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

Reducing morbidity and mortality through child health and antenatal care

Background
South Sudan's health situation remains fragile following decades of conflict that have left livelihoods devastated and populations displaced. 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, poor diets, high morbidity, and poor 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. The geographical distance also hinders service uptake; just 44 percent of the population in South Sudan lives within five kilometres of a health facility.[4]

Country
South Sudan

Donor
Health Pooled Fund

Length of project
April 2019 – June 2020

Partners
Aweil State County Health Departments
Aweil State Ministry of Health
HealthNet TPO
Impart Health Organisation
Objectives

We are implementing the Health Pooled Fund III: Provision of Essential Healthcare Services project in Aweil Centre and Aweil South in partnership with HealthNet TPO and Impart Health Organisation to address some of these access and quality of care issues. The project will help establish integrated primary healthcare delivery at the community level, 16 health facilities and one referral hospital by:

- supporting the implementation of the Boma Health Initiative (BHI) — the government’s community-based primary healthcare strategy — to expand the prevention and treatment of common conditions at the community level
- strengthening referral between various service levels
- improving the supply chain management of essential drugs and commodities
- increasing community ownership and strengthening governance structures of local health systems.

By end of project, we want to ensure that:

- skilled birth attendants have been present at approximately 10,000 deliveries in the supported health facilities
- close to 12,000 children 0–11 months have been vaccinated with three doses of pentavalent vaccine
- around 510,000 patients have received outpatient consultations
- all supported facilities offer modern contraceptives
- about 14,000 children under five have been treated at the community level for diarrhoea, malaria and pneumonia
- roughly 9,000 community members have attended 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
- train 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
- provide 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
- procure and deliver essential equipment and medical commodities — such as gloves, antibiotics, drugs for pain relief and to manage pregnancy-induced hypertension, and commodities to prevent infection
- strengthen supply chain management by:
  - improving health facilities’ inventory management — including cold chain management of vaccines
  - improving 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.

We are also supporting the BHI’s implementation in Aweil North and West, Gogrial East and West, and in Twic state. We are building Boma health workers’ capacity to deliver health promotion and disease prevention activities, as well as treat malaria, diarrhoea and pneumonia in under-fives, track immunisation schedules and refer women to health facilities for family planning and delivery.

References