



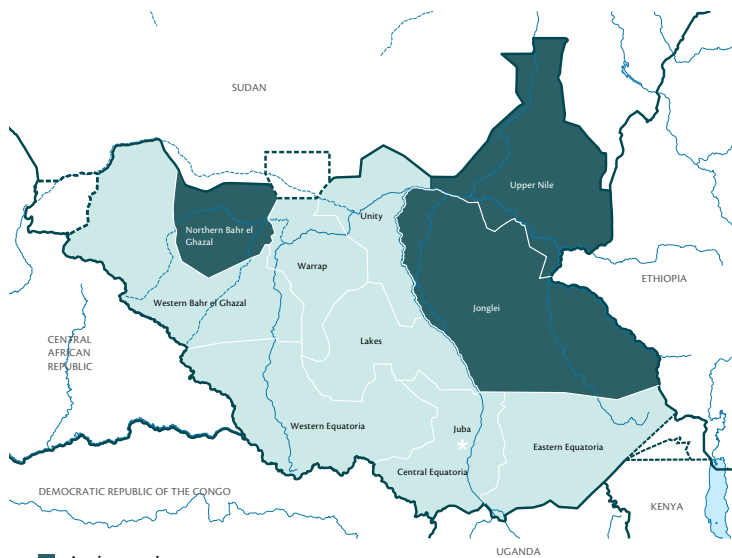
## Malaria Consortium South Sudan

Malaria Consortium has been operating in South Sudan since 2005 when, following the signing of the Comprehensive Peace Agreement, the Ministry of Health (MoH) requested our assistance to support the development of its policy and evidence base.

Our work in the country began with a focus on long lasting insecticidal net (LLIN) distribution and healthcare worker training on malaria case management, prevention and control. We have since expanded our portfolio considerably to include: primary health care, nutrition, community health — with a focus on integrated community case management (iCCM) for malaria, pneumonia and

diarrhoea — and neglected tropical diseases (NTDs). Today, we work closely with governments, donors and key implementing partners across several states, including Upper Nile, Northern Bhar el Ghazal and Western Bhar El Ghazal, Warrap and Jonglei.

We champion a technical approach that places health systems thinking in the way we deliver projects. We prioritise high-impact, life-saving interventions, build on achievements from past implementation and support service delivery during crises. We also play an integral role in conducting operational research and facilitating the generation of quality-assured data to improve decision-making and planning.



- Active projects
- ★ Malaria Consortium office

## Areas of focus

### Primary healthcare

Health facility interventions (e.g. training and supervision of health workers, supply of drugs and commodities) and community-based primary healthcare — whereby trained community health workers (CHWs) provide basic and essential services to communities — are key to tackling illnesses and, ultimately, to achieving universal health coverage.

### Pioneering flagship initiatives

In 2016 the government launched its flagship strategy for community-based primary healthcare: the Boma Health Initiative (BHI). It outlines how communities will be reached with an integrated package of health promotion, disease prevention and treatment through a formal delivery system at *boma* (village) level.

Building on our experience of successfully implementing iCCM and nutrition interventions at the community level, we collaborated with national and state ministries of health, county health departments and local authorities to pilot the BHI in Twic state. Nationally, we worked with government, donors and implementing partners to strengthen and improve BHI implementation for scale-up. We captured learning from the pilot that helped inform government decision-making around how best to improve the selection and distribution of Boma health teams (BHTs); train and supervise BHTs; and strengthen the linkage between the BHI and health facility services. These lessons additionally helped to shape and implement the BHI strategy across all states and counties during the 2019–2020 programme implementation period.

Further reading: <https://bit.ly/3sUfDdX>

## Sustaining maternal and child health through essential healthcare services

We contribute to accelerated, sustainable improvement in maternal, neonatal, child and adolescent health in South Sudan by scaling up evidence-based, high-impact and integrated public health interventions. Through collaborations with the Health Pooled Fund (HPF), World Bank and the United Nations Children’s Fund (UNICEF), we are currently implementing the Provision of Essential Health Care Services Project — including facility-based health service provision and the BHI — in six counties across three states. These efforts seek to enhance the delivery of integrated health services via health facilities; expand community health services that address the prevention and treatment of common conditions as outlined in the BHI guidelines; strengthen supply chain management for essential drugs and commodities; and establish stable health systems that are responsive to the needs of communities and individuals.

Further reading: <https://bit.ly/3eGgzgC>

Mother and child recipients of iCCM nutrition programme, Aweil state





A vector control officer examines samples from children for bilharzia and intestinal worms, Mogori

## Integrated community case management

We have pioneered work on iCCM, supporting the integrated treatment of common childhood illnesses — specifically malaria, pneumonia and diarrhoea — at the community level. iCCM involves training voluntary CHWs to diagnose and treat under-fives for these illnesses and to refer cases of severe acute malnutrition (SAM) and complicated illness to health facilities. In 2009, we helped develop the national iCCM implementation guidelines and have since supported harmonisation of iCCM training materials between all partners and the MoH.

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## Supporting healthcare workers' to reduce malaria morbidity and mortality

We have developed context-specific training materials and job aids suitable for low literacy settings for community-based distributors (CBDs); both MoH and iCCM partners have widely adopted these materials. To improve the diagnosis and management of malaria, which is the leading cause of morbidity and mortality in the country, we trialled CBDs' use of malaria rapid diagnostic tests (mRDTs) within the community. We successfully trained a network of 580 volunteer CBDs to conduct mRDTs on children 6–59 months, to provide artemisinin based combination therapy (ACT) to positive cases and to refer severe cases to the formal health system for treatment in Aweil Centre and Aweil North states. Our findings demonstrated that mRDT use is feasible when appropriate guidelines are given to CBDs with low literacy. We also showed that RDT use allows for effective use of ACTs under iCCM for treatment of positive cases.

Further reading: <https://bit.ly/3dZ7lxa>

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## Collaborations and partnerships

To expand the reach of health services to communities living in vulnerable circumstances, we work closely with government structures — from the national and state level to county health districts — and other key partners to develop interventions that are context specific, sustainable and responsive to crises.

Our work has been made possible through the generous support of the Department for International Development (DFID — now the Foreign, Commonwealth & Development Office), the Global Fund to Fight Aids, Tuberculosis and Malaria, the Health Pooled Fund, Population Services International, South Sudan Common Humanitarian Fund, UNICEF and World Bank. We are well represented in coordination bodies across the country and participate in key fora and Clusters, including the NGO Forum, the Health Cluster, the Nutrition Cluster and the Logistics Cluster. Malaria Consortium additionally participates in technical working groups (TWGs), such as the Malaria TWG and BHI TWG, and is currently a sitting member of the Country Coordination Mechanism through Global Fund.

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## Tackling malnutrition through existing structures

With support from the South Sudan Common Humanitarian Fund and nutrition supplies from UNICEF, we implemented an innovative approach to community management of SAM in Aweil state, building on the success of the country's existing iCCM programme. We subsequently advocated for the integration of SAM treatment into the national iCCM model, capturing learning that informed DFID's inclusion and funding of nutrition activities in iCCM in 2013.

We have since implemented iCCM via an integrated community-based outpatient therapeutic programme (OPT) for under-fives, making SAM treatment more accessible to communities. Within this programme, we have established multiple OTP sites, trained CBDs to screen and refer cases, and contributed to the development of related guidelines. Through our considerable efforts, we managed to screen over 74,000 children for malnutrition and treat more than 200,000 cases of malaria, pneumonia and diarrhoea from May 2017 to October 2018.

Further reading: <https://bit.ly/32UQdCj>

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## Community-based interventions

We collaborate with government and implementing partners to support community-centred, evidence-based interventions that respond to changing conditions and the needs of individuals.

### Supporting mass campaigns in adverse conditions

LLINs are among the most effective and wide-spread malaria control intervention strategies used in South Sudan. We have supported several LLIN distributions in Northern Bahr el Ghazal state since 2009, leading a community-based continuous distribution pilot in Lainya in collaboration with the MoH and country health department. This pilot proved that community-based distribution systems can effectively sustain LLIN coverage in South Sudan. More recently, in 2017 and 2020, we were the lead implementing partner for LLIN universal distribution campaigns in the states of Northern and Western Bahr el Ghazal and Warrap, distributing over 2,500 000 LLINs. In 2021, we will lead a mass distribution campaign in Jonglei state, supported by UNICEF.

The emergence of COVID-19 threatened to jeopardise these campaigns by interrupting essential services and placing communities at risk. However, working with the National Malaria Control Programme, we were able to adapt our distribution methodology in line with World Health Organization guidance. We implemented a range of timely and context-specific adaptations and amplified our community engagement and SBC activities, thereby ensuring that these life-saving resources reached their intended recipients.

Further reading: <https://bit.ly/3c6Bijd>

### Facilitating the treatment of neglected tropical diseases

Historically, we have supported the MoH in identifying and treating NTDs, ultimately contributing to the development of South Sudan's 2016–2020 NTD master plan. In 2009–2010, we conducted joint NTD surveys that revealed that *Schistosoma haematobium* — a parasitic flatworm causing schistosomiasis — is endemic to Northern Bahr el Ghazal and Unity states (*S. mansoni* was also found to be endemic in Unity). Through these surveys, we supported the MoH to implement mass drug administrations to reduce the NTD burden, collaborating on the rollout of the first-ever deworming campaign for primary school children. We successfully treated over 255,000 children for *S. haematobium* and soil-transmitted helminths (intestinal worms that infect humans via contaminated soils).

Further reading: <https://bit.ly/32Vt8PU>

**Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.**

**Our mission is to save lives and improve health in Asia and Africa through evidence-based programmes that combat targeted diseases and promote universal health coverage.**

## Reference

1. Ministry of Health, Republic of South Sudan. Malaria indicator survey 2017. Juba: MoH; 2017. Available from: [https://malaria-surveys.org/documents/SSMIS%202017%20final%20report%202019%2005%2020\\_signed%20\(1\).pdf](https://malaria-surveys.org/documents/SSMIS%202017%20final%20report%202019%2005%2020_signed%20(1).pdf).

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Cover image: A woman in Northern Bahr el Ghazal with LLINs, the most widely used vector control intervention in South Sudan



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