
CMMB

CMMB SOUTH SUDAN PROFILE
Children and Mothers' Partnerships, Western
Equatoria State

June 2015

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SOUTH SUDAN PROFILE: CHILDREN AND MOTHERS’ PARTNERSHIPS (CHAMPS), WESTERN EQUATORIA STATE

Introduction

Catholic Medical Mission Board has launched CHAMPS—a 15-year, comprehensive initiative to target the most prevalent and fundamental causes of mortality and morbidity among women and children in targeted communities around the world. One of these communities is Nzara County, an impoverished, remote area in South Sudan’s Western Equatoria State (WES) that has a population of roughly 72,000 and, after years of civil war and other violence, suffers from a host of major public health problems. These difficulties are highlighted by numerous disturbing statistics, as WES suffers from one of the highest maternal mortality rates in the world, as well as post-natal care.

CMMB recently conducted an extensive assessment of health-related needs in Nzara, including a study of health facilities in Nzara as well as the surrounding area, such as Yambio State Hospital, which is in neighboring Yambio County, is the primary referral hospital for Nzara County, and serves a catchment area of 187,000 people. The assessment also included a household survey questionnaire, key informant/stakeholder interviews, and focus groups, through which the community identified key health issues. The assessment highlighted serious problems with respect to services for pregnant women, HIV, public education, clean water, gender-based violence, child protection, and nutrition. These problems are systemic in nature, and cannot be solved through discrete, isolated interventions; rather, a multi-faceted approach is needed.

Based on the results of this assessment, CMMB has designed and is actualizing a strategic holistic approach that simultaneously implements a series of community-based programs to tackle these issues in order to improve the health and well-being of women and children. These programs are designed to lead to several key objectives, notably:

1. **Improved knowledge, attitudes, and practices (KAP) around key public health issues**, using behavior change communication (BCC) strategies.
2. **Improved access to health care services**, through the expansion of evidence-based interventions that CMMB is operating in other parts of WES, including a Safe Motherhood Project, an initiative to provide HIV care and prevention services; and efforts to strengthen local health systems (such as through providing qualified professionals (including a mix of volunteer and third country national experts), and supporting local medical staff).
3. **Improved quality of services for women and children in the formal health system**, such as by strengthening local health systems through training, advocacy, and provision of equipment.

4. **Communities empowered to identify, advocate for and implement programs that improve community health and well-being**, through BCC efforts as well as projects to improve access to clean water and sanitation.

Background on CHAMPS Initiative—Strategy & Approach

Through CHAMPS, CMMB has made 15-year commitments to vulnerable communities to implement integrated, holistic programs targeting the leading causes of morbidity and mortality among their women and children, convening local and international partners in support of the work. Under this approach, each local CHAMPS program is linked to a referral hospital or other large health facility within the existing health system. The aim is to ensure that proper support is provided throughout the continuum of care that is linked to that anchor facility. Activities within each program will be complementary and mutually reinforcing, aligned with local and national health frameworks and with the United Nations' post-2015 Sustainable Development Goals, and based on partners' common agenda and shared measurements. Continuous communication among partners will ensure efficient, effective use of resources, meaningful connections and relationships, growing trust, and accountability, particularly through robust monitoring and evaluation (M&E) efforts that will demonstrate both accomplishments and areas for programmatic adjustments, as well as opportunities for further support and development.

Within each program's catchment area, CMMB is convening multiple actors (which includes partners with which CMMB has built strong relationships over the years) across multiple areas so as to yield collective impact, so that the whole becomes greater than the sum of its parts. Impact will be amplified as CHAMPS communities share lessons learned. CMMB will also advocate to influence policies and programs at local, national, and international level. The short-term goal is to have at least 20 local CHAMPS programs in Latin America, the Caribbean, and Africa by 2020.

The Need for the CHAMPS Initiative

For decades, the people of South Sudan have suffered from poor health care and health outcomes. Many of these problems stem from the protracted liberation war in Southern Sudan (1955-2005) prior to its independence, which destroyed much of the country's physical and social infrastructure, and led to the displacement of over four million people, as well as an estimated 1.5 million deaths. Moreover, after the country's independence in 2011, continued unrest, including the outbreak of civil war in 2013 and attacks by warlord Joseph Kony's Lord's Resistance Army, led to further devastation. Political stability remains elusive, as parts of the country remain in a state of war, and no peace agreement to end the latest conflict has yet been signed.

These conflicts have left a deep and very dark legacy, which is reflected in various disturbing statistics. For example, half of the population (50.6%) lives on less than USD 1 per day, and the vast majority of the population is engaged in rural subsistence farming and cattle herding. More than half of the population has difficulty accessing potable drinking water, over 93% do not have access to proper sanitation (less than 7%) and the vast majority of the adult population are illiterate (88% among women and 63% among men).¹

¹ South Sudan Health Sector Development Plan, 2012-2016 (HSDP).

The country has some of the worst key health indicators globally, with an average life expectancy at birth for both sexes of just 42 years.² South Sudan has one of the highest Maternal Mortality Rates (MMR) in the world, estimated at 2,054 deaths per 100,000 live births.³ More than 80% of deliveries occur at home and mostly at the hands of traditional birth attendants, rather than doctors or nurses.⁴

Infant Mortality and Under-five years of age Mortality Rates (IMR and UMR) are very high in South Sudan at 102 deaths per 1,000 live births and 135 per 1,000 live births, respectively. Major causes of infant and under-five morbidity and mortality include malaria, pneumonia, diarrheal diseases, and malnutrition.

Environmental health concerns in South Sudan are widespread, including poor liquid and solid waste management, water pollution and poor excreta disposal. Consequently, the prevalence of environment related diseases, such as malaria, typhoid and diarrheal diseases is high.

Western Equatoria State and Nzara Assessment

For the past eight years, CMMB has focused its efforts in South Sudan on Western Equatoria State (notably Ezo, Yambio, and Mvolo Counties), which has some of the worst health problems in the nation (as illustrated by numerous dire health indicators), yet has received comparatively minimal international attention or support. With a population estimated at 310,000 (including IDPs and refugees), according to various statistics and experts, WES has the highest maternal mortality in the country (2,327 deaths per 100,000 live births).⁵ Western Equatoria State has an HIV prevalence that is more than double the national average.⁶ In addition to many of the poverty and infrastructure issues seen throughout South Sudan, WES has also been dealing with an influx of internally displaced persons, as well as refugees fleeing from conflicts in its neighbors, namely the Democratic Republic of Congo and Central African Republic.

Many of these challenges were underlined in a recent CMMB baseline and health needs assessment of WES' Nzara County, which has a population of roughly 72,000. The overall goals of the assessment were to:



² South Sudan Health Sector Development Plan, 2012-2016 (HSDP).

³ 2006 Sudan Household Health Survey

⁴ 2010 Sudan Household Health Survey

⁵ South Sudan 2010 household survey

⁶ 2009 Antenatal Care Surveillance Report

- 1) Identify the health needs of the Nzara population, including identification of root causes (such as systemic poverty, infrastructure) in order to design a needs-based responsive program targeting causes of identified problems.
- 2) Provide a baseline regarding the health of women of reproductive age and children in Nzara, which can be used to measure the subsequent impact of CHAMPS interventions.

This assessment utilized qualitative and quantitative data collection tools and methodologies (which had been tested before usage) including a household survey questionnaire, key informant/stakeholder interviews, focus groups, and assessments of local health facilities.

Key Findings

Like many communities in developing countries, Nzara faces ongoing health challenges, most notably as a result of widespread HIV/AIDS, poor maternal health, malaria, diarrhea, typhoid, and other health problems with root causes based in systemic poverty and gender inequality throughout the area. Key underlying challenges in accessing quality health care for maternal and child health care services include: long distances on poor roads that are sometimes impassable, and lack of transport to reach the few available health facilities; understaffed/ poorly staffed health facilities; poor health facility infrastructure, equipment, and supplies; and health seeking behavior including lack of knowledge, and gender inequality; and religious beliefs and practices. Specific challenges include:

1. **Lack of education:** Only one-third (32.4%) of Nzara women surveyed from peri-urban areas and one-quarter (25.1%) from rural areas completed primary school, and only 5.4% from peri-urban and 4% from rural areas completed secondary school, while 7.2% of women from rural areas received no formal education. Other key challenges for children to attend school include: lack of transportation; lack of food; lack of clean water at schools. Some areas also do not have readily accessible secondary schools and suffer shortages of teachers. Moreover, many girls leave school after puberty because there is no safe space, much less supplies, to deal with feminine issues such as menstruation. These issues manifest themselves in several key health statistics; for example, women in Nzara County who completed primary school are more likely to deliver their baby at a health facility (61%) than women with no formal education (37%).

2. **Severely limited access to maternal and child health (MCH) care services:** Women and children are often must travel long distances along unpaved roads in order to reach Nzara Hospital and other health care facilities. There is also a lack of a functioning referral system and emergency vehicles. These issues have had a profound impact on their ability to receive health-related services. For instance.



- Antenatal Care (ANC): Half of women surveyed did not receive at least four antenatal controls (visits) during their last pregnancy, which is considered the minimum standard by the WHO.
- Delivery: Only 28% of Nzara women surveyed from peri-urban areas and 12% of women from rural areas delivered their last baby at a health facility, which would greatly improve women's chances of getting proper treatment, particularly when there are complications. The majority (63%) of women from rural areas in Nzara County who did not deliver their last baby at a health facility reported that this was due to the nearest health facility being too far away.
- Post Natal Care: Half of women surveyed who have delivered did not have a follow up visit in the first 24 hours.
- Child Health:
 - Over a third (35%) of surveyed mothers in rural areas have lost a child under the age of two years. Health facility staff interviewed report that complications due to severe malaria is a major cause of death of children under age five, while community members report causes of death of under-fives as diarrhea, edema, typhoid, fever, and malaria.
 - Out of all the women in Nzara County surveyed, 71% of mothers confirmed upper respiratory infections in their child under five years of age within the past two weeks, while 53.1% reported that their child had fever, and 63.4% reported that their child had diarrhea. Community members report that they often cannot manage to bring their children to a health facility because of lack of transport.

3. Need to improve the quality of services for women and children in the formal health system: Community members and key stakeholders identified multiple factors that deter people from seeking care at local facilities such as Nzara Mission Hospital (MH), PHCCs, or PHCUs. These factors include:

1. PHCCs and PHCUs are generally poorly equipped and supplied.
2. Many facilities do not have enough staff, and local personnel often do not have adequate skills to cope with various medical issues.
3. Half of women from peri-urban areas who did not deliver their last baby at a health facility reported that this was due to dissatisfaction with the quality of service.



4. Need to empower communities to identify, advocate for and implement programs that improve community health and well-being.

- Water: Access to clean water is a big challenge in Nzara. Only 17% of peri-urban women and 2% of rural women surveyed in Nzara County report that they access water within the WHO recommended distance (within the compound). Community members from across Nzara County in rural areas report that it can often take anywhere from two to five hours to fetch water. Moreover, there are significant issues with respect to the quality of the water that these people can get, particularly in the countryside, where only 32% of surveyed rural households get their water from improved or otherwise clean

sources. Even worse, the vast majority (85%) of the households in Nzara County took no action to make their water safe.

- *Maternal, Newborn and Child Nutrition:* The prevalence of edema, which is often caused by malnutrition, is 48% in peri-urban areas and 17% in rural areas.
- *Gender-Based Violence:* Gender-based violence (GBV) was reported as a critical health concern in Nzara that takes many forms. Community members in Nzara report that girls may get married as early as age 12; reasons for early marriage provided by community members include: systemic poverty, rape or pregnancy followed by marriage to the perpetrator, lack of economic opportunity, and pressure from family for girls to become married as a sign of prestige. Dowry is sometimes mentioned as a reason, as some men have stated: *“I paid a dowry for my wife; it is her duty to give me children.”* Household survey data backs these findings.
- *Child Protection:* Child protection issues are also a major concern, particularly due to high fertility rates, resulting in children born to young mothers and fathers who may not have the parenting skills, and to mothers who may not desire their children. Additionally, HIV/AIDS and other illnesses resulting in the death of parents have created a sizeable population of vulnerable orphans.
- *HIV/AIDS:* Community members and key informants in Nzara report that HIV/AIDS is one of the main health concerns for men, women, married couples, adolescents, children, and babies in Nzara.

CHAMPS Objectives and Activities

Based on these findings, CMMB has launched an innovative and comprehensive initiative—Children And Mothers PartnershipS (CHAMPS) in Nzara. Through CHAMPS, CMMB has made a 15-year commitment to tackle the most prevalent and fundamental causes of mortality and morbidity among Nzaran women and children. In addition to targeting diseases such as diarrhea, pneumonia and malaria, CMMB is convening partners to promote and improve practices and systems for clean water, sanitation, nutrition and economic development, as well as strengthen the local health system. CMMB coordinates these activities on an ongoing basis with Nzara County government, payam administrators, the tribal chiefs, nonprofit agencies, local houses of worship, community groups, and other stakeholders. CMMB is building upon experience and relationships that it has gained through extensive operations in other parts of Western Equatoria State, including a Safe Motherhood Project in nearby Ezo County, as well as ongoing efforts to support the State Hospital in neighboring Yambio County, which is the largest such facility in WES and serves a catchment area of over 187,000 people. Moreover, CMMB uses a holistic approach (that has been successfully employed in other countries such as Zambia) that will inspire and empower men to take action in improving the health of their communities. This approach has four major objectives, each of which target the four primary needs underlined in the assessment:

1. Improved knowledge, attitudes, and practices around key public health issues:

CMMB is engaging in evidence-based behavior change communication (BCC) strategies, including:

- Sensitizing the community through mass media, including enlisting five local artists/artist groups to perform songs, dances, and/or street dramas related to key public health issues. These performances are held on market days and similar public forums.
- Broadcast public health messages through Anisa FM, a local radio station that is owned by the Catholic Diocese of Tombura-Yambio, and Yambio FM, the local state radio station. This approach helps bridge literacy barriers, as well as the transportation issues in the area. These health messages are presented through public service announcements and a monthly talk show, and reach area with a population of at least 600,000⁷.
- Develop and disseminate health education materials to 10,000 people regarding maternal and child health; water, sanitation, hygiene (WASH); malaria; nutrition; child protection; preventing child marriages; registering births; and enrolling in the local health system.
- Holding multiple training sessions for health personnel, faith groups, local leaders, and child protection officials and other key individuals on salient public health issues. Topics include local emergency medical evacuation procedures, improving community waste management practices; gender-based violence and child protection; and proper clinical management of rape cases.



2. Improved access to health care services:

CMMB is expanding projects that it is operating in other parts of WES, most notably:

- Safe Motherhood Project:** This program, which CMMB has operated during the past two years in neighboring Ezo County, utilizes a four-pronged package of upgrading infrastructure, training, enhanced communication, and transportation services to provide continuity of care during the pregnancy, delivery, and post-partum. Through this project, CMMB is building local capacity to respond to emergency obstetric and neonatal cases through targeted health care worker training and infrastructure improvement. CMMB trains traditional birth attendants (TBAs) to recognize emergency situations and make prompt and prudent referrals of expectant mothers to health facilities. Lastly, CMMB is creating a formal communication and emergency transport system between PHCUs, PHCCs, TBAs for emergency referrals.
- HIV Care and Prevention:** CMMB is expanding an ongoing project it has run in other parts of WES, so as to provide crucial new HIV prevention and care services in Nzara. The initiative aims to reduce the incidence of new HIV infections and improve care and



⁷ See Radio Anisa, Catholic Radio Network, at <http://catholicradionetwork.org/?q=node/10512>

support to persons living with HIV through strengthening community, county, and state-level actors. Project activities include:

- Expanding HIV Counseling and Testing (HCT) through mobile outreach and community health centers.
- Strengthening prevention of mother-to-child transmission (PMTCT) service delivery and coverage.
- Prevention education, including sexual risk reduction and Prevention with Positives.
- Healthcare worker training and capacity building in project areas.
- Laboratory assessments and systems strengthening.
- Providing point-of-care services for individuals testing HIV positive.
- Broadening palliative care services, including home-based care and psychosocial support.

In addition, CMMB is expanding access to critical health services for women and children by strengthening local health systems by working to improve in staffing, infrastructure, and supply chain management (see below).

3. Improved quality of services for women and children in the formal health system

CMMB is strengthening local health systems through training, advocacy, and provision of equipment. This will include:

- Advocating among local, state, and national government authorities for increased skilled staff levels at all health facilities, particularly those with midwifery skills, and referral skills; as well as effective supply chain management, including creating and maintaining a forum focused on such issues. As part of these efforts, CMMB is doing a further assessment of staffing gaps and needs, focusing particularly on availability of staff/services and capacity.



- Providing hospital management and support to guarantee basic services are provided at local institutions both within Nzara County and at key facilities in neighboring areas (such as Yambio State Hospital and Ezo PHCC).
- CMMB is recruiting volunteers and short-term technical experts based on emerging needs, as appropriate, and helping to design a community-based recruitment and staff development process for local health staffs as well as local staff retention strategy, in coordination with government officials.
- Assessing national supply chain processes, including mapping of supply chains to PHCU levels, and provide technical support for supply chain management as needed.

- Complementing ongoing efforts by the International Medical Corps (IMC) to equip and upgrade health facilities with appropriate equipment, supplies, and trained staff to provide HIV counseling and treatment by making testing, equipment, trained staff, supplies, and treatment available at each PHCC in each payam.
- Working to improve emergency and referral services, including assessing best practices on local emergency medical evacuation procedures; helping to develop standard operating procedures for ambulance services, in collaboration with government officials, including developing criteria for use of ambulance services, as well as communications procedures; and supporting rollout of expanded emergency and referral services.
- Working to expand and improve outreach services, including performing a gap analysis of targeted outreach services, including identifying priority areas, prioritizing payams to receive support based on needs, and holding a stakeholders meeting to discuss the findings. CMMB will also provide technical assistance to the State Ministry of Health (MOH) to coordinate outreach.

4. Communities empowered to identify, advocate for and implement programs that improve community health and well-being

In addition to the BCC efforts mentioned under Objective I above, CMMB will

- Improve access to clean water sources and sanitation in Nzara.
 - CMMB seeks to support improved water and sanitation facilities via construction of well-located (in consultation with communities) boreholes with hand pumps, in collaboration with public and private agencies. CMMB will also train communities (water management committees) on water point management, as well as community members on basic hand pump or other repairs, thereby ensuring sustainability of the boreholes and sustainable access to clean water. Moreover, CMMB will support communities and families to continue using latrines, and work with department of rural water and sanitation to provide technical support to communities on latrine construction standard. Additionally, CMMB will identify and implement practical ways to increase consumption of clean, treated, and safe drinking water, with a focus on evidence-based, cost-effective and impactful interventions,⁸ such as providing a pre-installed chlorine treatment tap directly next to the water source.
 - CMMB will also pilot projects to improve and expand access to sanitation among girls, including training adolescent girls (so that they can stay in school during menstrual cycles), women's groups, and female teachers. This includes showing girls how to make and distribute reusable sanitary pads using local materials and their use (training includes starter kits); providing school-specific training on basic hygiene, such as by establishing school WASH clubs; providing basic



⁸ Cost-Effectiveness: Diarrheal Incidents Avoided per \$1000, Available at: <http://www.povertyactionlab.org/policy-lessons/health/child-diarrhea>

WASH kits for targeted institutions, and supporting the construction of latrines at targeted institutions.

- CMMB is working towards prevention and prompt responses to GBV. In addition to the BCC activities mentioned earlier, CMMB seeks to foster comprehensive and integrated “one-stop shops” (which may be housed at PHCC or community centers) with psycho-social, medical, and legal support for sexual and gender-based violence survivors. Towards that end, CMMB is assessing local capacity and collaborating with communities to establish a gender advice desk (site for handling GBV cases), providing mentorship and supervision to community counselors; facilitate referrals for cases of Sexual and Gender based violence (S/GBV); and training police on S/GBV issues.
- CMMB is working to improve the psycho-social wellbeing of children affected by ongoing violence and insecurity. These efforts include collaborating with communities to create child friendly spaces within schools and churches or community centers; identifying and training psycho-social facilitators and community leaders/groups on providing relevant support to children and on child friendly space management. Furthermore, CMMB is sensitizing parents about the importance of attaining an age assessment/birth certificate for children, and holding regular meetings with counselors.

CMMB Organizational Background and Partners

Beginning in 1912, CMMB is the oldest and largest U.S.-based Catholic nonprofit organization focused primarily on international healthcare. Its mission is to work collaboratively to provide quality healthcare programs, without discrimination, to people in need around the world. Its objective for over 100 years has been to develop sustainable local capacity to address major healthcare needs and build strong systems. CMMB’s strategic focus is on women and children, with attention to HIV, health and nutrition, water and sanitation, and economic empowerment. CMMB has been involved extensively in building sustainable health programs, placing volunteers, and delivering essential medicines in over 110 countries. CMMB’s Country Directors and key staff members collaborate closely with a broad range of governmental ministries in their respective countries, particularly Ministries of Health, as well as participate in technical health advisory boards and working groups.

CMMB has been actively involved in South Sudan since the country’s independence in 2011, implementing projects related to HIV/AIDS prevention, care, and treatment, safe motherhood, primary health care and maternal and child health (MCH) service delivery, refugee health services, gender-based violence prevention and survivor counseling, and child protection. CMMB has worked closely with the State Ministry of Health during the past six years as South Sudan recovers from decades of civil war that destroyed social services and health infrastructure.

CMMB works with a wide range of organizations, which reach some of the most remote areas in the developing world. In South Sudan, CMMB has built deep relationships with faith groups such as the Diocese of Nzara and the Comboni Sisters; as well as private organizations such as World Vision, the Raskob Foundation for Catholic Activities, the African Mission Healthcare Foundation, the Sudan Relief Fund, and Jhpiego. In addition to continuing its highly fruitful partnerships with these organizations, CMMB collaborates with United States government agencies such as the United States Agency for International Development (USAID) and the Centers for Disease Control (CDC); and multilateral institutions such as the United Nations High

Commission on Refugees (UNHCR), and UNICEF. CMMB will leverage these relationships as well as its collaborations with South Sudanese government officials to help ensure the success of CHAMPS in Nzara.

Monitoring and Evaluation

By working with academic institutions, CMMB intends to determine the extent that CHAMPS interventions will reduce deaths of children under age five; maternal deaths from pregnancy and childbirth; deaths from key chronic diseases among women over age 15; and numbers of chronically malnourished children. CMMB also anticipates increases in the number of households in Nzara with safe water and improved sanitation, of economically empowered women, and of people with access to medicines and care.

CMMB will harness staff and systems to develop a health information system for monitoring and evaluation (M&E) for CHAMPS Nzara. CMMB will monitor process results as well as outcomes, and will regularly assess accumulated data and adjust the program as needed. In addition to developing measurement tools, CMMB will ensure high-quality M&E via stakeholder training, supportive supervision, and data review, as well as improvements in programs based on the collected evidence.

CMMB intends these efforts to lead to a robust results-based management system that effectively measures key outputs and outcomes related to the objectives of the CHAMPS initiative. These objectives include, but are not limited to improving maternal health and children's health. Perhaps most importantly, M&E system will promote and support data driven decision making and learning across all our partners and most importantly within the communities. A principal component of this system will be to include strong feedback loops to both CMMB program management and most importantly to the government and community to support data-driven decision making and culture of meaningful community engagement and ownership. Moreover, the CHAMPS Nzara initiative will benefit from the sharing of best practices/strategies/lessons learned from implementing CHAMPS in other CMMB-supported countries.

For more information on health systems strengthening, please see: "CMMB Concept Note: Strengthening Health Systems through Children and Mothers' Partnerships" and "CMMB Position Paper: Strengthening Health Systems, One Community Health Worker at a Time."