



# MID TERM EVALUATION OF THE BOMA HEALTH INITIATIVE (BHI) IN SOUTH SUDAN

## BACKGROUND AND CONTEXT

With a vision to improve service delivery at the grassroots level, there is a **strong political commitment from the government of South Sudan** and development partners to establish a community health system to reach communities with basic health services. This commitment is reflected in several government and Ministry of Health documents such as the **National Health Policy 2016-2025** and the **National Health Sector Strategic Plan 2016-2021**, which seek to establish a community health system as a formal structure of the national health system by creating the structure and positions for Community Health Workers. **Boma Health Initiative (BHI)** was introduced in **2017** as a government “homegrown” flagship strategy for improving and strengthening the healthcare system, particularly in remote and hard-to-reach areas. Since the BHI roll out in 2019, the Ministry of Health has been collaborating with partners to deliver affordable and free health services to the population.

Three years through the implementation, the Ministry of health, UNICEF and other partners thought it was critical to conduct an evaluation to provide insights into the bottlenecks and best practices as well as understanding community perspectives for developing a strong, affordable, and sustainable national integrated community health worker system. With this objective in mind, a **mid-term evaluation of the BHI (2019-2021)** was conducted to assess its **effectiveness, efficiency, coherence, sustainability and impact** on the community.

*This **evaluation brief** has been developed to **summarize the results** from the evaluation and inform MoH as well as other key stakeholders on the programme’s ongoing progress and the way forward.*

## METHODOLOGY

The mid-term evaluation adopted a quasi-experimental mixed-methods approach, whereby both quantitative and qualitative data was used to triangulate and generate evidence from the study. The primary data was also triangulated with the qualitative findings and quantitative data extracted from the secondary datasets. Thematic analysis of the qualitative data was undertaken across evaluation criteria – effectiveness, efficiency, coherence, sustainability and impact along with quantitative analysis of key programmes indicators.

The evaluation methodology and data sources included:



Key stakeholder interviewed included:

*Ministry of Health, State Ministry of Health, County Health Directors, BHI Coordinator at state level, UNICEF, HPF, WHO, UNFPA, FCDO, USAID, EU, The Global Fund, Momentum, Canada, ECHO field, BHWs, BHW supervisor and direct beneficiaries*

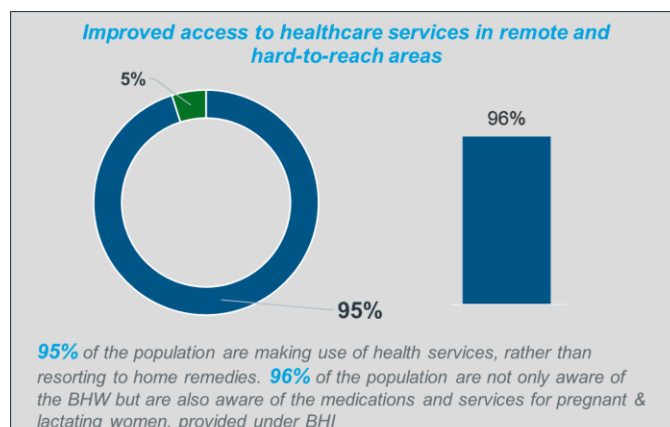
## EVALUATION FINDINGS

The key findings from the evaluation have been highlighted below:



### EFFECTIVENESS & IMPACT

The BHI was noted to be effective in providing healthcare services to people residing in remote and hard-to-reach Bomas of South Sudan.



# KEY ACHIEVEMENTS OF MINISTER OF HEALTH & PARTNERS (HEALTH POOLED FUND, UNICEF, UNFPA & OTHERS)



**7,614+** Bomas and 80+ counties covered



**5,016+** Boma Health Workers & supervisors trained on community health services

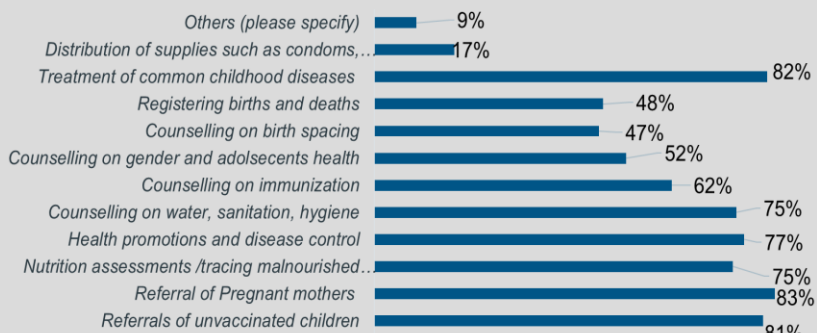


**4,582,110+** children reached for preventive, curative and immunization services including treatment for diarrhea, malaria, pneumonia and malnutrition screening

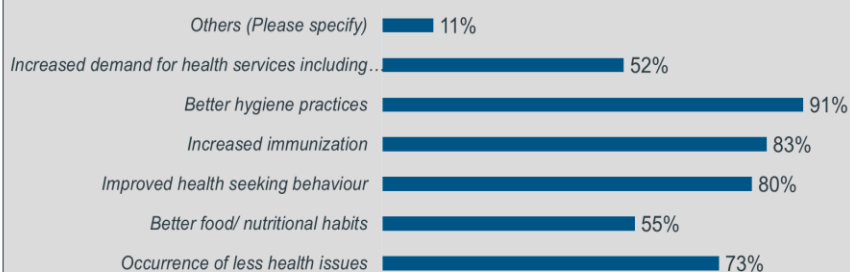


Safe motherhood package; **over 211,334** women reached for ANC, skilled birth delivery and post-natal care

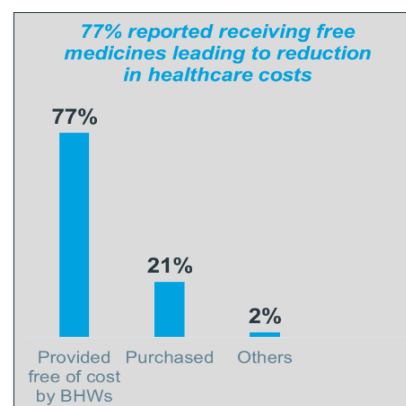
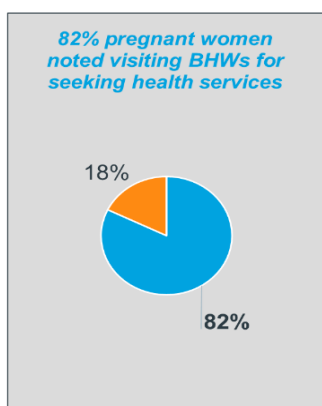
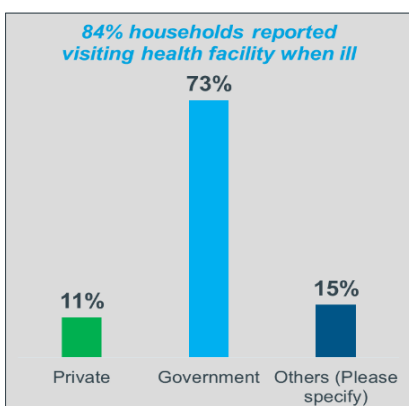
## BHW activities carried out in the community



## Improved health seeking behaviour; health, nutrition and WASH practices in community



The midterm evaluation noted that **"access to health services"** in South Sudanese communities has been a key success of the programme, particularly for those who had previously lived in outlying, difficult-to-reach locations, had no access to any healthcare services, and had to walk great distances to medical facilities. The BHWs conduct community awareness sessions through household visits, group sessions, or one-on-one sessions. The community members noted improvements in nutrition, health, water and sanitation practices. Further, BHWs have made a considerable contribution in improving health education and awareness which has encouraged our community to seek treatment at the medical facilities. The households have also noted reduction in out-of-pocket expenditure as the services from BHWs are provided at no cost. Further, other costs due to transportation and purchase of medication has also been noted to have been reduced. The improved access to healthcare services and reduced costs accelerates the efforts towards achievement of **"universal healthcare coverage"**.

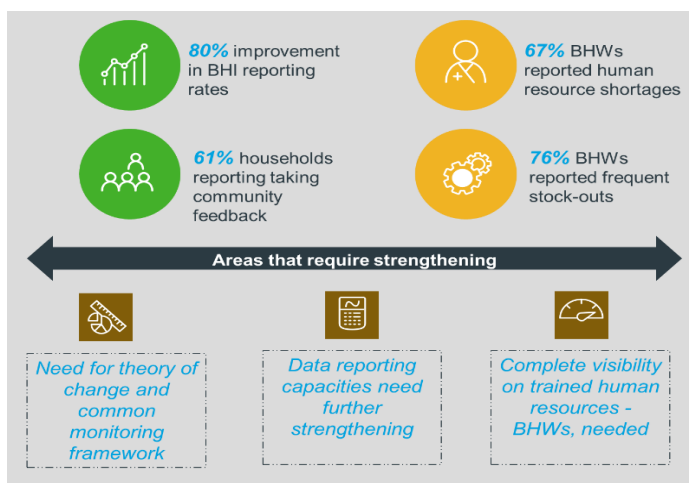


Despite these achievements, there are certain areas that require further improvement and strengthening. Boma Health workers (BHWs) are the core pillars of BHI, however, there are certain key challenges noted among them. For instance, low education levels among BHWs, with around **62%** of BHWs having completed secondary education only. Low education may affect understanding of the technical tools and packages being delivered under BHI, and thus, easy-to-use, use-friendly manuals and trainings are critical for effective implementation. Despite the fact that the programme was designed to encourage female BHWs, the majority of those enrolled are men. **65%** BHWs and **86%** of the BHWs supervisors' were men. **80%** of BHWs and **93%** supervisors noted dissatisfaction due to inadequate incentivization, given the high burden and workload. Besides these, other socio-cultural and contextual factors like difficult terrains and limited infrastructure affect the access to health care services.

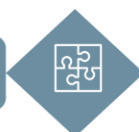
## EFFICIENCY



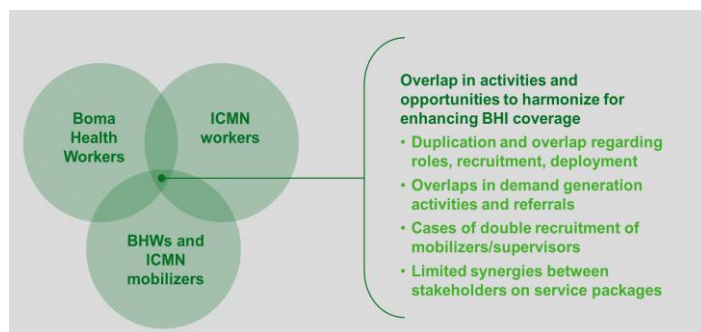
It is noted that **most of the planned targets were achieved on time**, while some of the indicators such as number of trained BHWs and number of monitoring visits, were achieved over and beyond the planned targets. Others like distribution of supplies and immunization related indicators were partially achieved within the planned time frame, owing to disruptions caused by COVID-19 and other contextual factors. **Cost-effective approaches** include selection of BHWs and Boma Health Committee representatives from within the community. Other best practices for enhancing efficiencies in supply chain include **stock-rotations** and initiatives to improve capacities in drug management and stock-reporting. Monitoring tools and mechanisms such as use **national BHI supervision checklist** is in place. Gradual progress is being made to **integrate the community health information management system (CHIS) with the national level system (DHIS2)**, so as to ensure data flow on key health indicators from community to central level. However, despite these improvements there are gaps noted in availability of trained personnel and funding, that needs to be addressed for further scale-up. Frequent stock-outs of essential supplies and challenges in monitoring of BHI are other key issues identified.



## COHERENCE



Besides, BHI and BHWs, there are other community health-based volunteer structures such as the Integrated Community Mobilization Networks (ICMN), Community Nutrition Volunteers (CNVs), Community Based Drug Distributors, Home Health Promoters, among others. These structures complement each other in services such as immunization, referrals to health facilities, demand creation and health promotion. Additionally, BHWs are also tasked with diagnosis of malaria and provision of treatment for malaria, diarrhoea and pneumonia for children.



Greater synergies among stakeholders and other community health structures, is required for achieving harmonization and scale-up.



## SUSTAINABILITY

The BHI partners in collaboration with the Ministry of Health have paved the way for sustainable harmonization of community health programme –



Key areas of improvement for long-term sustainability include inadequate funding and strengthened coordination between national and sub-national stakeholders.

## CONCLUSION

Overall, BHI implementation is going in the right direction and is noted to be effective for the target beneficiaries. The programme has created its impact by reaching out to the vulnerable population in hard-to-reach areas, where health facilities are inaccessible. The programme is aligned to the country context, development needs and government's strategies to strengthen community health and accelerate towards universal health coverage. Mechanisms are in place to ensure efficiencies with greater focus on institutional strengthening for long-term sustainability. However, there are areas that require further attention and improvement to ensure greater and long-term impact.

# RECOMMENDATIONS AND THE WAY FORWARD

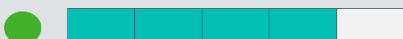
## STRATEGIC RECOMMENDATIONS

## OPERATIONAL RECOMMENDATIONS



### Synergize the efforts of different stakeholders for greater harmonization

- Review of existing guidelines to ensure alignment with implementation
- Standardize service packages and incentivization
- Strengthen multi-sectoral coordination; coordination between BHI secretariat and other departments like EPI
- Common monitoring framework
- Leverage other stakeholders for BHI implementation



### Strengthen capacities in data reporting, monitoring and analysis

- Regular trainings and mentorship for the BHI staff – easy to use job aids; translate the monitoring tools and checklists in local languages
- Support to BHI secretariat by other technical specialists with expertise in programme management, data monitoring and analysis
- Leverage the use of smartphones for data reporting



### Continued advocacy and technical assistance to enhance domestic funding

- BHI partners and donors to advocate for increased funding by government
- Use of updated investment case and advocacy tool kit
- Deep dive analysis on financial constraints
- Enhance technical capacities of the government to identify emerging funding opportunities – provide database of BHI donors, packages, duration of funding to understand coverage and assess gaps



### Enhance gender transformative approaches

- Increased involvement of BHWs and BHI supervisors
- Leverage easy to use job aids to address issues like low literacy
- Monetary and other benefits to encourage female workforce participation



### Develop a formal transition strategy for long-term sustainability

- Dialogue and participatory sessions with all BHI partners
- Identify areas that can be handed over to the government such as prioritization of Bomas, selection of BHWs, trainings etc. as well as the areas that require further strengthening
- Identify other potential funding opportunities for match-funding or co-funding from the government such as other non-traditional donors, corporate social responsibilities funding etc.
- Close alignment with the strategy to increase government spending for BHI implementation and PHC more broadly
- Budget inefficiencies could also be looked into to ensure that resources on hand are being used optimally



### Streamlining BHWs and supervisors under the Ministry of Health

- Standardization of incentives and putting them on payrolls of the MoH;
- Identifying funding opportunities beyond traditional donors to fund their incentives.



### Develop Theory of Change

- Dialogues and sessions with all stakeholders to come up with standardized outputs, outcomes and impact
- Engage development specialist with M&E expertise
- Facilitate innovative sessions such as design thinking sessions
- Support in drafting common indicators
- Sharing of baseline and mid-line data from BHI partners
- Include this in the BHI programme strategy



### Comprehensive Mapping of BHWs and supervisors

- Engagement of all county health departments, state ministries and implementing partners
- Develop a database of all BHWs and supervisors
- Mapping of incentives and trainings provided
- GIS tagging of the BHWs is being undertaken by HPF and this can be scaled up for other BHWs as well
- The mapping can take form of a BHW geo-referenced registry



### Strengthening Supply Chain and Logistics

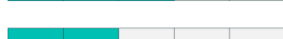
- Enhanced capacity building in demand forecasting, quantification
- Introduction of digital tools such as logistics information management system; pilot testing can be done initially followed by scale up based on lessons learnt



Short term: Within 1 year; Medium term: 1-2 years; Long term: More than 2 years (3-4 years)

High Priority

Medium Priority



Long term

Medium – Long term

Medium term

Short- Medium term

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## Funding Agency: UNICEF through the World Bank

This brief has been developed by IQVIA as part of the UNICEF's project on the mid-evaluation of the BHI. The full report is available with the UNICEF South Sudan Evaluation Office. Please contact the Evaluation Manager, Modi Charles ([mmoini@unicef.org](mailto:mmoini@unicef.org)) for further details on the report.



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