



# Transforming Maternal and Child Health in South Sudan

## Overview

### PROJECT DATES

September 2010 – September 2014

### PROJECT BUDGET

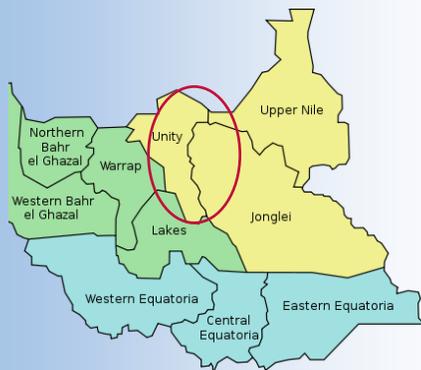
USAID contribution: \$1,749,937  
World Vision contribution: \$721,849

### LOCATION

Gogrial East and West Counties,  
Warrap State, South Sudan

### CONTEXT

South Sudan's continuing war has left severe gaps in infrastructure and human resource capacity, particularly in the health system. The country's health indicators are among the worst in the world. South Sudan has the world's highest maternal mortality ratio (2,054 per 100,000 live births) and ranks 16th in infant mortality (68 per 1,000 live births). MaCHT sought to address these challenges in two rural counties in Warrap State, where relative isolation from ongoing violence has led to a large influx of returnees, further stretching an overburdened health system. (Data sources: [UNICEF](#); [UNDP 2014](#); [CIA World Factbook](#))



*South Sudan States* by [Danielemezgalira](#) (via [Wikimedia Commons](#)); red circle added to indicate Warrap State.

### BENEFICIARY POPULATION

Total population in the project area: 148,899  
26,610 women of reproductive age (15–49 years)  
31,269 children 0–59 months

### PROJECT AT A GLANCE

Household	✓	✓	✓
Community	✓	✓	✓
Facility	✓	✓	✓
District			
National			

## Project Approach

To help relieve the burden on the health system in war-torn South Sudan and address the country's dire maternal and infant health indicators, the Maternal and Child Health Transformation Project (MaCHT) trained a cadre of "home health promoters" to provide integrated community case management (iCCM) and life-saving services that prioritize evidence-based interventions in maternal, neonatal, and child health (MNCH) at the household level.

MaCHT also strengthened facility management and staff training and engaged community members to select the home health promoters, serve on facility management committees, and promote behavior change. Trained home health promoters help fill gaps in a system that has been severely weakened by the war, an approach that aligns with Ministry of Health priorities for service provision at community level. The project offers an example of how the community-based approach can be applied in an extremely turbulent environment.

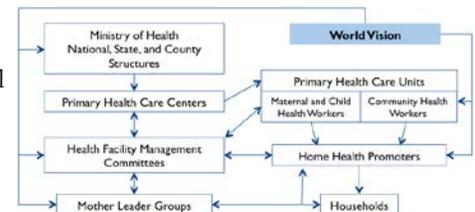
DESIRED OUTCOME	MAIN ACTIVITIES AND SELECTED OUTPUTS
Increase use of high-impact, low-cost interventions for better MNCH outcomes	<ul style="list-style-type: none"> <li>✓ 100 home health promoters trained in iCCM and the Home-Based Life-Saving Skills Curriculum*</li> <li>✓ 85 home health promoters and community health workers trained in timed and targeted counseling for prevention of malaria and acute respiratory infection</li> </ul>
Strengthen health system capacity to deliver essential health services	<ul style="list-style-type: none"> <li>✓ 25 staff members at facilities received quarterly refresher training in project years 2–4</li> <li>✓ 72 quarterly supervisory visits to 8 first-level health facilities (health posts)</li> <li>✓ 8 health facility management committees mobilized to work with home health promoters and facility staff</li> <li>✓ 5 community-selected candidates supported to receive two-year midwifery training</li> </ul>
Build and strengthen local and national partnerships to sustain MNCH improvements	<ul style="list-style-type: none"> <li>✓ 4 county-level meetings between MaCHT management and Ministry of Health</li> <li>✓ 2 MNCH-focused NGOs supported in self-assessment and organizational development</li> <li>✓ Participation on national Reproductive Health Working Group with Ministry of Health and other partners</li> </ul>

\*See [www.midwife.org/Home-Based-Life-Saving-Skills-HBLSS](http://www.midwife.org/Home-Based-Life-Saving-Skills-HBLSS).

## Partnerships

Ministry of Health policy governs health facilities, but most are managed by local and international NGOs. Through MaCHT, home health promoters were selected by village leaders and supervised by staff at primary health care units.

Facility management committees collaborated with Mother Leader Groups, whose members were trained by the project to identify childhood illnesses and danger signs in pregnancy and support the home health promoters with household-level behavior change communication activities.



# TRANSFORMING MATERNAL AND CHILD HEALTH IN SOUTH SUDAN

## A Viable Model

MaCHT demonstrates the value of mobilizing home health promoters for community health service provision based on iCCM. This is a viable model for increasing MNCH services and improving access in an overstretched system, notably for skilled birth attendance and tetanus toxoid vaccination. Further study and investment, including in supervision and supply-chain management, could help prepare the model for scale-up, with potentially positive impacts on maternal health.

## Key Findings

The project evaluation used data from knowledge, practice, and coverage surveys carried out with mothers of children under 2 years at baseline (2011; n=298) and endline (2014; n=510), as well as interviews and focus group discussions.

- **Household MNCH Practices and Coverage.** Home health promoters were effective in improving MNCH knowledge, assessing mothers and children, and initiating treatment for malaria and diarrhea. A number of key practices and coverage improved (see Figures 1 and 2). Interviews and focus group discussions with mothers indicated a link to the quality of health education in the project area.
- **Systems Strengthening.** MaCHT struggled to improve supply-chain management and distribution of malaria medication and antibiotics for acute respiratory infections due to factors largely beyond its control. Future interventions would do well to explore new inventory management approaches.
- **Partnerships for MNCH.** Increasing state and local-level Ministry of Health motivation to focus on maternal and child health indicates that MaCHT has helped reposition the MNCH agenda.

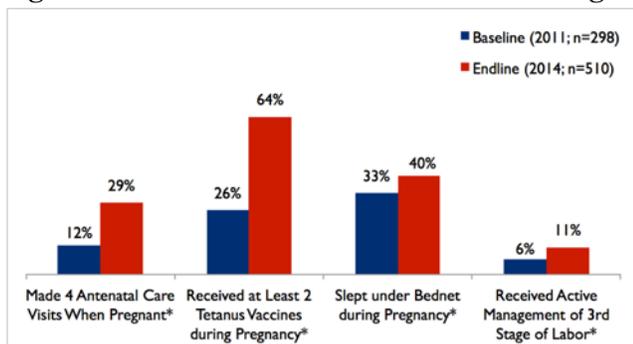
## Lessons Learned

- **iCCM in a Difficult Context.** Operations research found that in a context of limited access to formal health services, well-supervised, supplied, and trained community health workers were able to deliver essential health interventions to newborns and children under 5 years. The results suggest that supportive supervision, when integrated into a training methodology for iCCM-related skills transfer, is an important element of program design.
- **Home Health Promoters and the Supply Chain.** Chronic supply-chain disruptions add a layer of complication in an already overstretched health system. To improve community-based health services in such an environment, improvements to drug supply management should include provision of basic drugs and supplies to home health promoters.
- **Human Resource Capacity.** South Sudan's Ministry of Health lacks human resources to confront the range of policy and planning needs, let alone lead coordination of donor projects and design of interventions. This is the reality for a state in transition, but it underscores the need for continued investment in Ministry of Health capacity.

## Contact for More Information

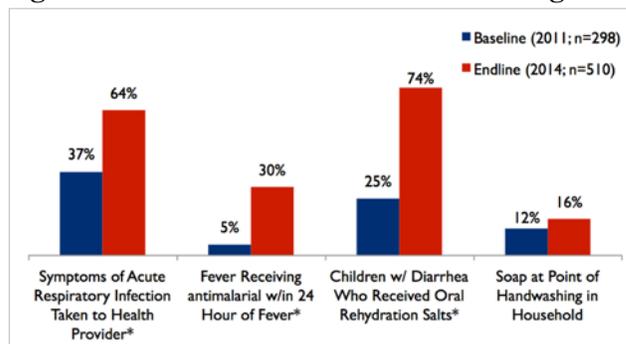
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Figure 1. Maternal Health Practices and Coverage



\* indicates statistical significance at  $p < 0.05$

Figure 2. Child Health Practices and Coverage



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