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# MCH PROGRAM DESCRIPTION

## Sudan



### Overall MCH and health sector situation

Sudan's population is estimated at 40.2 million (2005). Although OFDA works throughout Sudan, USAID's development program (including health) is focused on Southern Sudan. After decades of civil war, Southern Sudan faces formidable health challenges. Health statistics are very bleak. The IMR is 102/1,000; the U5MR is 135/1,000; the MMR is 2,037/100,000; and the total fertility rate is 5.9. The percent of children fully immunized at 1 year of age is only 2.7 percent. Vitamin A coverage in children under 5 is 40 percent, and only 10 percent of births are delivered by an SBA.

Health services cover approximately 38 percent of the country, leaving clinical or outreach services inaccessible to the majority of the population. HIV/AIDS is an emerging threat due to risky sexual behaviors and Sudan's proximity to the regional pandemic. Family planning use is 1 percent.

Water and sanitation infrastructure is nonexistent or marginal at best, and sanitation and hygiene practices are extremely poor.

A wide range of neglected tropical diseases that are controlled elsewhere are endemic in Southern Sudan.

### MCH interventions at the Mission level

USAID's largest program investment – Sudan Health Transformation Project (SHTP) – provides support to eight NGOs through a network of more than 99 health facilities and includes the provision of MCH and water and sanitation activities to approximately 1.5 million people. In addition to water and sanitation services, the program focuses on seven high-impact interventions: 1) immunizations; 2) vitamin A; 3) antenatal care; 4) LLINs; 5) case management of malaria; 6) case management of acute respiratory illness; and 7) treatment of diarrhea with ORT.

### Delivery approaches and mechanisms supporting expanded coverage/use of interventions

With a nascent health system, USAID and other donors are working closely with MOH to provide the assistance to formulate policies and programs to harmonize health service delivery as the country transitions from emergency to developing. Since health care services are primarily offered by NGOs with a range of organizational policies, standards, and interventions, working toward a standardized health care system with uniform services is extremely challenging.

Although all levels of the health care system need strengthening, USAID focuses support primarily at the community and county levels. Building community responsibility for health care and concomitant outreach services is USAID's strategic approach. To focus directly on the community and community-based services is critical in an environment with a skeletal health system and high burden of preventable diseases. Building the capacity of the county health department is also a fundamental aspect of USAID's approach toward sustainable health care in Southern Sudan.

### Specific actions supported as part of the MCH approach

Since limited training/education occurred during the decades of civil war and most health professionals left the country, the dearth of human capacity is a significant issue. The USAID/Capacity Project (with other donors) undertook

a human capacity assessment in the health sector and is currently working with the MOH Human Resources Director to define health cadres and outline position descriptions and training needs. USAID is also providing assistance with the HMIS and is working with the Government of Southern Sudan on health surveillance. A significant part of USAID's health program is to strengthen human capacity.

### **The USAID program's geographic focus**

USAID/Sudan's fragile states strategy focuses the Mission program on the three main cities and areas with a concentration of returnees and refugees.

USAID's program mandate is to build government capacity to deliver health services while working with other partners and donors.

### **The Mission program's relationship to the country's health sector and development plans and strategies**

Since 2002, from the emergence of the Secretariat of Health (predecessor to the MOH) to establishing an MOH, USAID has worked closely with government health officials. MOH's strategy and plans are the blueprint for any USAID health activities.

### **Potential for linking Mission MCH resources with other health sector resources and initiatives**

The World Bank-administered Multi-Donor Trust Fund (MDTF) has awarded contracts to one NGO per state to improve primary health care, referral hospitals, water, and sanitation for four of the 10 Southern Sudan states. These funds will be matched by a one-third contribution from the MOH.

UNICEF is the primary source for vaccines and contributes significantly in strengthening health systems through training community-based health workers, developing behavior change messages, materials, and health aids.

USAID collaborates with the World Health Organization primarily on polio eradication, but also to conduct national campaigns against measles. WHO also provides TB and laboratory technical assistance to MOH to strengthen capacity on epidemic preparedness and response. TB drugs for the national program are funded by Norway and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Medecins Sans Frontieres provides TB drugs in its target areas. The Global Fund has also recently approved a \$74 million grant for the next 5 years to strengthen malaria services throughout Southern Sudan.

With USAID and WHO assistance, MOH has successfully secured GAVI funding for health systems strengthening (\$11 million). WHO has also worked with MOH to secure GAVI funds for immunization service strengthening.

In the past several years, UNFPA has provided some contraceptives, reproductive health kits, and training in emergency obstetrics and fistula repair in selected sites in Southern Sudan. The next strategic plan (2008–2011) will focus on reproductive rights, population and development, and gender equality. Through Population Services International, the United Kingdom provides social marketing of commodities and technical assistance.

MOH has convened a Roll Back Malaria partnership with international partners to improve coordination. Also, MOH has developed a joint malaria control program for FY08 and secured pledges from various donors to procure and distribute more than 2 million ITNs during the World Malaria Day campaign.

The Carter Center collaborates with other implementing partners to eradicate Guinea worm, onchocerciasis, lymphatic filariasis, and trachoma from Southern Sudan. Organizations such as MSF-Holland, MEDAIR, Malteser, and International Medical Corps work with MOH to prevent and control visceral leishmaniasis (Kala-Azar) and trepanosomiasis (sleeping sickness).

### **Planned results for the Mission's MCH investments over the next 5 years**

USAID/Sudan is currently re-examining its MCH programs, but plans to contribute to a 5 percent reduction in child mortality in the next 5 years.

<b>MCH COUNTRY SUMMARY: SUDAN</b>	<b>VALUE</b>
<b>MCH FY08 BUDGET</b>	12,399,000 USD
<b>Country Impact Measures</b>	
Number of births annually**	1,225,000
Number of under-5 deaths annually	165,000
Neonatal mortality rate (per 1,000 live births)	52
Infant mortality rate (per 1,000 live births)	102
Under-5 mortality rate (per 1,000 live births)	135
Maternal mortality ratio (per 100,000 live births)	2,037
Percent of children underweight (moderate/severe)***	31%
<b>Birth Preparedness and Maternity Services</b>	
Percent of women with at least one antenatal care (ANC) visit	40%
Percent of women with at least four antenatal care (ANC) visits	N/A
Percent of women with a skilled attendant at birth	10%
Percent of women receiving postpartum visit within 3 days of birth	N/A
<b>Newborn Care and Treatment</b>	
Percent of newborns whose mothers initiate immediate breastfeeding	N/A
<b>Immunization</b>	
Percent of children fully immunized at 1 year of age	3%
Percent of DPT3 coverage	24%
Percent of measles coverage	43%
<b>Maternal and Young Child Nutrition, Including Micronutrients</b>	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding****	29%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	40%
Percent of children under 6 months exclusively breastfed	20%
<b>Treatment of Child Illness</b>	
Percent of children with diarrhea treated with ORT	64%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	88%
<b>Water, Sanitation, and Hygiene</b>	
Percent of population with access to improved water source*	70%
Percent of population with access to improved sanitation*	35%
<small>* Joint Monitoring Programme for Water Supply and Sanitation 2008 Report ** State of the World's Children 2008 ***Data are for all Sudan **** These data are weighted average of 6-7 and 8-9 months.  (Unless otherwise noted, the data are for Southern Sudan and the data source is the MICS Sudan Household Health Survey 2007.)</small>	