



Royal Tropical Institute



First results and lessons learned from a community dialogue intervention to improve maternal health in South Sudan

Korrie de Koning, Mary Elario, John Akile, Maryse Kok
and Maryline Nyaboga

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Context

South Sudan – Northern
and Western
Bahr el Ghazal States

Highest maternal
mortality in the world
(2056/100.000 live births)

Traditional, patriarchal
society



Multi-faceted interventions

Quality of service delivery:

- Upgrading facilities
- Capacity building health workers
- Community empowerment
- Action research



Objectives

Aim: Improve health-seeking behavior for maternal health Care:

Community action on:
social and gender norms and relations.

Traditional practices during pregnancy and delivery

Birth preparedness



Activities

1. Stakeholder meetings
2. Lead facilitators (CPOs)
3. 4 community facilitators (CFs) and 40 community participants
4. Community baseline consultation
5. Five dialogue sessions and a community meeting
6. Follow up



Five dialogue sessions

- Communication between generations and men and women
- Reflecting on the live cycles of women and men
- Learning about dangers during pregnancy and delivery
- Reflecting on barriers to access services
- Sharing pledges and agreeing on suggested changes



Preliminary results

So far implemented in 16 villages in two states.

Changes observed in both states:

- Communication between generations and sexes: increased respect, girls and women speaking in public.
- Pledges and actions on:
 - Girls education and early marriage
 - Use of contraceptives
 - Gender relations
 - Traditional practices around pregnancy and delivery
 - Responsibility of men and birth preparedness



- Follow-up meeting in NBeG
- Participant explaining about contraceptives for youth
- Confirmation of chief afterwards

Similarities and differences in Northern and Western Bahr el Ghazal: Nyamlel and Wau

- Different context: Wau diverse cultures and bigger influence of town; Nyamlel more remote and cow farming
- Making contraceptives available to young people was more acceptable in Wau
- Less opposition to use of birth spacing in Wau
- Support for birth preparedness and facility delivery was enhanced in both areas
- Community demand for health facility in remote areas was initiated in both areas.

Lessons learned

The approach empowered women and youth and created ownership for change among older men.

SR rights supported by the government.

Selection of CF including young unmarried girls and potential to speak out in public.

Create ownership through stakeholder meetings and regular feedback by participants to the larger community

Lessons learned

Important to train facility Staff on youth friendly services, including contraceptives for the youth



7 days facilitators training is a minimum to introduce critical questioning and get away from giving messages.

Observations and feedback by trained supervisors is important to ensure quality

Further questions and research

- Most significant change evaluation
- HMIS utilization records
- Is it ethical to start a community empowerment programme in areas with no health facilities?
- Sustainability of community dialogue