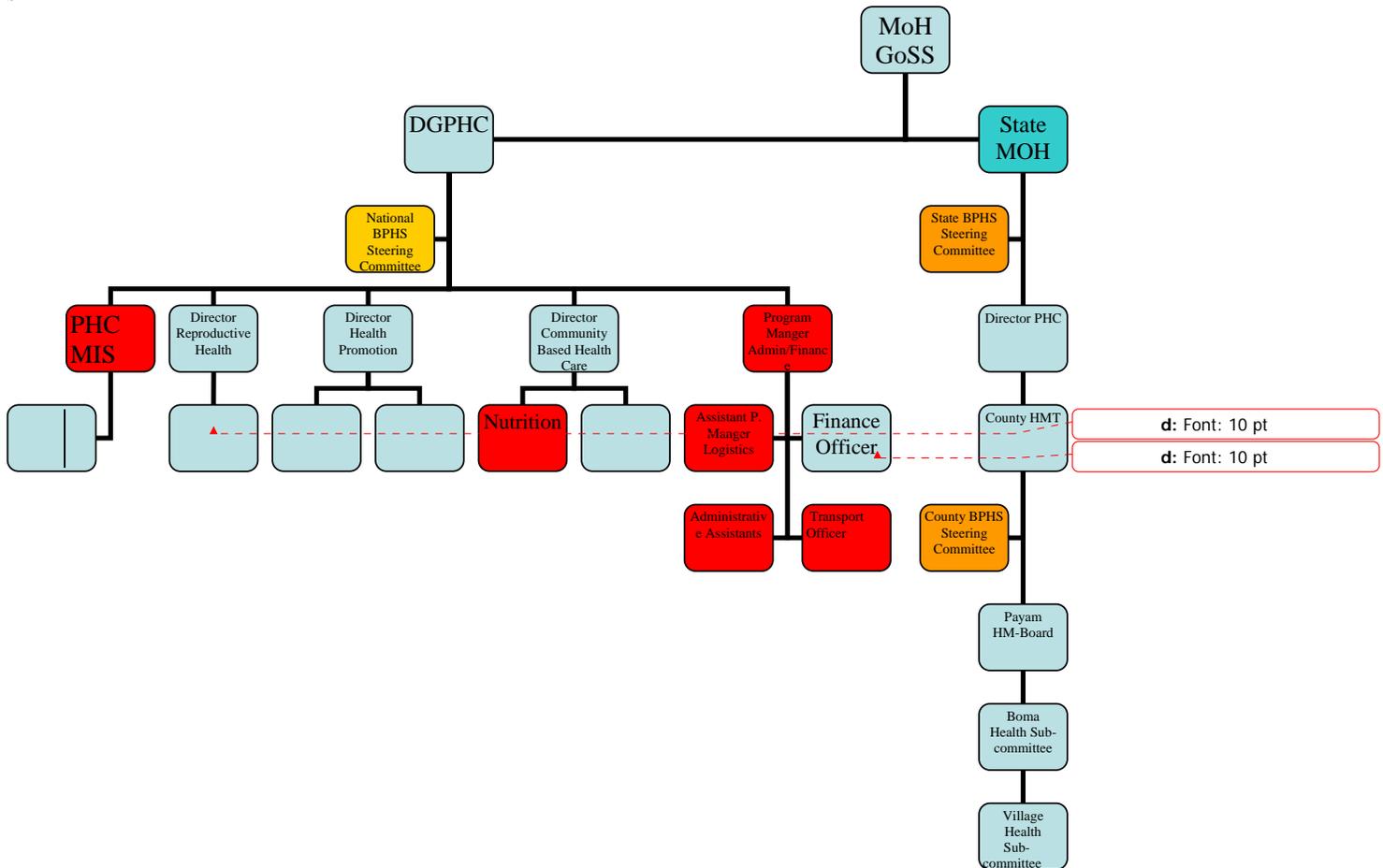
* Added for PBHS management, not in Policy document

For the first three years from 2008 to 2011, the management of BPHS will be contracted out to NGO to fill the capacity gap in the State Ministries of Health (SMoH) and the County Health Departments (CHDs). The approach is to contract a lead agency that will concurrently build the capacity of the SMoH while filling the gap in managerial capabilities of counties and the other is to establish an exist strategy that will leave behind a grand alliance for “*sectorwide approach*” (SWAP) in health service delivery. The aim will be to establish sound functional strategies that will focus on:

- ◆ developing adequate human resource for planning, delivery, monitoring and evaluation of BPHS from the state through the county, payam and community levels;
- ◆ enhancing health promotion through social marketing and other approaches;
- ◆ instilling fiscal discipline to ensure transparency, accountability, rationality and cost effectiveness in the management of financial resources for health;
- ◆ establishing a monitoring and evaluation system that is based on and information technology to ensure efficiency in the collection, analysis and archiving to establish and evidence based health service management systems at all levels.
- ◆ elaborating short and medium term plans and that collectively contribute o the long term strategy.
- ◆ harnessing the comparative strengths of NGOs in the management of selective but integrated activities that focus on short or medium goals, and interactive partnerships with beneficiaries in the management of social and development services to enhance performance.

Because of the capacity building nature of BPHS, the structures will adopt a mentorship and guidance approach to oversight of functions and workers at PHCC, PHCU and community levels. This will entail constant feedback to the lower level of the system to improve overall performance of the system. These structures will provide material and technical support to health providers, while advocating for the health service needs of the people at the respective levels. The figure below shows the place of the management structure in the National Health system.

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The matrix above is missing the role of the nursing and midwifery directorate in steering the course of the largest workforce that will be implementing the PBHC. This should be aligned with the reproductive health unit.

These committees will also work as the health service management teams for the respective levels. They will be responsible for the planning, oversight of implementation, monitor and internal evaluation. They will be responsible to county health departments and state health ministries for preparation of result based annual work plans for their geographical areas of work. These will be collated into annual *county health plans*, to be forwarded to the state. The preparation should be timely in readiness for incorporation into the state and national budgets. Apart from being result oriented, the plans will be expected to follow the program cycle model,

the assessment component being informed by the benchmark levels for the monitoring and evaluation indicators.

3.5.2. Service Norms and standards

The service norms and standards are marched with the requirement of the health policy as much as possible. Based on discussions of the interpretations a slight modification in the human resource (HR) norms is proposed to match with care standards. It is hoped that the partner health service organizations will aim at the higher service norms.

Village Level

At the village level, care will be provided by **Home health Promoters (HHP), and trained birth attendants (TBA)** under the direct supervision of skilled birth attendants.

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 all functions listed under home care in the service norms above. Most importantly for safety, they will not give parenteral treatment.

Among these the key responsibilities will be:

- Health promotion: IEC, social marketing of health domestic level preventive health commodities such as condoms and Water-Guard, water filters and the allowed medications, Co-trimoxazole, ORS/zinc and ACT, respectively and ACT
- Active case finding of pregnant women and referral for Antenatal care attention.
- Active case finding and treatment and guidance for children with diarrhoea, ARI and fever; and referral of severe cases or those that have developed complications.
- Enumerating cases and keeping surveillance and notification of disease.
- They will also be alert to unusually high rate of any type of illness to provide early warning signals of outbreaks of epidemic diseases.

Investment directed at reducing maternal mortality will be made in educating professional skilled midwives and skilled birth attendants and not in training Traditional Birth Attendants (TBAs)

In the short term(????dates) trained TBAs will be deployed under the direct supervision of a skilled Birth attendant and mandated to undergo 3monthly refresher courses and reviews of skills until there will be sufficient numbers of skilled community mid-wives to phase them out.

The BPHS will support the training of existing Village midwives , trained birth attendants and CHW in life saving skills needed to control APH, PPH and abortions.

Organizations facilitating training of existing trained TBAs/CHW will adhere to the curriculums developed by MOH in conjunction with UNFPA.

For the skilled workforce yearly refresher courses on Basic and Comprehensive Emergency Obstetrics and neonatal care with 6monthly supervision will apply.

The technical supervisors will be Community health extension workers who should work in a team of four, **community enrolled nurse, public health technician, reproductive health focal point and nutrition field educator**. These cadre will conduct field visits where they will observe the general state of health supporting VHCs and the homebased care providers in promoting improvement of water supply, safe water use and sanitary practices. They will observe and

provide on the job guidance and skill development for the services listed under community level care in the BPHS.

The village health committees 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:

- Acting as a custodian of the liaison between the SMoH, the service provider and the community
- Facilitating and encouraging community-based health development initiatives
- Identification and proposal to the CHD of candidates to be trained as CHWs
- Support and supervision of the local health services (PHCU/Cs) through mobilisation of the community in supporting PHCU/C infrastructure and maintenance, management of the cost-sharing, revolving drug fund schemes (if applicable) and overseeing health commodity supply and management.

All village workers will be volunteers who will be supervised by the respective village development committees. Their incentives will be determined by the Village Development Committee. Some career path incentives may help and here it is suggested that those who are diligent be given first priority for going for further training to work towards full qualification of CHW and Community Midwife for the mature age participants, and to full training as health professionals for the younger participants. In addition, the diligent workers should be the ones to be selected as the agents for responsibilities for which some payment may be made such as home pack distribution of health care commodities, vaccinators etc. Other incentives will be determined by communities and what is available in different programs.

Primary Health Care Units (PHCUs)

PHCUs are first-line health facilities functioning mostly in traditional buildings. One PHCU covers a population of roughly 15'000. Three health staff - two Community Health Workers and a Mother and Child Health Worker (to be replaced by a Community Midwife) - 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 should be phased out and replaced by a clinical officer (CO), however this option is not realistic for the first version of the BPHS and will be considered again when revising the BPHS for the following triennium (2009-2011). The choice of drugs does not include injectables or IV fluids.

Key activities of a PHCU are:

- Preventive care and health promotion
- Antenatal care, normal deliveries and family planning, once trained staff is available
- Curative care for common and uncomplicated diseases
- Case-finding and treatment of chronic diseases diagnosed at higher level
- Referral to PHCC or CH for complementary exams or treatment, if necessary
- First aid for trauma, stabilisation and referral

- Home treatment and outpatient care for moderate acute malnutrition, follow-up patients with severe acute malnutrition
- Training activities (of HHPs)
- Administrative and support activities (HMIS, maintaining registers and, if applicable, book-keeping)

The BPHC will work towards PHCU that are fully staffed by trained health professionals. It is, however appreciated that this may not be immediately possible in a significant number of areas. Therefore two types of PHCU will be described.

Suggestion to Rewrite

Type 1 PHCU

Type 1 will have at least one health professional with qualification level of enrolled community nurse or an enrolled clinical officer

Type one PHCU will offer all services associated with PHCC.

Type 2 PHCU

Type two will have either one enrolled level health care professional or a fully a certified community health workers and a certified community midwife.

Type 2 will offer services that do not require parenteral treatment, but the workers can be trained in other life saving measures like airway clearing and maintenance, rectal drug administration, arresting bleeding including MVA ; and rapid volume replacement using ORS. All Type 2 PHCUs will have an outreach for comprehensive PHCC services at least once a month.

Primary Health Care Centre

One Primary Health Care Centre (PHCC) covers a population of roughly 50'000. It offers a wider range of services than a PHCU, notably laboratory diagnostics, an observation ward (which may include treatment of simple cases) and 24-hour basic Emergency Obstetric and neonatal Care. The PHCC is staffed with a number of qualified health professionals, including Clinical Officers (COs) and Nurse Midwives. It also disposes of a wider range of drugs than PHCUs and can altogether handle more complicated cases.

Key activities of a PHCC are:

- Preventive care and health promotion
- Delivery Care - 24-hour basic Emergency Obstetric and Neonatal Care.
 - Antenatal Care
 - Normal and assisted deliveries (vacuum extraction)
 - Postnatal care Follow up at least for the first 4 weeks.
 - Non-surgical management of obstetric complications

The signal Functions of Basic EMoNC

1. I.V antibiotics administered
 2. I.V Oxytoxics administered
 3. I.V Anti-convulsants
 4. Manual Removal of the placenta
 5. Assisted delivery by Vacuum Extraction
 6. Manual Vacuum Aspiration of retained products of conception including PAC
 7. Neonatal Resuscitation
 - Family Planning
 - Adolescent Sexual Reproductive Health
- Curative care (including IM injections and IV lines for IV fluids and antibiotics)
 - Home treatment and outpatient care for moderate and severe acute malnutrition; stabilisation care for severe acute malnutrition.
 - First aid for emergency conditions and referral

- Small surgery (incl. first aid for trauma, stabilisation and referral)
- Dental care (on fixed days by dental technician from County Hospital, once 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 , health, Reproductive health and nutrition indicators and maternal Audits)
- Administrative and support activities (e.g. register keeping, drug management and maintenance and, if applicable, book-keeping)

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 supervises specific areas, such as:

- Health promotion
- Curative services
- HMIS (routine and early warning system)
- EPI
- Pharmaceuticals and medical supplies data management for securing commodities
- HR management
- Administration and Finance

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 CHDs, in case the MoH decides that the possibility of conflict of interest warrants a separation of the roles of service delivery and coordination and oversight of the same. Whichever option is chosen, it is important, however, that these functions are located at the CHD and not in the NGO/FBO partner's office and that investment in infrastructure and capacity building takes place over the years.

Owing to efficiency considerations, it is proposed that a CHD manages the health services of 2-3 counties, following the division by placement of County Hospitals. With regard to decision-making, a consensus between a potential implementing partner and the CHD has to be sought; key decisions (e.g. location of health facilities and staff appointments) have to be approved by the SMoH and MoH-GoSS.

Establish functioning logistics system for efficient delivery of BPHS.

BPHS needs commodity inputs including vaccines, contraceptives, medicines, equipments, tools, vehicles and other supplies. These inputs have to be appropriately selected, quantified, and reach the health facilities in time. Any delay or shortage may cause a problem on the program or service and result in the dissatisfaction of the community and loss of confidence and frustration of the health workers at each level. For this to materialize there needs to be a well functioning national logistic system as well as the input needs have to be worked out and budgeted for every year. There is need for the Directorate of Finance and Administration to second dedicated officers to the Directorate of the PHC to manage the financial and logistical aspects of operations. This will

lift these responsibilities from the technical health staff on the one hand and improve management performance on the other.

Extending the national health management information system (HMIS)

Collection and interpretation of health service data is an essential component of BPHS. It enhances health service management through evidence based decision making. It is critical that the national HMIS is linked to the BPHS to generate information from the community level in order to capture the contribution of the community level activities in improvement of health and to provide opportunity for evidence based planning of health services. The community component of HMIS should include the contribution of all community based health agents. Payam leaders and community members should actively engage in a dynamic process of setting targets and reviewing progress. Such information should first be used locally, and then transmitted up through monthly reports via the PHCC to the County, State and the National HIMS. The Directorate of Health Policy and Planning will second personnel to the Directorate of PHC who will be fully dedicated to the collection, archiving, analysis, publishing and disseminating the BPHS related Information and health statistics.

An IT based system for chronological monitoring that will combine financial and implementation indicators will be developed to ensure accountability and transparency in the use of money. The results will be the main agenda at quarterly meetings. They will be supplemented by operational constraints, causes of delays or other obstacles to implementation, enabling factors, and other key lessons learned. The process will tease out best practices that can be shared between the network of service and technical agencies to improve overall national performance and for international comparison.

Table6. Summary of Service Norms and Standrds 1.General overview of key facilities, interventions and services

Facilities, interventions, services provided	HHP	PHCU	PHCC
Preventive care and health promotion			
Interventions for endemic, 'forgotten' diseases			
Health Management Information System			
Training			
Antenatal Care and normal deliveries			
Basic EmONC services 24 hs			
Comprehensive EmONC services 24 hs			
Outreach EPI			
Outreach EPI in static facilities			
Fixed EPI			
Integrated Essential Child Health Care			
Curative outpatient care			
Supervision of curative care			
First aid and referral			
Small surgery			
Observation			
Stabilisation care for malnourished children			
Inpatient care (incl. surgery)			
Safe blood transfusion			
Dental care			(visit)

Physiotherapy– CBR
 Basic specialised care (ENT, eye, mental)
 Catchment area: 15'000 population
 VCT and PMTCT
 Laboratory examinations
 Blood transfusion
 Ultrasonography
 x-ray examination (exceptionally)
 Kitchen, laundry

Service profile		Human Resources	Facilities	Equipment
Reproductive health	IEC /BCC on sexual reproductive health and HIV	<u>Technical</u> [3]	Consultation Rooms (2)	Examination tables
Child health	Antenatal care	Community Health Worker [2]	Delivery room	Delivery table
	Normal deliveries	(1 for facility-based curative activities, 1 for community based promotive activities)	Dispensing / Store	Fetoscope
Child health	Family planning: condoms and oral		Waiting area	Stethoscope
	Outreach EPI		Latrine	Sphygmo- manometer
Child health	Outreach EPI in static facility	Maternal and Child Health Worker [1]	Water store	Thermometer
	Treatment of children with diarrhoea, malaria, ARI and anaemia with oral drugs, based on IMCI algorithm	Community Midwife		Dressing set
Communi- cable diseases	Clinical management according to national protocols (incl. DOTS)	<u>Support</u> [3]		Baby scale
	Rapid test for malaria	Janitor (guard/cleaner) [1- exceptionally 2]		Adult scale
Nutrition	CPT and multivitamins for PLWHA	Dispenser [1]		Bicycle
	Growth monitoring (to be defined by MoH-GoSS Ex Board)	(Although this is classified as a non-technical staff, this cadre should undergo training according to the 2 weeks module in the CHW curriculum relative to drug management)		
Nutrition	Diagnosis and home treatment	Receptionist [1]		

for moderate acute malnutrition Total staff: [6]
 Follow-up cases of severe acute malnutrition (diagnosed and stabilized at PHCC level) It is recommended that the person in charge of the PHCU should be the most senior in terms of training undertaken

Table7. Summary of PHCU Service Norms

Table8. Summary of Primary Health Care Centre Norms and Standards

Catchment area: 50'000 population				
Service profile		Human Resources	Facilities²	Equipment
Reproductive health (24-hour basic EmONC services)	IEC /BCC on sexual reproductive health	<u>Technical</u> [11]	Reception/ Registration/ Cashier / Communic.	Stethoscopes Otoscope
	Antenatal Care	Clinical Officer [1]		Sphygmo- manometer, Thermometer
	VCT and PMTCT			
	Normal deliveries	RN/Certified Nurse [1]	Staff Office/ on duty	
Child Health and EPI	Non-surgical management of obstetric complications	CHW ³ [3]	Consultation rooms	Baby scale Adult scale Beds, bedding
	Family planning: condoms, oral, depot	MCHW [2]		
	Fixed and outreach EPI	replaced by: Community Midwife	VCT room	Delivery table Fetoscope Delivery equipment for basic EmOC
	Treatment of children with diarrhoea, malaria, ARI, anaemia with oral and injectable drugs, based on IMCI algorithm	(Nurse-) Midwife [1] Lab assistant[1] Public Health Technician [1] Pharmacist technician [1] Dental technician ⁴ [1]	EPI /Growth monitoring ANC room Maternity Dressing/ injection Observation ward (10-20 beds)	Small surgery equipment Manual resuscitation equipment Autoclave
	Case management	<u>Support</u> [5]		
	Communi-			

² Additional space is needed if housing of staff posted from elsewhere is considered

³ Alternative: 2 CHWs and one vaccinator

⁴ Once available, visiting on fixed days from County Hospital

cable diseases	according to national protocols Laboratory diagnosis for malaria, TB, HIV and others VCT and PMTCT	Record keeper / Book-keeper [1] Receptionist [1] Cleaner [1] Guards [2] <u>Total staff:</u> [16]	Stabilisation for malnutrition Sterilisation Laboratory Pharmacy Store Lightning Borehole	Cold chain equipment Laboratory equipment Refrigerator Communication equipment Bicycles
Nutrition	Growth monitoring Home treatment of moderate malnutrition Diagnosis/ stabilization of severe malnutrition			