BOMA HEALTH INITIATIVE

SUCCESSES AND OPPORTUNITIES IN SOUTH SUDAN

Creating health systems that reach every community, including the poorest and hardest to access, is critical to achieving universal health coverage and the delivery of the Sustainable Development Goals (SDGs), particularly SDG 3 – good health and wellbeing.

In South Sudan, poor access to health services coupled with severe shortages in health workers have resulted in some of the world's worst health indicators. Maternal mortality ratios are extremely high, at an estimated at 800 deaths per 100,000 live births. Neonatal and under-five mortality rates are similarly high, even compared to the region, at 37 per 1,000 live births and 99 per 1,000 live births - or one in ten, respectively.[1] Of these child deaths, around 75% are the result of easily preventable diseases, including diarrhoea, malaria and pneumonia.[2]

Fuelling the situation is the fact that only one in four (25%) women have their births at a health facility or received care from a skilled birth attendant, which puts both mother and newborn at a significantly higher risk for severe complications during the delivery and postnatal period.[3] Moreover, only 27% of the population are literate, and access to understandable health promoting information within their communities is extremely limited.

The reality is that political, economic, social and geographical barriers prevent at least half of the population from accessing essential health services. South Sudan has experienced nearly continuous political and inter-communal conflict since 1955, which has exerted a heavy toll on the health care system. In the Fragile States Index, South Sudan is currently ranked 3rd of 178 countries and has remained in the top five for the past eight years. As a consequence, there have been massive displacements of citizens, mostly children and women, to remote areas where basic health services are scarcely available.[4]

South Sudan has a small population scattered over a vast country. With 90% of the population living in rural areas, and with over 56% of the population living more than 5km from a health facility, getting access to medicines and health services is a challenging task.[5] The road network is limited and during wet season 60% of the country is flooded. Those seeking healthcare must manage these challenges and often travel long distances, at a cost.

Government funding for health is also extremely low, at less than 2% of the national budget. As a result, out of pocket spending accounts for around 54% of total health expenditure, which further deters health-seeking behaviour and pushes many families deeper into intrenched poverty.[6]

An additional, significant obstacle to accessible and quality health care in South Sudan is the acute lack of skilled health care providers. There are only 3.5 health workers per 10,000 population, well short of the minimum 44.5 health workers per 10,000 as recommended by the WHO.

Ultimately, with improved access to basic health care provisions and information at the community level and a stronger health care workforce, the poor health indicators and high rates of preventable deaths seen in South Sudan could be drastically reduced. In order to move towards universal health coverage and the delivery of the Sustainable Development Goals (SDGs) in South Sudan, increasing access and creating strong linkages between remote and under-resourced communities to primary health care services is essential. Successful interventions for the prevention and management of preventable diseases and promotion of good health and nutrition will require community level interventions premised on a strong community health system.

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Boma Health initiative

In 2017, the Ministry of Health (MoH) in South Sudan launched the Boma Health Initiative (BHI), a national scale Community Health programme that aims to strengthen the health system in South Sudan and efficiently deliver an integrated package of health promotion and disease prevention activities at the Boma level.[7]

The objectives of the initiative are to first, develop a community health structure as a formal component of the national health system at the boma or village level. Second, increase access to quality health promotion, disease prevention, and selected curative services through community engagement and trained community health workers, and third, provide leadership for the implementation of the BHI through inter-sectoral collaboration and community participation.

Crown Agents and the Health Pool Fund Programme (HPF)

Crown Agents through the Health Pool Fund Programme (HPF) have been operationalising the Boma Health Initiative since April 2019. Since implementation, the initiative has become an entry point to the health system for millions of people across South Sudan.

HPF provides **quality healthcare in 8 out of 10 states in South Sudan**, with a focus on reducing maternal and child mortality since 2012. The HPF platform has an **extensive reach across 80% of the population, covering over 10 million people, 800 health facilities, 21 implementing partners** and has established a **strong working relationship with the Government.**

In 2018, the HPF programme saw the first-time community health was integrated into the package of facility based services and has been the driving force behind operationalising the BHI in South Sudan. HPF health facilities provide links for the BHI programme through the supply of commodities and drugs, health worker collaboration for routine immunisation defaulter tracing, referrals, supervision, on the job training and reporting. Health workers view the BHI programme as an extension of the health facility at the community level, providing services in hard-to-reach areas.

The BHI curriculum currently consists of 3 modules – child health which includes Integrated community case management (iCCM), Safe Motherhood and Communicable Diseases and Surveillance, which are aimed at addressing the most pressing health concerns across the country. In addition, in collaboration with the national ministry of health, Crown Agents developed the BHI supervision guideline and tools to address the supervision of Boma Health Workers.

Specialists within HPF are leveraged to provide technical support and continuously strengthen these modules, trainings and delivery.

From its inception, the Boma Health Initiative has aimed to make the most of resources and capacities in the country. Ensuring community buy-in and long-term sustainably of the programme has been the driving motivator. Leveraging the HPF platform, with its 800 health facilities, approximately 9000 health care workers, and deeply rooted relationship with the MoH is the most effective and efficient way to roll out the BHI programme across the eight states.

We are now reaching 3 years since the inception of the programme and it is an important landmark for the evaluation of the successes, challenges and opportunities this national initiative present. Building on the achievements and learnings so far is critical for the programme's continued expansion and success.

BHI's achievements and success so far

Since implementation began, there have been a number of key notable successes:

High-quality Care at a National Scale:

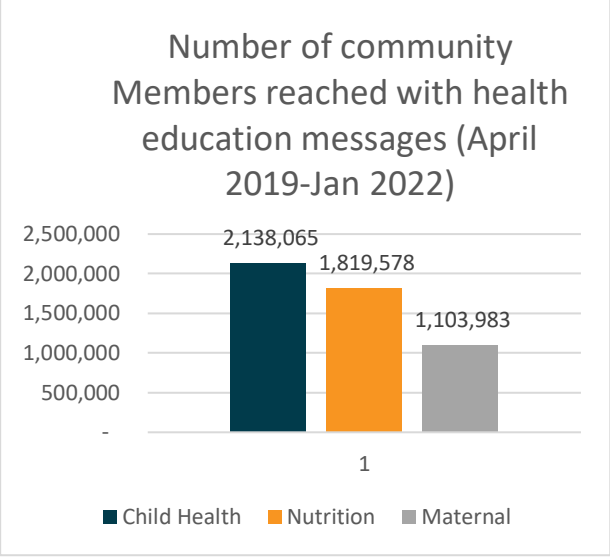
The Boma Health Initiative operates at the national scale to ensure a widespread and equitable reach. **In less than three years, a total of 4,400 BHWs have been recruited, trained and are providing services in their communities.** This includes treatments to children below five years for uncomplicated cases of malaria, pneumonia and diarrhoea and the identification and referral of immunisation defaulters and zero dose children to health facilities for immunisation. These BHWs provide health education on maternal and child health-related topics and support with community surveillance and reporting of unusual health occurrences.

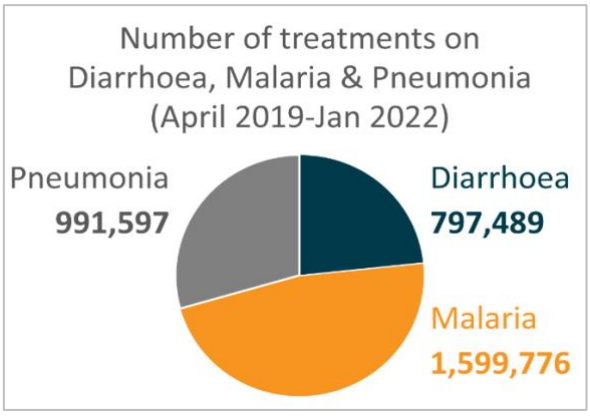
Systems have been put in place to ensure high-quality care and additional support structures are available when required. **A total of 220 BHW supervisors have been trained across 55 counties.** BHW supervisors support the programme by conducting assessments of BHW readiness and performance, providing ongoing training and support, data collection and data quality review as well as seamless coordination between BHWs, communities and HPF3 health systems. HPF3 health facilities provide the supply of commodities and drugs, health worker collaboration for routine immunisation defaulter tracing, referrals, supervision, on the job training and reporting.

Currently, the BHI initiative has approximately 30% coverage in 8 states, across some of the most remote and marginalised counties. With additional funding, these robust systems can be scaled and replicated across other under-resourced areas.

Tangible Improvements in Child and Mother Health Outcomes

Since the programme began, there have been direct improvements in health outcomes, reaching the most marginalised communities. From April 2019 – January 2022 a total of **3,388,862** treatments were provided to children under five at the community level; **1,599,776** Malaria, **797,489** Diarrhoea, **991,597** pneumonia. A total of **255,036** children were identified as immunisation defaulters and referred for immunisation. **2,138,065** community people were reached with messages on child health, **1,819,578** were reached with messages on nutrition and 1,103,983 were reached on maternal health sessions. These results have been made possible with a strong supply chain department within HPF where commodities are not only available to health facilities but to the BHWs as well.





Intentionally designed Supervision to aid BHWs

A key gap identified at the start of the implementation of the programme was the lack of any formal training curriculum for BHW supervisors. This meant that, in essence, BHW supervisors were getting the same training on how to implement the service packages, but no training on the soft skills of leadership, mentoring, supervision as well as quality assurance and the importance of accurate reporting. During the third year of implementation, Crown Agents developed a comprehensive supervisor training curriculum that was then rolled out across all 8 states.

Increased community awareness on health promotion and prevention activities

Given BHWs connections within communities, they have been markedly valuable resources for promoting health-seeking behaviour. Notably, between April 2019 to December 2021 the BHWs have provided **maternal health awareness-raising sessions to 1,103,983 participants.** Awareness-raising sessions on safe motherhood is an essential step towards increasing the rate of pregnant women attending antenatal care visits and giving birth at the health facility. As BHWs are from the community in which they serve, they are able to provide the most locally contextualised care, discuss the issues most pertinent to the local community within the local language. Ultimately this provides a platform for providing local solutions at a national scale.

Streamlined, mutually supportive programming for optimised results

By leveraging the BHI network and HPF platform, national-level agendas are able to be implemented equitably and at scale. A key success of the programme has been supporting the MoH integrate the BHI with the national routine immunisation programme. Crown Agents support both policy improvements and planning at the national level in addition to establishing the tools, systems and procedures to support BHWs identify and refer under-immunised children at the Boma level. Creating a bridge between national level decision making and BHW service delivery continues to result in an improved ability to deliver immunisation services. Between July to October 2021 alone, a total of 36,469 children under one were traced and identified as defaulters and 34,531 were referred for immunisation.

Government ownership and sustainability

To improve community ownership and governance of health services, HPF3 have been working closely across all levels of governance in South Sudan. At the national level, HPF3 have facilitated a strong linkage and collaboration with the BHI secretariat, Monitoring and

Evaluation, EPI and health promotion departments who support and monitor implementation of BHI service packages. The government focal points within the State Ministry of Health are directly involved in decision-making and monitoring of BHI implementation in the counties. At the State and County levels, capacities have been built to strengthen government health staff to provide oversight and supervision of the BHI, including management of political expectations across the 55 counties. Through continued strengthening of health systems and building capacity across Government levels, the BHI programme will be fully transferred to government management in the coming years.

Responsive to health emergencies

The initiative is agile and able to quickly respond to health system shocks, such as the Covid-19 Pandemic. At the onset of the Covid-19 pandemic in early 2020, the BHI programme **printed over 5000 COVID-19 prevention job aids for BHWs and primary health facilities**. The job aids are pictorial flipbooks used to provide awareness and hold interactive sessions with community members to enhance understanding. All the **4,400 BHWs and 220 supervisors were trained on the prevention and control of the COVID-19** transmission. Once vaccines became available, BHWs and their supervisors were further trained and involved in providing awareness for the Covid-19 vaccine using public address systems, megaphones, through home-to-home visits, working with influential leaders to support with awareness. Moreover, face masks and PPE were distributed to all the BHWs and supervisors, to ensure the delivery of health care services could continue throughout the pandemic.

Optimisation of training methods and tools

HPF3 conducted comprehensive operational research, collaborated with key stakeholders and thoroughly reviewed and revised training methods and tools to ensure the best methods are in place. Based on operational research, it was found that rolling out training through a modular approach was the most effective method to enhance the knowledge, experience and retention of knowledge among BHWs. Moreover, in order to standardise BHI supervision, HPF3 in collaboration with the MoH and relevant stakeholders went through a detailed process of revising and standardising the BHW supervisors' guidelines, and facilitator's manual and tools. To enhance ownership and sustainability of the BHI supervision tools, **14 national-level master trainers have been trained**, six from the MoH and eight from partner organisations in July 2021. **The master trainers in turn trained 56 IPs BHI focal staff from all the 55 counties on the same tools** in August 2021.

Challenges and ways forward

Crown Agents and HPF are constantly seeking new ways to enhance and improve the Boma Health Initiative. Operationalising the programme for nearly three years has taught us a lot about the successes as well as the current gaps and areas for development. Key areas for improvement include:

Advocating for appropriate remuneration

BHWs receive some incentives from the BHI programme to support their livelihood and compensate them for their work. However, with the absence of a formal salary, this incentive is insufficient. For the potential of the BHI to be fully realised, BHWs need to be better integrated into national healthcare systems in terms of employment, renumeration, supervision, support and career development.

The MoH has started to provide some salaries to BHWs in some counties, however, this has not yet been equitable or reliable (i.e., not provided in all counties and not provided every month). HPF3 is actively exploring alternative financing models and continues to engage in discussions with the national MoH to ensure BHWs are adequately compensated for their essential work.

The MoH, HPF3 and all stakeholders involved are continuously working to harmonise and synchronise the engagement of BHW support while maintaining enough flexibility to innovate and respond to local needs. In moving towards UHC, much can be gained by investing in building on the BHI platform, building BHW's skills and supporting them as valued members of the health system.

Recommendations

- All partners supporting BHI need to align with the standards required e.g. on incentives, service packages and not duplicate implementation in the same locations. There needs to be collective political advocacy to ensure that salaries are included in national health budget. Appropriate remuneration for BHWs will allow for a stable BHI system with increased access and coverage of health services.
- Additionally, there could be greater engagement within communities to provide in-kind support as a means of motivation. For example, schools offering free education to a BHW child, repairing a BHW house, giving food crops and publicly recognising BHWs for their services in the community.

Increasing resources to meet the continuously increasing demand

The introduction of the BHI has seen a significant increase in the treatments received for malaria, uncomplicated pneumonia and diarrhoea and increased numbers of children referred to health facilities for immunisation. However, the reality is that BHW coverage across the eight HPF3 supported states is far from 100% and without significant, sustained funding this gap will remain. In 2021, the MoH conduced an analysis to determine the number of BHWs and Supervisors required for national implementation of the BHI, as outlined in Table 1.

Table 1: Number of BHWs and Supervisors Required for Implementation BHI

Description	100%	Currently Funded	Gap
Number of Boma Health Workers required for the whole Country	28,755	6,186	22,569
Boma Health Workers Supervisors for the whole Country	672	340	332

The number of households requiring services far exceeds current BHW capacity. BHWs are often required to cover well over 300 households within their Boma, compared with the expected 40 household allocation. To address this challenge, HPF3 has continued to lobby for additional resources to add more BHWs on the ground and increase the quality and scale of the programme.

Despite the demand, there also is currently a lack of strategy within the BHI to reach disadvantaged communities such as nomads, fishing communities, urban poor and Internally Displaced People (IDPs. HPF is actively advocating with the MoH to amend the strategy to include a selection of BHWs for these populations and in these locations, with a revised service package. HPF is also on the lookout for additional donor support for BHI in order to preposition the funds for these strategic populations.

Recommendation:

- Additional operations research needs to be conducted in order to better understand what the optimum ratio of BHW to population should look like.
- The State Ministry of Health and county health department officials including health facility staff need to embrace BHI as an extension of the health system in the community. The Boma Health Committees are encouraged to support the BHWs in providing awareness to community members to lessen the workload associated with health promotion.

Increasing number of female BHI focal staff

Currently, 92% of BHI focal staff are male. Ideally BHI will reach a much stronger gender balance which will allow better meeting the needs of women. Feedback ascertained from the IPs suggests that the gender imbalance (Male-Female representation) amongst BHI focal staff is attributed to low female literacy levels, meaning that during recruitment, the majority of the applicants are male. HPF3 is actively working with IPs to encourage the recruitment of more female staff to replace any BHI focal staff who depart the programme and to develop clear capacity building plans for the staff, especially if their capacity and skillset in community related activities are low.

HFP3 recognise the critical need for women to be given a seat at the table and be involved in decision making. Fostering opportunities for women to become BHWs and BHI focal staff and enabling clear career progression prospects will benefit far beyond individual girls and women, but also communities and the economy as a whole.

Recommendations:

- The BHI tools need to be revised into pictorial for easy use by the low literate BHWs to capture information. With the availability of future funding for BHI, clear guidelines will be given on the percentage of women to be recruited vis vie men.

Conclusion

The Boma Health Initiative has evidently established itself as an essential component of the health system in South Sudan. The programme plays a critical role in ensuring remote and rural communities have access to essential primary health care service.

The initiative has proven it is capable of adapting and scaling to match the demands of the population and is able to rapidly respond to heath system shocks, as demonstrated throughout the Covid-19 Pandemic. In collaboration with the MoH, Crown Agents and HPF are further refining and scaling-up the BHI programme to ensure an increased coverage, as well as greater gender-balance and compensation for essential BHW services.

In a short period of time, this flagship investment has demonstrated its enormous potential to improve health and community systems in South Sudan. Over the next five years, substantial improvements on health and wellbeing indicators are expected.

These include:

- A reduction in mortality and morbidly of children under-five years
- A reduction in maternal mortality rate, due to increasing mothers seeking antenatal care and increased family planning commodity
- An improved immunisation coverage with fewer defaulters
- More children will be treated at the community level with the continued availability of commodities.
- A more skilled Grassroot community workforce, available to provide treatments to children under-five years and health promotion and understand the importance of linking and making referrals with the health facilities. This is critical for sustainability.
- Prevention of the disease (malaria, pneumonia, diarrheal diseases)
- A stronger health system, with stronger coordination and oversight from the Ministry.

Crown Agents and HPF look forward to building on the successes of the BHI programme so far and continuing to support the Ministry of Health achieve their goal of universal health coverage and the delivery of the Sustainable Development Goal 3.

References

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[5] OCHA. (2021) Humanitarian Needs Overview South Sudan.

[6] WHO. (2021), South Sudan – Strengthening primary health care in fragile settings.

[7] A boma is a lowest-level administrative division, below payams, in South Sudan.

Health Pooled Fund donors

UKaid from the British people · Canada · Gavi The Vaccine Alliance · Sweden Sverige · USAID FROM THE AMERICAN PEOPLE