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# **NONCOMMUNICABLE DISEASE (NCD) DEPARTMENT BIANNUAL PLAN**

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**2020 - 2021**

**MARCH - 2020**

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# 1. BACKGROUND

## 1.1. Situation analysis

### 1.1.1. Epidemiology

Noncommunicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for almost 70% of all deaths worldwide. Almost three quarters of all NCD deaths, and 82% of the 16 million people who died prematurely, or before reaching 70 years of age, occur in low- and middle-income countries.

In South Sudan, the WHO estimates that NCDs accounted for 27% of all deaths in the country in 2016. Of the NCD deaths; 10% were due to cardiovascular diseases, 7% due to cancers, 2% chronic respiratory diseases, 1% diabetes and 7% other NCDs including injuries.

Noncommunicable Diseases and mental health risk factors are on the rise in the country mainly driven by forces that include rapid unplanned urbanization, globalization of unhealthy lifestyles and the protracted conflict.

As shown in the table below, South Sudan is among few countries in the world which has not conducted a survey to document the magnitude of NCD risk factors as shown in the table below.

**8 000 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"**

MORTALITY*		NATIONAL TARGET SET	DATA YEAR	MALES	FEMALES	TOTAL	
	Respiratory mortality from NCDs	3	Total NCD deaths	2016	14 400	14 500	31 300
			Risk of premature death between 30-70 years (%)	2016	20	20	20
	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	4
RISK FACTORS							
	Harmful use of alcohol	3	Total alcohol per capita consumption, adults aged 15+	2016	--	--	--
	Physical inactivity	3	Physical inactivity, adults aged 18+ (%)	2016	--	--	--
	Salt/sodium intake	3	Mean population salt intake, adults aged 20+ (g/day)	2010	--	--	--
	Tobacco use	3	Current tobacco smoking, adults aged 15+ (%)	2016	--	--	--
	Raised blood pressure	3	Raised blood pressure, adults aged 18+ (%)	2016	--	--	--
	Diabetes	3	Raised blood glucose, adults aged 18+ (%)	2016	--	--	--
	Obesity	3	Obesity, adults aged 18+ (%)	2016	--	--	--
			Obesity, adolescents aged 10-19 (%)	2016	--	--	--
	Ambient air pollution	-	Exceedence of WHO guideline level for annual PM2.5 concentration (percentage)	2016	-	-	4
	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	>95

### 1.1.2. Service Availability and Readiness for NCDs and mental health

Despite the rising disease burden, the country’s capacity to respond to NCDs and mental health is very limited. The situation analysis for the leading NCDs as in the SARA survey is as follows:

**Diabetes (DM):**

Only 9% of facilities offered diabetes services at the national level. Hospitals had the highest availability of diabetes services (60%) while only 13% of PHCCs and 2% of PHCUs offered diabetes services. Non-government owned facilities and urban facilities had a higher availability of diabetes services at 30% and 30% respectively compared to government owned facilities (6%) and rural facilities (4%). Only 4% of facilities had all 13 tracer items needed to provide diabetes care. However, on average, facilities had 53% of diabetes tracer items.

**Cardiovascular diseases (CVD):**

The survey showed that only 11% of facilities offered CVD services. CVD services were most available at hospitals (60%) followed by PHCCs (20%) and PHCUs (2%). Compared to government and rural facilities, non-government facilities and urban facilities had a higher availability of CVD disease services. Only 4% of facilities had all 10 CVD services tracer items. However, on average, facilities had 56% of CVD tracer items.

**Chronic Respiratory Disease (COPD):**

Only 12% of facilities in South Sudan offered CRD services. Non-government facilities and urban facilities had a higher availability of CRD services compared to, respectively, government facilities and rural facilities. The mean availability of chronic respiratory disease readiness tracer items was 37%. Only 1% of facilities had all 11 CRD services tracer items. However, on average, facilities had 37% of CRD tracer items.

**Cervical Cancer**

In South Sudan, cervical cancer is the second most common cancer after breast cancer. The WHO estimates that in 2012, there were 1,011 cases in country compared to 1,114 cases of breast cancer. The leading cause of cancer deaths among women in South Sudan is cervical cancer in the same year accounting for 19.3%<sup>21</sup>.

Despite the magnitude of the problem, there is currently no organised programming to tackle the problem in the country. For instance, in the recently concluded Ministry of Health South Sudan, Service Availability and Readiness Assessment (SARA) survey<sup>22</sup>; only 3% of health facilities in the country reported availability of services for screening cervical cancer (nearly all in urban settings). That is, available guidelines, presence of trained human resource and equipment for screening. Of the 3% facilities that reported availability of service, only 13% of facilities had all the required equipment and tools for screening cervical cancer and were ready to offer the service.

**Mental Health (MH):**

There is only one 12 bed mental health –inpatient facility located in Juba. In 2019, the WHO in collaboration with partners supported the Ministry of Health to scale up of mental health services to 11 health facilities. There are only three practicing psychiatrists in the country.

## 1.2. Noncommunicable Diseases Country Capacity Assessment (NCA)

A SWOT Analyses of the current response to NCDs in the country is as follows

<b>Strengths</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>• There is a department for NCDs at the MoH with office space.</li> <li>• There are three staff for NCDs (Director, Health Promotion and Surveillance).</li> <li>• The department has developed a Package of Essential Noncommunicable Diseases guideline for PHC pending endorsement by MoH Senior Management Board.</li> </ul>	<ul style="list-style-type: none"> <li>• NCDs are part of the Basic Package of Health and Nutrition Services (BPHNS).</li> <li>• The HSSP priotises NCD management at especially PHC and hospitals.</li> <li>• WHO has a dedicated technical officer for NCDs who is supporting the MoH.</li> <li>• The Essential Medicines List for South Sudan has been reviewed to include NCD medicines for all levels.</li> <li>• The DHIS 2 has included NCDs for routine reporting.</li> <li>• There is South Sudan Diabetes Assosication Civil Society.</li> </ul>
<b>Weakness</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Insufficient funding from MoH for NCDs</li> <li>• Limited Human Resources for NCDs at the Department.</li> <li>• The NCD TWG has not been formed.</li> <li>• Multi-sectorial commettees for NCDs have not been formed.</li> <li>• NCDs are not an integral part of Primary Health Care.</li> <li>• Current medicines supplied to PHC do not include medicines for NCDs.</li> <li>• Limited training opportunities for staff working in NCDs both Regionaly and Internationally;</li> <li>• No data on NCDs as the DHIS 1.4. did not include NCDs.</li> <li>• No STEPS survey for NCDs and risk factors at the populaiton level has been done to guide planning.</li> <li>• NCD departement has no transport;</li> <li>• No incentives for NCD staff.</li> <li>• Running costs for the NCD department such as stationaries and other office running costs are lacking</li> <li>• Lack of communication means e.g. internet, airtime for department staff.</li> <li>• No People Living with NCDs Assosication</li> <li>• No joint supervision by MoH and partners to health facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• No donors for NCDs supporting South Sudan.</li> <li>• No involvement of high level of Government in NCD risk factor mitigation.</li> <li>• Limited integration of NCDs management into other programmes such as, HIV/AIDs, and maternal child health, TB and Malaria.</li> <li>• Limited invovement of provate sector in NCDs programming.</li> </ul>

### 1.3. Key challenges facing NCDs and mental health implementation in South Sudan

Main challenges identified hampering the scale up of NCDs and mental health services in the country include the following:

- ❖ Lack of political will, commitment, capacity and action.
- ❖ Lack of Multistakeholder Action for NCDs in the country.
- ❖ Difficulty in priority setting for NCDs.
- ❖ Impact of economic, commercial, and, market forces especially the tobacco, alcohol and food industries.
- ❖ Insufficient domestic and international financing to scale up national NCD response.
- ❖ The protracted conflict in South Sudan has affected health infrastructure for delivery of NCDs and mental health services.
- ❖ Competing priorities. South Sudan is grappling with high burden of maternal child health conditions and infectious diseases such as malaria, tuberculosis and HIV/AIDS.
- ❖ No donors to support NCD programming in the country.

### 1.4. Priorities of the NCD department and Ministry of Health to overcome above challenges

- ❖ **Start from the top:** Strengthen political leadership and responsibility of the Minister of Health, other line Ministers and senior leadership of the country to oversee the process of creating ownership at national level of NCDs and mental health.
- ❖ **Prioritize and scale up:** Identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs. In this regard, scale up a Package of Essential Noncommunicable Diseases and mental health (PEN-M) with focus on Primary Health Care will be paramount.
- ❖ **Collaborate and regulate:** increase effective regulation, appropriate engagement with civil society, communities, academia and private sector, building a whole of society approach to NCDs and share experiences and challenges, including policy models that work.
- ❖ **Finance:** develop a new economic paradigm for funding action on NCDs and mental health.
- ❖ **Monitor trends:** Support generation of NCD and mental health data and trends in the country.

## 2. GOAL, OBJECTIVES, STRATEGIC INTERVENTIONS AND ACTIVITIES

### 2.1. Goal

The goal of the Ministry of Health is to contribute to achieving one third reduction in premature mortality caused by NCDs by 2030 in line with the Sustainable Development Goal number 3.4.

### 2.2. Objectives

- 1) Strengthen leadership for NCDs and mental health response through promotion of policy coherence and coordination for the development of whole-of-government, health in all policies approaches and multi-stakeholder engagement.
- 2) To integrate prevention, management and care of common NCDs, cervical cancer and mental health disorders into PHC in the interest of promoting Universal Health Coverage (UHC).
- 3) Monitor trends for NCDs and NCDs risk factors to guide policy options and for policy dialogue.
- 4) Increase effective regulation, appropriate engagement with civil society, communities, academia and private sector, building a whole of society approach to NCDs and share experiences and challenges, including policy models that work.

### 2.3. Strategic Interventions, Activities and Sub-activities

**Objective 1): Strengthen leadership for NCDs and mental health response through promotion of policy coherence and coordination for the development of whole-of-government, health in all policies approaches and multi-stakeholder engagement.**

Strategic Intervention - 1.1: Ensure proper functioning of the NCD department at the Ministry of Health.

The Ministry of Health has a Department for NCDs within the Directorate of Preventive Health Services and a Department for Mental Health within the Directorate of Medical Services all headed by Directors. The NCD Department has two additional staff: A Health Promotion Officer and a Surveillance Officer. The NCD Department has an office space with furniture and currently coordinates NCD activities on behalf of the Ministry of Health. The Department however, has no running costs, no means of transport, no conference (meeting) facility and lack key working items such as computers, printer and scanning machine. Within the framework of this plan, the Department plans to improve the functioning of the office through putting in place important working tools.

**Output:** Functional NCD office that delivers up to 80% of planned targets.

## Activities and Sub-activities

### 1.1.1. Equip the NCD office of the Ministry of Health.

- 1.1.1.1. Procure vehicle for NCD department.
- 1.1.1.2. Procure one set of meeting table with 6 chairs.
- 1.1.1.3. Procure one executive chair.
- 1.1.1.4. Procure one cabinet.
- 1.1.1.5. Procure three laptop computers, one scanner/copier/printer; and one projector for the NCD department.
- 1.1.1.6. Equip the NCD office with internet and airtime for communication.

### 1.1.2. Support running costs for the NCD Department of the Ministry of Health.

### 1.1.3. Conduct coordination meetings for NCDs.

- 1.1.3.1. Conduct a meeting for formation of the South Sudan NCD Technical Working Group (TWG).
- 1.1.3.2. Support quarterly meetings for NCD TWG.
- 1.1.3.3. Form multistakeholder NCD committees.
- 1.1.3.4. Support twice a year NCD multistakeholder meetings.

Strategic Intervention 1.2: Ensure appropriate multi-sectorial policies, strategies and plans are in place and implemented for effective coordination of the NCD agenda in the country.

South Sudan does not have a Multi-Stakeholder Action Plan (MSAP) for engagement of various stakeholders involved in the management and control of NCDs and mental health. Effective response in reduction of the burden of disease due to NCDs and mental health including risk factors requires a multi-sectorial action. For instance, adaptation of legislation against tobacco or alcohol will require collaboration with line ministries of Health, Justice and judiciary for drafting/adaptation. Enforcement of tobacco laws will also require collaboration with the Ministry of Interior. Similarly, collaboration with Ministry of Finance will be required on taxation imposed on harmful products. Dissemination of the communication strategy will require collaborative work with the Ministries of Health and the Ministry of Communication and Broadcasting. A Multi-stakeholder plan would be key to specify the roles and responsibilities of the different actors. During the scope of this plan, the NCD department will work towards development of a Multi-Stakeholder Action Plan.

**Output:** NCD multi-stakeholder Action plan developed.

## Activities and Sub-activities.

### 1.2.1. Develop NCD multi-stakeholder Action Plan

- 1.2.1.1. Support a consultant for development of the plan.
- 1.2.1.2. Support meetings for development of the plan.

### 1.2.2. Print and disseminate the NCD MSAP

- 1.2.2.1. Print the plan.
- 1.2.2.2. Support one dissemination meeting for the plan.



### Strategic Intervention 1.3: Ensure appropriate capacity is in place at the Department of NCD

The staff of the Department of NCD require continued capacity development given the rapidly evolving field of NCDs and mental health. This is important for effective coordination of multistakeholder in the country. Moreover, South Sudan is part of the East African Community, a body that coordinates NCD response within the Region. There is need for staff of the department to attend regional meetings as well as international meetings pertaining to NCDs.

**Output:** Department staff participate in at least two Regional/International meetings.

#### Activities and Sub-activities

- 1.3.1. Two staff per year participate in Regional trainings or meetings;
- 1.3.2. One staff of the department attends one International meeting or training per year
- 1.3.3. Procure resource materials for NCDs Department.

**Objective 2: To integrate prevention, management and care of common NCDs, cervical cancer and mental health disorders into PHC in the interest of promoting Universal Health Coverage.**

### Strategic Intervention 2.1: Integrate a Package of Essential Noncommunicable Diseases and Mental Health (PEN-M) into Primary Health Care facilities and hospitals.

Due to the rising burden of NCDs, the WHO developed a package for management of common NCDs at especially Primary Health Care to guide countries on how to rapidly scale up NCD services. In 2019, South Sudan adapted this package and the draft document is pending endorsement by the Ministry of Health senior management board. The South Sudan version also includes a component on mental health adapted from the WHO mental health gap action programme – humanitarian intervention guide (mhGAP HIG).

PEN-M aims at achieving the following objectives

- ❖ Prevention, early detection and cost effective case management of common NCDs and mental health conditions and their exacerbations and emergencies with appropriate referral and follow-up;
- ❖ Provision of cost effective interventions based on needs, clinical setting and profile in South Sudan;
- ❖ Provision of simple management algorithms and pathways to ease treatment and referral at the primary care level;
- ❖ Standardization of basic diagnostic and investigation procedures and drug prescription;

This plan therefore, aims at introducing PEN-M at PHC and hospitals.

**Output:** PEN-M guideline and protocols implemented in 10 health facilities

## Activities and Sub-activities

### 2.1.1. Finalise tools for NCD and mental health management in PHC

- 2.1.1.1. Support meeting for endorsement of PEN-M;
- 2.1.1.2. Print about 500 copies of PEN-M;
- 2.1.1.3. Conduct a dissemination meeting for PEN-M;
- 2.1.1.4. Develop Standard Operating Procedures (SOPs) and training materials for PEN-M;
- 2.1.1.5. Print SOPs and training materials for PEN-M.

### 2.1.2. Build capacity of health facility staff on PEN-M guideline

- 2.1.2.1. Train at least 50 frontline health workers on PEN-M;
- 2.1.2.2. Distribute copies of PEN-M and SOPs for PEN-M to health facilities;
- 2.1.2.3. Support partner's meeting on commodities for PEN-M;
- 2.1.2.4. Conduct mentorship and support supervisory visits to health facilities implementing PEN-M;
- 2.1.2.5. Support procurement of essential NCD commodities for health facilities.

### 2.1.3. Monitor implementation of PEN

- 2.1.3.1. Support a national officer for six months to mentor health facility staff on PEN-M implementation
- 2.1.3.2. Support NCDs Department staff to conduct support supervisory visits to health facilities to monitor implementation of services.

## Strategic Intervention 2.2: Integrate routine cervical cancer screening services using Visual Inspection with Acetic Acid (VIA) in Primary Health Care and Hospitals

Cervical cancer is the second most common cancer after breast cancer in South Sudan. The WHO estimates that in 2012, there were 1,011 cases in the country compared to 1,114 cases of breast cancer. The leading cause of cancer deaths among women in South Sudan is cervical cancer in the same year accounting for 19.3%<sup>iii</sup>. Despite the magnitude of the problem, there is currently no organised programming to tackle the problem in the country

One of the most important interventions for prevention of cervical cancer – the Human papilloma Virus Vaccine (HPV) is still not routinely offered in South Sudan. Moreover, there is no routine health messaging on cervical cancer taking place in the country. Consequently, the majority of the public is not aware of this “silent killer”.

The main focus of this Department in collaboration with Maternal and Reproductive Health Directorate will be secondary prevention of cervical cancer using the Visual Inspection with Acetic Acid (VIA) technique. The proposed intervention is cost effective and scalable by low cadre human resources such as midwives and nurses even in rural areas. This project therefore, offers an opportunity for mass screening of women at increased risk of cervical cancer in both rural and urban settings. This will lead to early diagnosis and treatment of cervical cancer cases thus, prevention of disability, improvement in quality of life and reduction of deaths due to cervical cancer

## Outputs

- ❖ Five health facilities offer services for cervical cancer screening and treatment.
- ❖ A total of 5,000 women of child bearing age located within the catchment population offered cervical cancer screening services.

## Activities and Sub-activities

### **2.2.1. Support procurement of materials and equipment for cervical cancer screening and treatment (see attached list of equipment and consumables)**

### **2.2.2. Build capacity of health workers on cervical cancer screening and treatment;**

- 2.2.2.1. Recruit a consultant for three months to offer training, onsite support supervision and mentorship.
- 2.2.2.2. Train a total of 25 health workers from five health facilities on cervical cancer screening and treatment.
- 2.2.2.3. Support 2 weekly supervisory missions to health facilities offering cervical cancer screening.

### **2.2.3. Provide cervical cancer screening services in five health facilities;**

- 2.2.3.1. Support health facilities with monthly fees for maintenance.
- 2.2.3.2. Support with cleaning and maintenance services for screening facilities.
- 2.2.3.3. Support with air time for communication.

### **2.2.4. Raise awareness on cervical cancer screening and treatment;**

- 2.2.4.1. Develop, print and disseminate IEC materials for VIA;
- 2.2.4.2. Organize radio talk shows on VIA;

## **Objective 3: Monitor trends for NCDs and NCDs risk factors to guide policy options and for policy dialogue.**

### Strategic Intervention 3.1: Strengthen routine reporting of NCDs using DHIS 2

The DHIS 1.4 platform did not have provision for NCDs and mental health. However, the revised version (DHIS 2) includes routine data on NCDs and mental health. In addition, the NCDs Department has supported the Directorate of Planning, Budgeting and Research with introduction of tally sheets at health facilities. The roll-out of tally sheets has started within Health Pooled Fund supported sites. This robust system of reporting will be a good data source to monitor NCD and mental health trends in the country. Given that this is a new intervention, the NCD department will need to support Country health Departments and health facilities on how to fill the various forms.

**Output:** Routine data on NCDs available in DHIS2

#### **Activities and Sub-activities**

- 3.1.1. Conduct quarterly review of NCD data in DHIS 2 and make summary reports for NCD trends.**
- 3.1.2. Conduct support supervisory visits to County Health Departments on populatig NCD and mental health data in DHIS 2.**
- 3.1.3. Engage in joint DHIS 2 trainings organized by the Directorate of Planning, Budeting and Research for the Ministry of Health.**
- 3.1.4. Support one national training on DHIS 2 for NCDs and mental health.**

### Strategic Intervention 3.2: Ensure surveys on NCDs and mental health including risk factors are carried out

South Sudan has never conducted a STEPS survey to reasonably measure the burden of NCD and associated risk factors such as: the proportion of individuals using tobacco, prevalence of hypertension or diabetes. This has resulted into difficulty in setting targets for NCDs and NCD risk factors. A school based survey has also never been conducted. The Department therefore, propose to conduct surveys in order to better understand the NCD and mental health problem in the country.

#### **Output:**

- ❖ Conduct one school health based survey
- ❖ Adapt and cost protocol on STEPS survey for South Sudan

#### **Activities and Sub-activities**

- 3.2.1. Conduct School Health Survey on NCDs and mental health**
  - 3.2.1. Adapt protocol for NCD school health survey;
  - 3.2.2. Train data collectors on school health survey;
  - 3.2.3. Conduct school health survey;
- 3.2.2. Conduct data analysis on survey**
- 3.2.3. Write and publish shcool health survey report.**
- 3.2.4. Adapt protocol on STEPS survey and cost the protocol.**
- 3.2.5. Present STEPS protocol to donors and multi-stakeholders**

**Objective 4: Increase effective regulation, appropriate engagement with civil society, communities, academia and private sector, building a whole of society approach to NCDs and share experiences and challenges, including policy models that work.**

Strategic Intervention 4.1: Ensure the general public and communities are informed about NCDs and NCD risk factors.

**Output:** One public campaign to combat NCD risk factors carried out every year

**4.1.1. Improve public engagement on NCD risk factors and NCDs**

- 4.1.1.1. Support one public rally/campaign on physical activity;
- 4.1.1.2. Conduct quarterly media sessions on NCDs and risk factors;
- 4.1.1.3. Commemorate World No Tobacco day (31st May);
- 4.1.1.4. Commemorate World Cancer Day (5th Feb)

**4.1.2. Develop messages for NCDs;**

- 4.1.2.1. Develop health education materials for NCD risk factors reduction;
- 4.1.2.2. Print health education materials on NCDs;

**Strategic Intervention 4.2:** Initiate steps towards ratification of WHO-Framework Convention on Tobacco Control (WHO-FCTC).

Although South Sudan has not conducted a survey to document use of tobacco in the country, it is evident that shisha and tobacco products are rampantly being used in public places. The Ministry of Finance effective April 2016 raised excise taxes on tobacco to 300%. However, due to weak enforcement, tobacco products are still being smuggled into the country and prices in the open market have remained low. There is currently one factory manufacturing cigarettes in the country; however, dangerous labels on packaging are not being enforced. There is also no restriction to tobacco advertising. The root cause of the problem is lack of legislation. The WHO has developed a legal framework the Framework Convention on Tobacco Control (WHO – FCTC). This framework includes “Best Buy” that countries are adapt and effectively combat the tobacco problem. Measures summarised in the acronym ‘MPOWER’ such as increasing taxes on tobacco, restriction on advertising, dangerous warnings on packaging are effective in tobacco control.

The Department plans to initiate activities leading to ratification of this treaty in South Sudan.

**Output:** One workshop on FCTC carried out.

**Activities and sub-activities**

**4.2.1. Initiate activities leading to ratification of WHO Framework Convention on Tobacco Control**

- 4.2.1.1. Engage judiciary and parliamentary affairs on tobacco legislation.
- 4.2.1.2. Conduct a workshop on ratification of WHO FCTC.

### 3. WORK PLAN

#### OBJECTIVE 1:

**Strengthen leadership for NCDs and mental health response through promotion of policy coherence and coordination for the development of whole-of-government, health in all policies approaches and multi-stakeholder engagement.**

Strategic Intervention - 1.1:	Output	Means of verification	Timeline
Ensure proper functioning of the NCD department at the Ministry of Health.	❖ Functional NCD office that delivers up to 80% of planned targets.	❖ NCD Annual Report	❖ December 2020 ❖ December 2021
<b>Strategic Intervention 1.2:</b> Ensure appropriate multi-sectorial policies, strategies and plans are in place and implemented for effective coordination of the NCD agenda in the country.	❖ NCD multi-stakeholder Action plan developed	❖ NCD Annual Report	❖ 31 March 2021
<b>Strategic Intervention 1.3:</b> Ensure appropriate capacity is in place at the Department of NCD	❖ Department staff participate in at least two Regional/International meetings.	❖ NCD Annual Report	❖ December 2020 ❖ December 2021

#### Objective 2:

**To integrate prevention, management and care of common NCDs, cervical cancer and mental health disorders into PHC in the interest of promoting Universal Health Coverage**

Strategic Intervention 2.1: Integrate a Package of Essential Noncommunicable Diseases and Mental Health (PEN-M) into Primary Health Care facilities and hospitals.	❖ PEN-M guideline and protocols implemented in 10 health facilities.	❖ NCD Annual Report	❖ December 2020 ❖ December 2021
Strategic Intervention 2.2: Integrate routine cervical cancer screening services using Visual Inspection with Ascetic Acid (VIA) in Primary Health Care and Hospitals	❖ Five health facilities offer services for cervical cancer screening and treatment.  ❖ A total of 5,000 women of child bearing age located within the catchment population offered cervical cancer screening services.	❖ NCD Annual Report	❖ December 2020 ❖ December 2021

<b>Objective 3:</b>			
<b>Monitor trends for NCDs and NCDs risk factors to guide policy options and for policy dialogue.</b>			
<b>Strategic Intervention 3.1:</b> Strengthen routine reporting of NCDs using DHIS 2	❖ Routine data on NCDs available in DHIS2	❖ NCD Annual Report	❖ June 2020 ❖ September 2020 ❖ December 2020
<b>Strategic Intervention 3.2:</b> Ensure surveys on NCDs and mental health including risk factors are carried out	❖ Conduct one school health based survey ❖ Adapt and cost protocol on STEPS survey for South Sudan	❖ NCD Annual Report	❖ June 2020
<b>Objective 4:</b>			
<b>Increase effective regulation, appropriate engagement with civil society, communities, academia and private sector, building a whole of society approach to NCDs and share experiences and challenges, including policy models that work.</b>			
<b>Strategic Intervention 4.1:</b> Ensure the general public and communities are informed about NCDs and NCD risk factors.	❖ Ensure the general public and communities are informed about NCDs and NCD risk factors.	❖ NCD Annual Report	❖ June 2020 ❖ September 2020 ❖ December 2020
<b>Strategic Intervention 4.2:</b> Initiate steps towards ratification of WHO-Framework Convention on Tobacco Control (WHO-FCTC).	❖ One workshop on FCTC carried out.	❖ NCD Annual Report	❖ June 2021

## 4. BUDGET SUMMARY

<b>SUMMARY BUDGET, NCD DEPARTMENT, MoH, 2020 - 2021</b>						
<b>Objectives</b>	<b>SN</b>	<b>Activity</b>	<b>#</b>	<b>period</b>	<b>Unit cost</b>	<b>Total USD</b>
<b>Objective 1:</b> Strengthen leadership for NCDs and mental health response through promotion of policy coherence and coordination for the development of whole-of-government, health in all policies approaches and multi-stakeholder engagement)	<b>1.1.1</b>	<b>Equip the NCD office of the Ministry of Health.</b>				
	1.1.1.1	Procure vehicle for NCD department.	1	1	60,000	<b>60,000</b>
	1.1.1.2	Procure one set of meeting table with 6 chairs.	1	1	5,000	<b>5,000</b>
	1.1.1.3	Procure one exacative chair.	1	1	500	<b>500</b>
	1.1.1.4	Procure one cabinet.	1	1	200	<b>200</b>
	1.1.1.5	Procure three laptop computers, one scanner/copier/printer; one projector for the NCD departemnt.	1	1	8,000	<b>8,000</b>
	<b>1.1.2</b>	<b>Support running costs for the NCD Department</b>	24	1	100	<b>2,400</b>
	<b>1.1.3</b>	<b>Conduct coordination meetings for NCDs.</b>				
	1.1.3.1	Condcut a meeting for formation of the South Sudan NCD Technical Working Group (TWG).	1	1	500	<b>500</b>
	1.1.3.2	Support quarterly meetings for NCD TWG.	4	1	5,000	<b>20,000</b>
	1.1.3.3	Form musltistakeholder NCD commettees.	1	1	5,000	<b>5,000</b>
	1.1.3.4	Support twice a year NCD multisakholder meetings.	2	1	5,000	<b>10,000</b>
	<b>1.2.1.</b>	<b>Develop NCD multi-stakeholder Action Plan</b>				<b>-</b>
	1.2.1.1.	Support a consultant for dvelopment of the plan;	1	1	7,000	<b>7,000</b>
	1.2.1.2.	Support meetings for evelopment of the plan,	2	1	5,000	<b>10,000</b>
	<b>1.2.2.</b>	<b>Print and disseminate the NCD MSAP</b>				
	1.2.2.1	Print the plan;	<b>500</b>	<b>1</b>	8	<b>4,000</b>
	1.2.2.2.	Support one dissemination meeting for the plan	1	1	5,000	<b>5,000</b>
	<b>1.3.1.</b>	<b>Two staff/year participate in Regional trainings/meetings;</b>	<b>2</b>	<b>1</b>	3,000	<b>6,000</b>
	<b>1.3.2.</b>	<b>One staff of the department attends one International meeting or training per year</b>	<b>1</b>	<b>1</b>	5,000	<b>5,000</b>
<b>1.3.3.</b>	<b>Procure resource materials on NCDs</b>	<b>1</b>	<b>1</b>	200	<b>200</b>	
		<b>Sub-total Objective 1</b>				<b>148,800</b>



<b>Objective 2:</b> To integrate prevention, management and care of common NCDs, cervical cancer and mental health disorders into PHC in the interest of promoting Universal Health Coverage)	<b>2.1.1.</b>	<b>Finalise tools for NCD and mental health management in PHC</b>				-
	2.1.1.1.	Support meeting for endorsement of PEN-M;	1	1	200	200
	2.1.1.2.	Print about 500 copies of PEN-M;	500	1	8	4,000
	2.1.1.3.	Conduct a dissemination meeting for PEN-M;	1	1	5,000	5,000
	2.1.1.4.	Develop SOPs and training materials for PEN-M;	0	0	-	-
	2.1.1.5.	Print SOPs and training materials for PEN-M	1000	1	0	250
	<b>2.1.2.</b>	<b>Build capacity of health facility staff on PEN-M guideline</b>	1	1	38,050	38,050
	2.1.2.1	Train at least 50 frontline health workers on PEN-M;				-
	2.1.2.2	Distribute copies of PEN-M and SOPs for PEN-M to health facilities;	0	0		-
	2.1.2.3	Support partner's meeting on commodities for PEN-M;	1	1	5,000	5,000
	2.1.2.4	Conduct mentorship and support supervisory visits to health facilities implementing PEN-M;	6	2	600	7,200
	2.1.2.5	Support procurement of materials and equipment for PEN-M (see attached list of equipment and consumables)	1	1	57,600	57,600
	2.1.3	<b>Monitor implementation of PEN</b>	0	0	-	-
	2.1.3.1.	Support a national officer for six months to mentor health facility staff on PEN-M implementation	1	1	14,000	14,000
	2.1.3.2	Support field partner and MoH support supervisory visits to health facilities to monitor implementation of services. (joint costed elsewhere)	0	0	-	-
	<b>2.2.1.</b>	<b>Support procurement of materials and equipment for cervical cancer screening and treatment (see attached list of equipment and consumables)</b>	<b>1</b>	<b>1</b>	36,500	36,500
	2.2.2.	Build capacity of health workers on cervical cancer screening and treatment;	0	0	-	-
	2.2.2.1.	Recruit a consultant for three months to offer training, onsite support supervision and mentorship;	1	1	36,800	36,800
	2.2.2.2.	Train a total of 25 health workers from five health facilities on cervical cancer screening and treatment;	1	1	30,600	30,600
	2.2.2.3.	Support 2 weekly supervisory missions to health facilities offering cervical cancer screening;	1	1	4,200	4,200

	<b>2.2.3.</b>	<b>Provide cervical cancer screening services in five health facilities;</b>	<b>1</b>	<b>1</b>	<b>25,250</b>	<b>25,250</b>
	2.2.3.1.	Support health facilities with monthly fees for maintenance;	0	0	-	-
	2.2.3.2.	Support with cleaning and maintenance services for screening facilities;	0	0	-	-
	2.2.3.3.	Support with air time for communication;	0	0	-	-
	<b>2.2.4.</b>	<b>Raise awareness on cervical cancer screening and treatment;</b>	<b>1</b>	<b>1</b>	<b>2,500</b>	<b>2,500</b>
	2.3.4.1.	Develop, print and disseminate IEC materials for VIA;				-
	2.3.4.2.	Organize radio talk shows on VIA;				-
		<b>Sub-total Objective 2</b>				<b>267,150</b>
<b>Objective 3:</b> (Monitor trends for NCDs and NCDs risk factors to guide policy options and for policy dialogue)	3.1.1	Conduct quarterly review of NCD data in DHIS 2 and make summary reports for NCD trends.	0	0	-	-
	3.1.2	Conduct support supervisory visits to County Health Departments on populating NCD and mental health data in DHIS 2.	6	5	600	18,000
	3.1.3	Engage in joint DHIS 2 trainings organized by the Directorate of Planning, Budgeting and Research for the Ministry of Health.	0	0	-	-
	3.1.4	Support one national training on DHIS 2 for NCDs and mental health.	1	1	15,000	15,000
	3.2.1.	Conduct School Health Survey on NCDs and mental health	1	1	30,000	30,000
	3.2.1.	Adapt protocol for NCD school health survey;	0	0	-	-
	3.2.2.	Train data collectors on school health survey;	1	1	10,000	10,000
	3.2.3.	Conduct school health survey;	1	1	17,500	17,500
	3.2.2.	Conduct data analysis on survey	1	1	2,500	2,500
	3.2.3.	Write and publish school health survey report.	0	0	-	-
	3.2.4.	Adapt protocol on STEPS survey and cost the protocol	0	0	-	-
	3.2.5.	Present STEPS protocol to donors and multi-stakeholders	1	1	5,000	5,000
		<b>Sub-total Objective 3</b>				<b>98,000</b>
<b>objective 4:</b> (increase effective regulation, appropriate)	<b>4.1.1.</b>	<b>Improve public engagement on NCD risk factors and NCDs</b>				
	4.1.1.1.	Support one public rally/campaign on physical activity;	1	1	30,000	<b>30,000</b>
	4.1.1.2.	Conduct quarterly media sessions on NCDs and risk factors;	7	1	100	<b>700</b>
	4.1.1.3.	Commemorate world no tobacco day (31st May);	1	1	5,000	<b>5,000</b>
	4.1.1.4.	Commemorate World cancer Day (5th Feb)	1	1	5,000	<b>5,000</b>

engagement with civil society, communities, academia and private sector,	<b>4.1.2.</b>	<b>Develop messages for NCDs;</b>				-
	4.1.2.1.	Develop health education materials for NCD risk factors reduction;				
	4.1.2.2.	Print health education materials on NCDs;	1000	1	0	250
	<b>4.2.1.</b>	<b>Initiate activities leading to ratification of WHO Framework Convention on Tobacco Control</b>				-
	4.2.1.1.	Engage judiciary and parliamentary affairs on tobacco legislation.	1	1	500	500
	4.2.1.2.	Conduct a workshop on ratification of WHO FCTC.	1	1	8,000	8,000
		<b>Sub-total Objective 4</b>				<b>49,450</b>
<b>GRAND TOTAL FOR TWO YEARS - US\$</b>						<b>563,400</b>

i World Health Organization - Cancer Country Profiles, 2014

ii SARA Survey, Ministry of Health, South Sudan, 2018

iii World Health Organization - Cancer Country Profiles, 2014