

# South Sudan

## Save the Children

South Sudan is the world's newest nation and one of the poorest in the world. The nation achieved independence from Sudan in 2011 and to date the health sector remains severely underfunded and under-staffed. Tuberculosis is a major cause of chronic morbidity and mortality in the country. According to the South Sudan Ministry of Health (Basic Package of Health and Nutrition Services) the incidence of new sputum smear positive TB cases is at around 101/100,000 population and 228/100,000 for all TB forms. With a population of approximately 9.7 million people in 2007, this translates to an estimated annual 9,797 new

sputum smear positive TB cases and 22,116 TB cases of all forms. TB mortality is assessed at 65/100,000, and the HIV epidemic is likely to worsen the situation. Poor access to TB screening and referral for diagnosis and treatment within communities means that many TB cases remain undetected and are acting as a source of infection to other people in the family and community.

Save the Children in South Sudan is implementing a wave 3 TB REACH project to increase the case findings and expansion of treatment coverage with DOTS provision through a community-based approach in four selected counties of Eastern Equatoria State (EES) and Jonglei State.



The main pillar of the community-based approach is the network of trained and supervised Home Health Promoters (HHPs). The HHP are trained according to the community-based strategy and guidelines of the National TB Programme of the MOH and are regularly supervised and supported through monthly review meetings as per the guidelines of the South Sudan MoH. HHPs are trained on screening for signs of TB to increase the TB case detection rate in the intervention area. Each HHP covers 20 to 40 households, depending on the distribution of and distance between households in different locations of the catchment areas. They screen the individuals from the target households based on the on a three symptom algorithm: cough longer than two weeks duration, night sweating and weight loss. The suspected cases are referred to PHCU for further screening and further referral to TB Basic Management Units (BMU) at PHCC, to which the patient is accompanied if needed. The BMUs have been established through this project and they provide the diagnosis and treatment services to the suspected TB cases referred by the HHP and PHCU.

If the patient is confirmed for TB via a sputum test, treatment (DOTS) is initiated at the TB BMU and the patient is sent back to the village with the appropriate medicine and follow-up plan. When the patient goes back to the village with medicine, the HHP follows them in the family and assigns one of the family members for supervision of the patient medication each day. HHPs make a weekly visit to ensure that patient is taking medicine regularly and assesses the need for further support. The HHP also gets necessary support from the Village Health Committee (VHC) and health facility staff for community mobilization, contact tracing, default follow-up and referrals in the community.

**Stop TB Partnership**  
**TB REACH**

Additionally, TB case finding and treatment services are also being initiated and/or strengthened in prisons, police detention cells, and military/police/wildlife barracks. The new BMUs are also benefitting from new strengthened TB/HIV services, community mobilization and awareness activities, and mobile outreach TB services in selected PHCCs. In the first half-year of the project, 1,017 suspect cases were referred to the hospital, sputum microscopy was conducted for 310 cases and 78 Sputum Smear positive cases were started on treatment with follow-up to reduce the default rate and contact tracing by HHPs. In families where TB cases were detected, HHPs did the necessary follow up for contacts and screened family members.

The project has provided important information on how to increase case detection, reduce default rate, improve treatment outcomes and build ownership and program sustainability for the community. The role of community resources in project implementation is crucial for positive outcomes, for example the Community's Own Resource Persons (CORPs) like HHPs, VHC, are key to ensuring community acceptance of this project. Most importantly, for hard-to-reach and poorly resourced communities, bringing services to the people most in need significantly improves service utilization.