



A trained community based distributor tests a child for malnutrition using a mid-upper arm circumference tape

PROJECT BRIEF

Integrated community case management in South Sudan

This project aims to improve access to basic health care for children suffering from malaria, diarrhoea, pneumonia and severe acute malnutrition in South Sudan, contributing to a reduction in under five child mortality in the country.

Project outline

Improving child survival through access to prompt, effective and quality treatment of childhood illness remains a major challenge in South Sudan. The country's under-five mortality rate of 91 per 1000 live births remains well above the targets set in the Sustainable Development Goals.

The burden of preventable childhood illness remains high. Pneumonia, malaria, and diarrhoea are the leading causes of morbidity and mortality in children under five in South Sudan, leading to approximately 40,000 deaths each year. Twenty-one percent, seven percent, and eight percent of deaths among children can be attributed to these illnesses respectively.

Additionally, malnutrition is the underlying cause of approximately half of all deaths among children under five. An estimated 230,000 children under five in South Sudan suffer from severe acute malnutrition (SAM) and this is expected to rise, which makes nutrition responses even more critical.

Countries

South Sudan

Donors

Department for International Development

Length of project

May 2017 – 31 October 2018

Partners

Population Services International (PSI), Doctors with Africa- Collegio Universitario Aspiranti Medici Missionari (CUAMM), and Health Link South Sudan (HLSS)



Malaria Consortium implements integrated community case management (iCCM) in three states, Northern Bahr el Ghazal, Western Bahr el Ghazal and Warrap. ICCM involves training voluntary community health workers to diagnose and treat children under five for malaria, pneumonia and diarrhoea and to refer children with severe acute malnutrition and complicated illnesses to health facilities.

This iCCM 2 project is implemented under the Ministry of Health (MoH) policy framework for initiatives relating to Community Child Survival and the Basic Package of Health and Nutrition Services for the Republic of South Sudan. A network of 5,400 community based distributors (CBDs) were trained in iCCM and were also trained to screen for SAM cases and refer them to Outpatient Therapeutic Programme feeding sites. A CBD is responsible for approximately 40 households and is supervised by a CBD supervisor. Oversight of the ICCM activities at field level is provided by programme and field officers, in close collaboration with local officials and County Health Department staff.

The community programme links with the Boma Health Initiative (BHI), a community health and information system governed by salaried Boma health teams. BHI activities include: health promotion, provision of screening and treatment services for selected diseases including malnutrition, pneumonia, malaria and diarrhoea and case referral.

Community level data on treatment, referral, supervision and medicine supply are fed in to the MoH-endorsed District Health Information System (DHIS). This data is incorporated into the MoH health management information system to ensure treatments and referral information at community level are recorded within the overall MoH reports

Project objectives

1. Increased provision and use of iCCM services to treat malaria, diarrhoea, pneumonia and severe acute malnutrition
2. Strengthened health systems in intervention areas
3. Increased quality, demand and use of nutrition services

Activities

- ▶ Provision of malaria, diarrhoea, pneumonia and SAM treatment to two million children by December 2018
- ▶ Training of 5,400 CBDs and 507 CBD supervisors on iCCM
- ▶ Introduction of rapid diagnostic tests for malaria case management at community level
- ▶ Piloting of the BHI structure in Twic County of Warrap state
- ▶ Dissemination of health promotion messages to communities
- ▶ Strengthening MoH oversight and leadership of iCCM delivery through national coordination cluster mechanisms
- ▶ Strengthening of the referral system
- ▶ Standardising data collection and reporting through supporting MoH to pilot use of DHIS2

For more information about the project, please contact:

*Dr Denis Mubiru
d.mubiru@malariaconsortium.org
Malaria Consortium South Sudan
Plot 367 Tomping, Juba*

Malaria Consortium

Development House 56-64 Leonard Street,
London EC2A 4LT, United Kingdom
info@malariaconsortium.org / www.malariaconsortium.org
UK Registered Charity No: 1099776

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