EXPANDING ACCESS TO COMMUNITY-BASED MATERNAL AND NEWBORN HEALTH CARE IN SOUTH SUDAN

RESEARCH BRIEF

CONTEXT

South Sudan suffers some of the worst health indicators globally, including high rates of maternal and newborn mortality. The latest UN reports estimate there are 1,223 maternal deaths per 100,000 live births (2020); 40 deaths per 1000 live births (2021); and 26 stillbirths per 1000 births (2021). Despite efforts to strengthen access to maternal and newborn health (MNH) services, complications during pregnancy and childbirth represent a leading cause of death among women in the country.

With only 3.5 health workers per 10,000 people and more than 56% of the population living more than 5 kilometers from a health facility, quality care remains inaccessible to many. The latest national household health survey (conducted in 2010) indicated that less than 20% of deliveries occur with a skilled birth attendant. These factors – and many others – contribute to the high rates of complications, morbidities, and mortality.

This brief outlines a multi-year initiative to design, test, and evaluate the feasibility and effectiveness of community-delivered MNH services to reduce risk and expand access to life-saving care in South Sudan.

Expanding MNH care across communities in South Sudan

In resource-constrained settings like South Sudan, community-based maternal and newborn care (CBMNC) can help expand access to life-saving services and dramatically improve MNH outcomes. Evidence demonstrates that CBMNC programs can reduce maternal deaths by 20% and newborn deaths by 25%. Countries including Bangladesh, Malawi, Nepal, Uganda, and Ethiopia have nationally-scaled CBMNC programs and have seen a reduction of under-five mortality rates partially attributable to such initiatives. While the content of the programs differ by location, interventions span antenatal and postnatal periods including health education and promotion and both preventive and curative services. The CBMNC model is not about discouraging facility-based care, but about reducing risk by ensuring life-saving services reach women and babies who cannot or do not reach a facility. Despite the proven value of CBMNC, little research has been conducted on how to implement these programs in fragile and conflict-affected settings like South Sudan.
Recognizing the low rates of institutional deliveries coupled with the high rates of preventable maternal and newborn mortality, the IRC is working closely with the MoH to support and strengthen the implementation of existing community-MNH interventions while also exploring strategies and innovations to expand the package to save the most lives. This will be done through a multi-year initiative beginning in 2023 that includes program design, program implementation, and research and evaluation.

**Study overview**

The research and evaluation component is led by the International Rescue Committee (IRC) as part of the EQUAL research consortium funded by UK aid from the UK government. Specifically, EQUAL aims to determine baseline rates of key essential newborn care and other key MNH indicators including early initiation of breastfeeding, clean umbilical cord care, and newborn thermal care; to estimate the change in aforementioned rates attributable to the new CBMNC program and attributable cost; and to document operational challenges and solutions tested while implementing a CBMNC program.

**Study location**

The program and subsequent research and evaluation will be conducted in Aweil East located in the Northern Bahr el Ghazal region near the border of Sudan and South Sudan. It has historically been impacted by violence, particularly with other counties and between Miseryia and Rizequat pastoralists from Sudan and Dinka from Northern Bahr el-Ghazal. The area has experienced years of crisis levels of food insecurity and recurrent disease outbreaks including from COVID-19, measles, and cholera. Aweil East has a traditionally high unmet need for comprehensive sexual and reproductive health services – including MNH care – and experiences low rates of institutional deliveries.

**Design and methodology**

Each pillar of the initiative is outlined on the following page (Figure 1) and will be conducted in collaboration with local and national stakeholders to ensure all activities are context-appropriate and demand-driven.
Implementation of this initiative will begin in mid-2023 and continue for two years.

Timeline
Implementation of this initiative will begin in mid-2023 and continue for two years.

For more information visit www.EQUALresearch.org and contact Naoko Kozuki, EQUAL Research Director (Naoko.kozuki@rescue.org) and Kadra Noor, IRC South Sudan Reproductive Health Manager (kadranoor.abdullahi@rescue.org)

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