FIELD EXPERIENCE REPORT

by

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Dedication

For the communities, near and far, affected by lack of access.

Field Experience Report

My public health field experience was completed with HealthKind, a 501(c)(3) non-profit organization located within the Posner Center for International Development in Denver, Colorado. I dedicated one hundred and eighty hours to HealthKind between May 19 and July 21, 2014.

HealthKind is a small non-profit organization focused on health and development. The group works for and alongside South Sudanese nationals living in the U.S. in an effort to bring sustainable, community-based and integrative health initiatives to their home country. Initiatives focus on health education, health-worker education, and delivery of services. Founded in 2008 by Rhonda Parmley (Program Director) and Kuier Atem Deng (Country Liason), HealthKind is staffed with seven part-time workers and managed by an advisory board of eleven global health professionals. Four members on staff were South Sudanese refugees who are now active in the diaspora[*] community in Denver.

The organization commonly collaborates with other non-profit organizations and policy groups that have a shared interest in improving global health disparities. The characteristic that sets HealthKind apart from other like organizations is their employ of a CEnR approach in addressing the complex health problems that plague South Sudan. By engaging the South Sudanese diaspora community through a grassroots approach, HealthKind is better equipped to identify problems and create health interventions that are both evidence-based and socioculturally appropriate. Current initiatives include the goal to build a health clinic in Kongor, located in Twic East County of the Jonglei State. Ultimately, the aim is to recruit and train South

[*] Diaspora, defined as "people settled far from their ancestral homelands,[20]" is the proper term used to describe former refugee populations that have settled abroad.

Sudanese living in the U.S. to act as on-the-ground trainers in their native country to both build the healthcare workforce and staff the HealthKind clinic. The goal of the HealthKind clinic is ultimately to serve as a conduit for health initiatives in the country.

While in Denver, I worked directly with the Program Director. Dr. Rhonda Parmley holds a Ph.D. in Education and Human Resource Studies, is an Instructor of Women's Studies at Front Range Community College, and is a guest lecturer on Global Issues in Women's Health at the Colorado School of Public Health. She is also a Licensed Professional Counselor. As the Program Director and Co-Founder of HealthKind, Dr. Parmley manages all organizational activities from networking to implementing the organization's programs on the ground. I felt honored to be selected as a practicum student with HealthKind, as global health and community development are fields of special interest to me. Additionally, I believed that my public health education would benefit greatly. Throughout my field experience, I was involved in all aspects of running a global non-profit organization – an experience that was both educational and enlightening.

South Sudan

The Republic of South Sudan, with a population of approximately 11.6 million,[1] is the world's newest country. South Sudan seceded from Sudan on January 9, 2011, after persistent and aggravated conflict with the Arab-ruled northern capital of Khartoum. At war between 1955 and 1972, and then again between 1983 and 2005,[1] massive numbers of civilian lives were lost.

Though gaining independence in July 2011, South Sudan continues to struggle. In particular, conflict between two leading tribes, the Dinka and the Nuer,[2] has caused yet another civil war to plague the country. To make matters worse, Sudan remains hostile to its sister country over oil profits, resulting in the closure of oil operations in South Sudan- a move that has

proved to be economically devastating to the fledgling country.[3] South Sudan has been at war for the past 56 years[3] and there appears no end in sight.

An estimated 2.5 million inhabitants were killed during the first and second civil wars;[2] millions more were displaced - many of them children (an estimated 20,000) who fled on foot without any family.[4] In refugee camps, aid workers named these children the "Lost Boys of Sudan," a term that has persisted, inspiring numerous films and books based on the special group of refugees.[5] In 2001, nearly 4,000 "Lost Boys" settled in the United States seeking amnesty.[4]

The leaders of North and South Sudan signed a Comprehensive Peace Agreement in 2005,[2] opening the door for all Sudanese nationals displaced worldwide to return home.[3] In response, many survivors have returned to help rebuild the new country and to provide aid.[6] However, the struggle is far from over. In January 2014, the International Crisis Group estimated that the Dinka-Nuer hostility has claimed over 10,000 lives and displaced 1.5 million inhabitants within the country[7]. An additional 500,000 have fled to neighboring countries seeking refuge.[8] On April 3, 2014, President Barack Obama declared the situation in South Sudan a national emergency, addressing the "situation in and in relation to South Sudan, which has been marked by activities that threaten the peace, security, or stability of South Sudan and the surrounding region, including widespread violence and atrocities, human rights abuses, recruitment and use of child soldiers, attacks on peacekeepers, and obstruction of humanitarian operations." These comments were extended one year later, in 2015.[9] In response, the United Nations has graded the crisis a Level 3 humanitarian emergency,[8] thereby requiring a significant response from the humanitarian sector.

According to the WHO, South Sudan claims some of the worst health indicators worldwide. Maternal mortality historically ranks among the highest in the world, with 2,054

deaths per 100,000 pregnancies.[10] This figure may be due to inadequate training of health personnel and facilities, lack of family planning (only 4% of women reported using contraception,)[11] and a high teen pregnancy rate. Teenage mothers account for up to 30% of maternal deaths.[12]

The mortality rate for infants was last measured to be 64 per 1,000 live births, and the mortality rate of children under-five is 99 per 1,000 children.[11] These astounding numbers may be linked to the high rates of communicable diseases in South Sudan, including malaria, tuberculosis, and HIV/AIDS. South Sudan contends with 90% of the world's guinea-worm disease burden while also combating myriad other parasitic diseases such as leishmaniasis, trypanosomiasis, onchocerciasis, trachoma, lymphatic filariasis, and schistosomiasis.[11] Although half of the population has access to water sources (57%), a mere 9% have access to proper sanitation.[11] Considering the high rates of poverty, malnutrition, and internally displaced persons, South Sudan is particularly susceptible to epidemic-prone diseases.[11] Most recently, from May to November 2014, South Sudan struggled with a cholera outbreak.[8]

South Sudan's long-standing public health crisis is primarily related to a lack of access.[13] At this time, only 25% of the population has access to medical care,[14] due to the absence of facilities, financial constraints, and cultural barriers.[14] Preventive measures as simple as insecticide-treated bed nets are available to only 20% of the population.[8] Persistent civil wars have rendered South Sudan's health infrastructure obsolete, and non-government organizations (NGOs) are responsible for up to 80% of the delivery of health services.[11] In 2012, the Center for Strategic and International Studies released a report highlighting the need for the United States government and concerned aid agencies to identify novel approaches to building a sustainable health system in order to address the numerous health problems impacting South Sudan.[13]

Sustainable programs are particularly impactful, as emergent (and short-term) assistance does not translate to long-term public health improvements.[13]

Scope of Work

As a recently formed non-profit organization, HealthKind remains in the formation and planning stages of development. Without the efforts of full-time staff, it has been particularly difficult for this organization to launch humanitarian health initiatives on a global scale. As a Public Health student, I was recruited to springboard the organizational development of HealthKind.

Identifying and securing funds to support their mission is critical to the success of any global non-profit organization. Before I started, Dr. Parmley had already identified two funding avenues to target: a grant from a private philanthropy and support from the United States Agency for International Development (USAID).

The Chatlos Foundation is a philanthropic organization that funds non-profits aligning with their areas of interest, including Bible colleges/seminaries, religious issues, medical concerns, and sociocultural concerns.[15] The Foundation's efforts extend across the United States and globally.

USAID's Office of Maternal and Child Health was seeking concept papers to support the implementation of their Emerging Priorities in Reproductive, Maternal and Newborn Health (RMNH) project. The program's outreach targeted South Sudan and 23 other priority countries. Drafting the concept paper granted me the opportunity to participate in the planning and developing a health relief project from the ground-up.

In addition to spearheading the two funding opportunities described above, I was also charged with identifying additional avenues of sponsorship. While with HealthKind, I applied for

the Grand Challenge Exploration grant from the Grand Challenges in Global Health family of programs that focuses on improving health in the developing world[16]. In addition to applying for external funding, I coordinated "Peace for South Sudan," HealthKind's first fundraising dinner and silent auction. The event was held on July 26, 2014 at the Posner Center for International Development in Denver.

Networking is another key component to growing a global non-profit organization. HealthKind's offices are based out of the Posner Center, a complex that houses over 60 development-oriented companies and organizations. The Center was created to leverage the intellectual capital of numerous like-minded organizations under one roof. Specifically, the creators hoped to bring together groups with similar interests and goals to promote "cross-pollination" – the exchange of ideas to enhance the collective capacity required to address the challenges of global development.[17] As the only member of the HealthKind team stationed in Denver, it was important that I work at the Posner Center, participate in the activities designed to promote idea-sharing and cultivate relationships with other organizations.

I also networked outside of the Posner Center, attending a relevant press conference at the Colorado state capitol and establishing connections with highly visible and interested parties. These persons included Andrew Romanoff, a politician and senior advisor of International Development Enterprises, and Tamara Banks, an Emmy Award-winning journalist.

Lastly, I supported HealthKind's ongoing programs and initiatives. "Women Cry for Peace and Life," the organization's monthly group gathering, brought together women from the South Sudanese diaspora to discuss how health initiatives might better address concerns in that country. Facilitated by Dr. Parmley and Jill Cantor Lee, a co-founder of Mediators Without

Borders, these meetings served as a forum for HealthKind to engage and collaborate with stakeholders in the community.

Overall, my scope of work at HealthKind was broad but aligned well with my interest in global health and community engagement. I experienced all aspects of the management of a global non-profit organization, from struggle to success.

Learning Objectives

HealthKind's slogan is "Sustaining Health. Strengthening Community.", and I was eager to support this mission by utilizing the skill set I gained from the Master of Public Health curriculum. My primary learning objective was to learn how to implement and manage novel health programs in global health. This goal was achieved, but not in the way I anticipated. I prepared myself for experience in monitoring and evaluating ongoing health programs; what I encountered, however, was the struggle to execute even a novel, well-planned health program. Watching HealthKind function from the base-level taught me that extensive time, planning, and funding is necessary to implement global health initiatives and to keep them "afloat." I experienced many aspects of implementing and managing global health programs, from the difficulties involved with collaborating alongside culturally distinct community partners, to designing every detail of a proposed health program aimed at enhancing maternal and child health. Despite my expectations, I discovered an alternative side to implementing and managing global health programs; this experience was essential to understanding how public health functions in reality (versus the theoretical manner in which it is described in textbooks).

My second objective was to develop materials for global health advocacy, and I accomplished this task by coordinating the monthly "Women Cry for Peace and Life" gatherings. During these sessions, we brainstormed possible health interventions targeting the myriad issues

that these women battled on a daily basis. Topics ranged from covert contraceptive delivery to procuring and distributing shoes to children in South Sudan. We then utilized these plans in our grant applications.

In my opinion, the most important learning objective was to better understand the barriers facing global health practice in the non-profit setting. Prior to working with HealthKind, I envisioned a future that included working for a global non-profit organization to alleviate health disparities worldwide. The opportunity to work with HealthKind was appealing because it offered real world experience in this field. In particular, I was happy to join HealthKind at a time when the organization was still in its infancy: it granted me the "whole picture" of non-profit work, rather than a snapshot of an already well-established organization. Today, I better understand the extensive resources required for non-profit work (not only in the development stage, but continuously to ensure the organization's mission can be sustained).

Activities Performed

From my first conversation with Dr. Parmley, I was immediately included in the numerous activities that HealthKind had planned to launch the organization's sustainable health programs.

Grant Applications

Prior to joining HealthKind, I had worked under the purview of grants but had never actually been involved with the grant application process. While in Denver, I collaborated with Dr. Parmley and Heidi Becksted, another public health student, to draft several grant applications. Inherent to the process was the need to ensure that HealthKind met grant-specific criteria and developed realistic objectives for the organization's programs.

For the Chatlos Foundation, I wrote an application to secure financial support for HealthKind's monthly "Women Cry for Peace and Life" gathering. The program was operated on volunteer time, and the cost of refreshments was debited directly from the Program Director's personal accounts. HealthKind desired to expand these monthly discussions and to develop a separate session for male participants. I suggested that we provide an incentive for participants who attended and that we hire a translator to assist with communication. With adequate funding, we could also compensate group facilitators who would function as mediators. I created a budget for the expanded program and requested $14,040 to fund these efforts for one year. The application was submitted on May 24, 2014.

The most challenging and intensive grant was the concept paper submitted to USAID's Emerging Priorities in RMNH initiative. After reviewing the program's guidelines, I initiated contact with USAID's Agreement Officer to gauge the level of interest in HealthKind's initiatives and to introduce our organization. I then coordinated with Dr. Parmley, Beverly Lyne (a public health nurse and a member of the HealthKind Board of Directors), and Heidi to design our concept. In June, 2014, after an intensive week of research, brainstorming, and idea-mapping, we developed an evidence-based action plan that addressed maternal mortality in South Sudan. The concept employed a combination of community-engaged research (CEnR) and train-the-trainer approaches. As HealthKind is a small non-profit organization, I located established sub-partners to support the program's initiatives. Specifically, I established contacts at Management and Training Corporation (MTC) in Washington, D.C. to discuss a joint effort to train maternal healthcare workers in the U.S. Next I developed the program's budget –a large undertaking considering the grant awarded up to $5 million over five years. To qualify, every facet of the project must be accounted for, from staff salaries to the cost of providing blankets for

a health clinic in Kongor. I even included a line item for the procurement cost of helicopters to transport workers to inaccessible villages in the South Sudanese countryside! Once completed, I finalized the concept paper (entitled "Strengthening Maternal Health in Rural South Sudan") and incorporated any suggestions made by HealthKind's Advisory Board. Dr. Parmley submitted the concept paper to USAID on July 9, 2014.

Throughout the summer, I researched grants that aligned with HealthKind's funding needs. During my first conversation with the Program Director, Dr. Parmley described a vision to create a set of educational modules focused on maternal and child health. So, an anticipated activity of mine was "developing health education programs for limited resource settings." The curriculum, to be delivered on solar-powered tablets, was intended for dispersion in South Sudan. However, a lack of adequate funding stalled the development of this series. I proposed that the Grand Challenges Exploration application be used to fund this initiative. Funding was requested to hire ground personnel, a software developer, videographer, equipment procurement and travel to South Sudan. In total, the budget called for $98,950 in funding, and the application was submitted on August 1, 2014.

Annual Fundraising Dinner and Silent Auction

HealthKind's first fundraising dinner and silent auction, "Peace for South Sudan," was held on July 26, 2014. Only the date and location had been solidified prior to my arrival. I coordinated with two HealthKind interns, Nurta and Kaylan, to plan, market, and host this event. One of the most difficult aspects of planning was to find sponsors and develop effective marketing materials. Our target audience was groups and individuals that were both passionate about achieving peace in South Sudan and financially equipped to contribute to this cause. Unfortunately, these two characteristics do not always go hand-in-hand.

I reached out to specific non-profit organizations and public advocates with a track record of promoting international development. I managed HealthKind's Facebook account and used it as a forum for advertising. I was also charged with managing HealthKind's email-based marketing program, Constant Contact, to connect with individuals that had previously demonstrated interest in HealthKind's mission. I designed posters and flyers that I distributed to local businesses. I also reached out to local media outlets and newspapers. As the event approached, I planned the menu and even procured a substantial donation from Coors Brewing Company to provide beverages. I obtained event insurance and facilitated the silent auction by soliciting business owners in the Denver metro area. Silent auction offerings included certificates for massage packages, baked items, gym memberships, jewelry, clothing items, and food baskets. The night of the event, the HealthKind team and I decorated the venue with traditional Sudanese regalia. I managed the bar and developed a wristband system for tracking beverages. A professional photographer attended to document the evening. In total, approximately 75 people attended the event.

Community Engagement

HealthKind's dedication to community involvement forms the foundation of the organization's mission. During my time there, I coordinated three Women Cry for Peace and Life group gatherings. I prepared the dedicated space in the Posner Center with chairs and couches and provided snacks and refreshments. I took notes at these gatherings and compiled a list of possible initiatives for HealthKind to pursue. I utilized HealthKind's Facebook account and leveraged that forum to connect the international development community and the South Sudanese diaspora in order to facilitate dialog between these two stakeholders.

Products Developed

I updated HealthKind's Executive Summary (Appendix D) to include the most recent statistics and program goals. This version was available at the Peace for South Sudan dinner, and it has been used as a brochure at numerous health conferences since that time.

Although it is difficult to claim a completed grant application as a product *per se*, I feel strongly that the concept paper submitted to USAID included a health program that would be very successful with the appropriate funding.

I developed marketing materials for the Peace for South Sudan fundraising dinner, including HealthKind brand t-shirts (Figure 5.1), a banner, and posters (Figure 5.2). The shirts were available for purchase at the dinner and at Walk for Sudan, an annual walk to raise funds for the Nuba Water Project (a partnering non-profit organization based in Denver).

Figure 0.1 HealthKind brand t-shirts

Figure 0.2 Poster for the first Peace for South Sudan dinner

Alignment with Public Health Core Competencies

Throughout my thesis research and field experience, I have gained unmeasurable insight into each of the public health core competencies.

One essential competency in my public health practice has been biostatistics. In assembling HealthKind's Executive Summary and compiling data for grant applications, this discipline has been critical to my understanding of the descriptive and informatics techniques used to report vital statistics, records, and public health characteristics. For my thesis research, I needed to distinguish between different statistical measures; a strong knowledge of these measures was essential to aggregate, analyze, and interpret the results of the literature. Additionally, it was important to understand the most appropriate statistical method to be utilized (or not) in each circumstance, and why. As with many skills, I found the more I practiced biostatistics, the greater understanding I had for the topic.

As I was developing health interventions set in rural South Sudan, environmental health sciences, the second core competency, was an important consideration. I considered exposure to various environmental hazards specific to the setting, notably access to potable water, sanitation methods, and the implications of having internally displaced persons in aid camps for long periods of time. Recently, WHO released a report on the public health threat of contaminated foods in the African region,[18] which is an environmental health concern typically overlooked in food insecure areas. Additionally, I explored environmental health risk in my thesis research as well. My data were derived from a multi-state childhood obesity grant. Since obesity may be at least in part a physiological response to a built environment,[19] I explored environmental health sciences in my research as well.

The application of epidemiological principles was also essential to my work at HealthKind and in writing my thesis. Understanding epidemiologic data from rural communities in the U.S. and South Sudan was necessary to comprehend the scope and breadth of these problems and to provide a justification for public health intervention. It was important that I understand what prevalence represents because the data from each community studied measured the prevalence of specific health conditions or disease. Epidemiologic knowledge was also necessary for my evaluation of the literature: it helped me gauge the strength and limitations of the available data in my area of focus. Since community-based public health occurs on a large scale, I gained experience in conceptualizing the dissemination of epidemiologic data.

Health services administration was the most important core competency utilized in my thesis and field experience. By engaging communities in public health initiatives, we focused on increasing access to care in regions where health systems simply do not exist. Understanding the impact that the accessibility of healthcare can have on rural populations, and how we address such issues via public health, is the underlying foundation of my education.

Social and behavioral sciences were strongly aligned with my thesis. The grant from which my thesis originates was designed around Ecological Model for Childhood Overweight (Figure 5-3). The aim of the grant is to account for the multiple effects of social and cultural elements of the environment. Additionally, the Community Coalition Action Theory, the concept in which my thesis is rooted, describes social and behavioral constructs of coalition functioning that may promote the successful implementation of health activities. It was important to consider the cultural component of social and behavioral factors since they differ according to each setting and may have profound implications for health status.

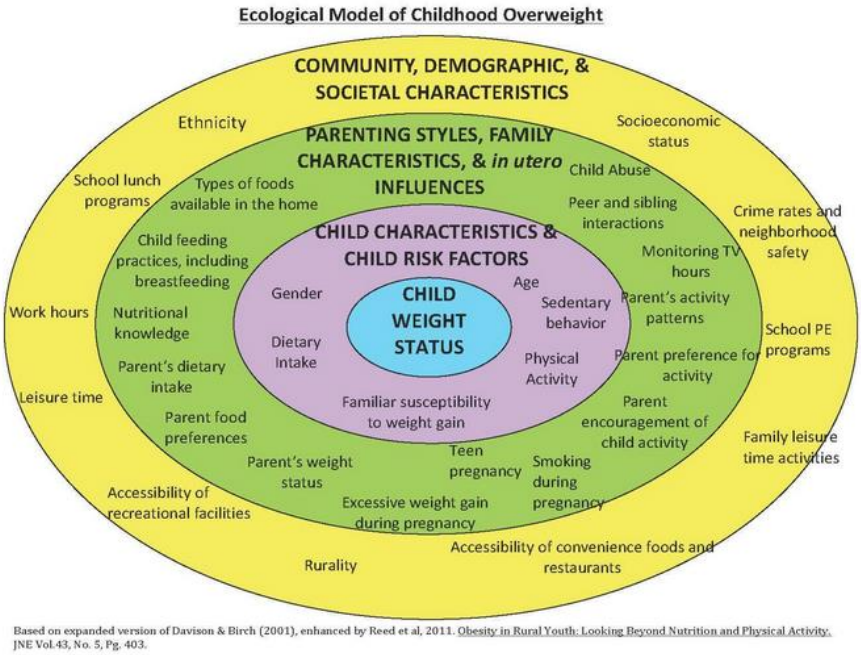

Figure 0.3 Ecological Model of Childhood Overweight

Conclusions

Since enrolling in my first public health class, a step I took simply out of curiosity, I have been hooked on the idea that health begins and ends with community. The concept that health occurs on a larger scale was novel to my traditional background in healthcare. It inspired me that public health practitioners can provide resources for communities to act as catalysts for positive change. At this nexus, I identified the common ground between my thesis research and my field experience. When researchers/healthcare providers partner with stakeholders who care most about a problem, they will be better prepared to address these issues as a united force. Throughout my public health education at Kansas State University, I have been consistently challenged to think in these terms, and I am eager to share the knowledge and skills attained to practice healthcare holistically.

References

1. Central Intelligence Agency. Africa: South Sudan. The World Factbook Web site. https://www.cia.gov/library/publications/the-world-factbook/geos/od.html. Published June 20 2014. Updated 2014. Accessed March 20, 2015.

2. Verini J. How the world's youngest nation descended into bloody civil war. *National Geographic*. 2014(10).

3. Gettleman J. New wave of 'Lost boys' flee Sudan's lingering war. *New York Times*. 2012.

4. International Rescue Committee. The lost boys of Sudan. International Rescue Committee News Web site. http://www.rescue.org/blog/lost-boys-sudan. Updated 2014. Accessed April 3, 2015.

5. Philippe Falardeau. The Good Lie. 2014.

6. Alliance for the Lost Boys of Sudan. History of the lost boys. Alliance for the Lost Boys of Sudan Web site. http://www.allianceforthelostboys.com/about-us/. Updated 2014. Accessed April 3, 2015.

7. Kulish N. New estimate sharply raises death toll in South Sudan. *New York Times*. 2014:A6.

8. World Health Organization. Situation report: South Sudan. 2015;47.

9. The White House. Notice -- continuation of the national emergency with respect to South Sudan. 2015(March 31 2015).

10. World Health Organization. Country cooperation strategy: South Sudan. 2014;14.03.

11. The World Bank. South Sudan. The World Bank Data By Country Web site. http://data.worldbank.org/country/south-sudan. Updated 2013. Accessed April 3, 2015.

12. Doki C. South Sudan child marriages at devastating high. The World Post Web site. http://www.huffingtonpost.com/2013/03/08/south-sudan-child-marriages_n_2836793.html. Published March 8 2013. Updated 2013. Accessed April 3, 2015.

13. Downie R. The state of public health in South Sudan - critical condition. *CSIS Global Health Policy Center*. 2012.

14. HealthKind. Issues we face. HealthKind Web site. http://www.healthkind.org/. Published July 2014. Updated 2014. Accessed April 2, 2015.

15. The Chatlos Foundation. Information for applicants. Chatlos Foundation Web site. http://chatlos.org/AppInfo.htm#. Accessed April 6, 2015.

16. Grand Challenges in Global Health. Grand challenges explorations. Introduction: Grand Challenges Explorations Web site. http://gcgh.grandchallenges.org/Explorations/Pages/Introduction.aspx. Accessed April 7, 2015.

17. Posner Center for International Development. Mission and vision. Posner Center Web site. http://posnercenter.org/about/mission-and-vision/. Published 2014. Updated 2014. Accessed April 7, 2015.

18. World Health Organization. Unsafe food: A major health threat in the african region. World Health Organization Media Centre Web site. http://www.afro.who.int/en/media-centre/afro-feature/item/7517-unsafe-food-a-major-health-threat-in-the-african-region.html. Published April 6 2015. Updated 2015. Accessed April 6, 2015.

19. Schwartz MB, Brownell KD. Actions necessary to prevent childhood obesity: Creating the climate for change. *J Law Med Ethics*. 2007;35(1):78-89.

20. Merriam-Webster. Definition: Diaspora. Merriam-Webster Online Dictionary Web site. http://www.merriam-webster.com/dictionary/diaspora. Updated 2015. Accessed April 7, 2015.

Appendix A - HealthKind's Executive Summary

HealthKind

Sustaining Health.
Strengthening Community.

Executive Summary

The Problem

Maternal and child health is of particular concern in the newly formed Republic of South Sudan. 28% of children under 5 years are severely or moderately undernourished and only 20% are immunized against measles. The maternal mortality rate is 2,054 deaths per 100,000 live births which is the highest in the world. Only 10.2% of all deliveries are attended by skilled birth attendants. Threats to maternal and child health care include protracted civil conflict and unrest, low human resource capacity, poor infrastructure, weak economy, high rates of illiteracy (especially women), limited opportunities for education, and socio-cultural beliefs and practices inimical to women and children. HIV/AIDS, malaria and other diseases are of great concern in this country and the World Health Organization (WHO) has asked the South Sudanese government to give special emphasis and priority to disease control interventions. The Ministry of Health's 20 year plan involves building a decentralized three-tier health care system in each of the Republic of South Sudan's 10 states. ***WHO recommends one health center per every 5,000 citizens. Current estimates of rural states, including Jonglei, show one health clinic per every 75,000 citizens and one hospital per 400,000 citizens.***

Our Mission

To increase the availability of trained health workers in rural South Sudan and set in place a system for on-going support and continuing professional education of health workers on the ground leading to the establishment of a sustainable community health clinic in Jonglei, one of the most impoverished states in the Republic of South Sudan. Our project includes fundraising, training of community health care workers and staff, and construction of facilities. Furthermore, we intend to develop a model that can be replicated in other parts of South Sudan.

Why Jonglei?

Our project is specific to Jonglei because of our relationship with co-founder and refugee of this state, Kuier Atem Deng. Kuier was trained as a nurse in Sudan and has first-hand knowledge of the health care needs in this area of the Republic of South Sudan.

Our Project

We are implementing a proven "train the trainer" model which allows us to provide prenatal care while facilitating medical training of people from the South Sudanese diaspora, IDPs, and in-country contacts to become in-country providers in Kuier's village, Kongor, Twic East County. Kongor is one of the many villages in the Republic of South Sudan where basic health care is minimal to non-existent. We envision a community-based health care worker training model that meets the specific needs of the local community while incorporating best practices in health care implementation services in other developing nations. We will also be building a ***secondary care facility*** which provides maternal and child health care services specifically (but not exclusively) and which will begin to build a foundation for health and wellness in Kongor. Although village specific, we are collaborating with others who are working on health care infrastructure in South Sudan, including existing NGOs and local resources.

Background

Democracy is in its infancy in the newly (as of July 9, 2011) independent Republic of South Sudan. In 2005, a Comprehensive Peace Agreement (CPA) was signed by the leadership in northern and southern Sudan which was an effort to put a halt to civil strife between the two parts of what, until July 9, 2011, was the largest country in Africa. The CPA served as a springboard for developing important national infrastructures for this diverse nation, including providing education and health care for their citizenry. South Sudan's population is multi-ethnic and multicultural, composed of Christians and hundreds of ethnic and tribal divisions and languages. Their health care needs are great but not insurmountable.As the leadership and citizens of this new country develop their democratic governing structure, the Ministry of Health will work to create a viable health care infrastructure. Indeed, the MOH believes this is a critical part of achieving the goals of the Comprehensive Peace Agreement. Those of us working at HealthKind will do our part to help sustain the health and strengthen the communities of citizens in the Republic of South Sudan.

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