



Health Pooled Fund phase III: Provision of essential healthcare services in South Sudan

Reducing morbidity and mortality through increased access to integrated maternal, newborn and child health services

Background

For decades, South Sudan's health situation has been affected by conflict that has devastated livelihoods and displaced populations. The country's infant and under-five mortality rates are high — 129 and 99 per 1,000 live births, respectively — and its maternal mortality rate is the highest in the world at 1,150 per 100,000 live births.^[1]

High poverty rates, severe food insecurity, limited access to health services, high morbidity, and inadequate diets and water, sanitation and hygiene practices have exacerbated the high levels of malnutrition in children under five. Global acute malnutrition stood at 16.2 percent in 2019.^[2]

Access to essential health services is limited; only 23 percent of primary healthcare centres offer a basic package of child health services and 60 percent provide antenatal care services five days per week.^[3] In addition, uptake of these services is low because of financial and cultural barriers. Geographical distance also hinders service uptake: just 44 percent of South Sudan's population lives within five kilometres of a health facility.^[4]

Country

South Sudan

Donor

Health Pooled Fund

Length of project

April 2019 – March 2024

Partners

Aweil Centre and Aweil South County Health Departments

Northern Bahr el Ghazal State Ministry of Health

Objectives

We are implementing the Health Pooled Fund III: Provision of Essential Healthcare Services project in Aweil Centre and Aweil South to address some of these access and quality-of-care issues. The project will help establish integrated primary healthcare delivery at the community level and 15 health facilities by:

- enhancing the quality of health services and community-level interventions that increase awareness, prevention and treatment of common conditions
- supporting last-mile delivery of commodities to increase access to safe, effective and quality essential medicines and supplies
- creating resilient health systems that enhance accountability and are responsive to the needs of the people
- developing efficient, effective, inclusive funds and processes that offer value for money in the delivery of health services.

By the end of the project, we aim to have achieved the following targets:

- provide skilled birth attendance to approximately 38,105 deliveries in the supported health facilities
- vaccinate a total of 59,954 children 0–11 months with three doses of pentavalent vaccine
- provide approximately 1,939,078 outpatient consultations to patients
- offer long-acting and short-acting modern contraceptives to all 15 supported facilities
- treat approximately 163,578 children under five at the community level for diarrhoea, malaria, and pneumonia
- reach attendance of up to 377,338 community members at health sessions on family planning, child health, nutrition, and sexual and gender-based violence.

Activities

To achieve these objectives, Malaria Consortium will:

- provide technical support to the County Health Departments (CHDs) to plan, coordinate and manage health service delivery and emergency response plans based on health management information system data
- develop the capacity of community- and facility-level health workers to deliver basic emergency newborn and obstetric care, integrated management of childhood illness, clinical management of sexual abuse, family planning and immunisation
- conduct joint supportive supervision with the CHDs to improve the quality of care delivered by health staff
- promote healthy behaviours, gender equity and social inclusion through radio talk shows and meetings with community and church leaders
- provide essential equipment, medical commodities (including personal protective equipment) and medicines to manage childhood illnesses (e.g. malaria, diarrhoea and pneumonia) and other health issues including hypertension, diabetes mellitus and pregnancy-related complications
- renovate health infrastructure, ensuring a conducive environment for quality service delivery
- enhance *Boma* health workers' capacity (through tools/training) to deliver health promotion and disease prevention activities; treat illnesses in under-fives; track immunisation schedules; and refer women to health facilities for family planning and delivery
- strengthen supply chain management by:
 - improving health facilities' inventory management, including cold chain management of vaccines
 - enhancing monthly reporting by health facilities on drug consumption through the District Health Information System
 - supporting CHDs to use the pharmaceutical management information system for forecasting.

References

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4. WHO Regional Office for Africa. South Sudan commits to move towards attainment of Universal Health Coverage. Juba: WHO; 2018. Available from: www.afro.who.int/news/south-sudan-commits-move-towards-attainment-universal-health-coverage.

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Cover image: Women in South Sudan

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