MSFPD2024: 130

COLLECTIVE ADAPTIVE LEARNING ON IMPLEMENTING THE CARE PATHWAY FOR VULNERABLE INFANTS UNDER 6 MONTHS OF AGE AND THEIR MOTHERS IN SOUTH SUDAN

M. Traore-Hebie[1], A. Nasira Boi[2], M. Poni Jackson[2], N. Sasa[2], D. Wendo[2], K. Dearden[1], H. Deconinck[3]

[1]MOMENTUM – Integrated Health Resilience (MIHR), Corus International USA, Washington, DC, United States, [2]MOMENTUM (MIHR), IMA World Health (IMA) South Sudan, an affiliate of Corus International USA, Juba, South Sudan, [3]Institute of Health and Society, School of Public Health, Université catholique de Louvain, Brussels, Belgium

General data

Abstract language: English

Presentation type: Oral

Topic: Nutrition in infants and children

Abstract

Background and objectives: Globally, one in four infants is born too small or too early and is therefore at increased risk of poor growth and development, ill-health and death. In South Sudan, vulnerability is further exacerbated by recurring conflict and climatic shocks. Five primary healthcare facilities across four States introduced the integrated care pathway (ICP) for small and nutritionally at-risk infants and their mothers (MAMI), ensuring continuity of mother-infant-centred care. This study explored the acceptability of the ICP among care providers and care users.

Methods: A mixed-method study followed a cohort of 521 infant-mother pairs at moderate risk from October 2022 to December 2023 until the infant reached 6 months. The ICP involved screening for vulnerability in both the community and health facility, assessing and classifying risk, and tailoring care to address physical health, mental health, nutritional and socio-economic factors of both infants and their mothers. Acceptability and adherence of the ICP was appraised based on experienced cognitive, socio-economic, and emotional responses from 20 health workers and 30 enrolled mothers interviewed.

Results: Most of the 521 moderate-risk pairs receiving care (84%) no longer showed risk factors (defined as recovered) at the end of care. Mothers' adherence to returning for scheduled follow-up visits was low (56%). Facilitators included improved care for their infant, facilitated access to healthcare, supportive environment for adopting healthy behaviours. Barriers included not understanding vulnerability and health monitoring, long waiting time at the health facility, not receiving tangible items compared to other services, transportation challenges and conflicting messages within the healthcare system and from the family context. Among health workers, the acceptability of the ICP was enabled by early care for a neglected population and hampered by more and longer consultations not part of regular duties using lengthy assessment forms. The collaborative learning system engaged health workers in improving quality of care, adapting implementation modalities to the local health system, and addressing barriers early.

Conclusion: Collective adaptive learning on implementing the ICP contributed to understanding barriers to implementation and addressing risk factors for vulnerable infants and their mothers early. Context-specific and generalizable learning will inform policy guidance.

Ethics statement

This study: Has been reviewed and approved by the Institutional Review Board (IRB) or Ethics Review Board (ERB) of my institution and has local ethics approval or permission in the study country, in accordance with local requirements.