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Maternal and Child Health
Integrated Program

Saving Mothers and Newborns in Emergency Settings

Victor Guma

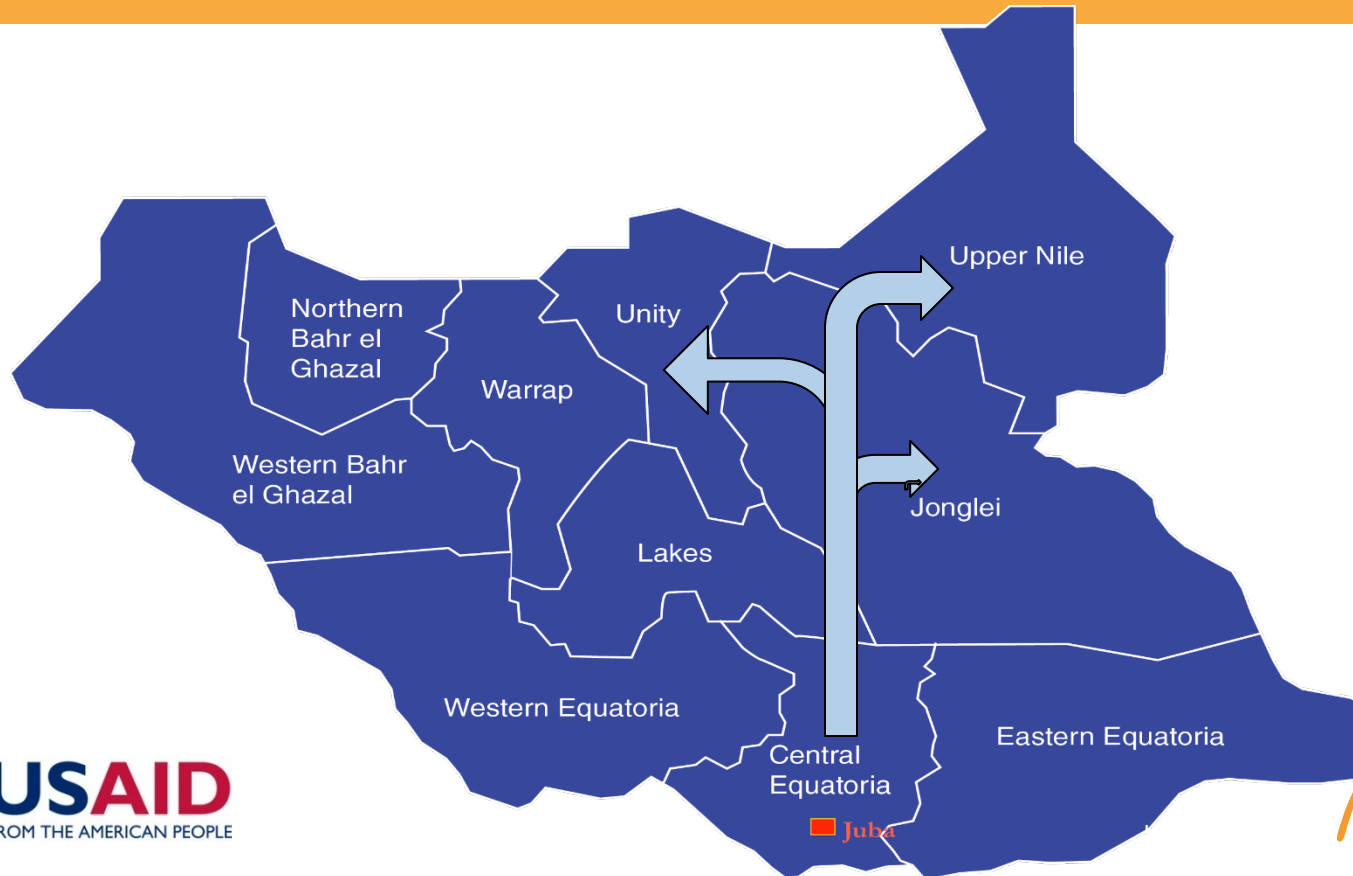
Maternal and Child Health Integrated Program/Jhpiego, South
Sudan

South Sudan Integrated Service Delivery Program

South Sudan Independence July 9, 2011



Fighting Erupted on December 15, 2013



Effects of the Crisis

- South Sudan's estimated population is 12 million
- 6.2 million people need humanitarian assistance
- 1.95 million Internally Displaced Persons
- 293,000 Refugees in neighboring countries (Ethiopia, Uganda and Kenya)
- South Sudan is hosting 260,000 refugees
- Disrupted/Limited availability of health services



Background Indicators

- MMR = 2054/100,000 live births
- Infant mortality rate = 84/1000
- U5 Mortality rate = 105/1000
- Facility delivery 12%
- TFR 6.7%
- HIV 2.6%
- 70% access to health services
- Very low numbers SBA



Sexual and Gender-based Violence (SGBV)

Women in South Sudan especially vulnerable:

- Only 7% of victims surveyed immediately reported it to the police
- Only 37% received any psychological support
- 43% of GBV survivors kept quiet out of fear
- 57% felt there was no point in reporting



MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH

Additional Priorities

- Take in account Youth and Adolescent Reproductive Health into all objectives
- Continue family planning
- Manage symptoms of sexually transmitted infections
- Continue HIV care and treatment
- Distribute hygiene kits and menstrual protection materials

Objective 5

Plan for COMPREHENSIVE RH services, integrated into primary health care

- Background data collected
- Sites identified for future delivery of comprehensive RH
- Staff capacity assessed and trainings provided
- RH equipment and supplies ordered

RH Kit 4

RH Kit 5

RH Kit 7

Objective 1

Ensure health cluster/sector identifies agency to LEAD implementation of MISP

- RH Officer in place
- Meetings to discuss RH implementation held
- RH Officer reports back to health cluster/sector
- RH kits and supplies available and used

RH Kit 0



Objective 2

Prevent SEXUAL VIOLENCE & assist survivors

- Protection system in place especially for women & girls
- Medical services & psychological support available
- Community awareness of services

RH Kit 3

RH Kit 9

GOAL

Decrease mortality, morbidity & disability in crisis-affected populations (refugees or IDPs or populations hosting them)

Objective 4

Prevent excess MATERNAL & NEONATAL mortality & morbidity

- EmONC services available
- 24/7 referral system established
- Clean delivery kits provided to birth attendants and visibly pregnant women
- Community awareness of services
- Contraceptive to meet demand



RH Kit 2

RH Kit 6

RH Kit 8

RH Kit 9

RH Kit 10

RH Kit 11

Objective 3

Reduce transmission of HIV

- Safe and rational blood transfusion in place
- Standard precautions practiced
- Free condoms available
- Safe and blood transfusion in place
- ARVS for continuing users
- Prevention of Mother to Child Transmission (PMTCT)
- Meet the needs of individuals with STIs

RH Kit 1

Standard Precautions through Kits 1-2

RH Kit 12

1. Coordination

- Formation of the RH Technical Working Group in Emergency to lead the implementation of the Minimal Initial Service Package
- Led by MoH
- Supported by USAID, UNFPA
- Other partners

Scope of the Working Group

Support

- Advocacy
- Fund mobilization
- Information sharing
- Technical support

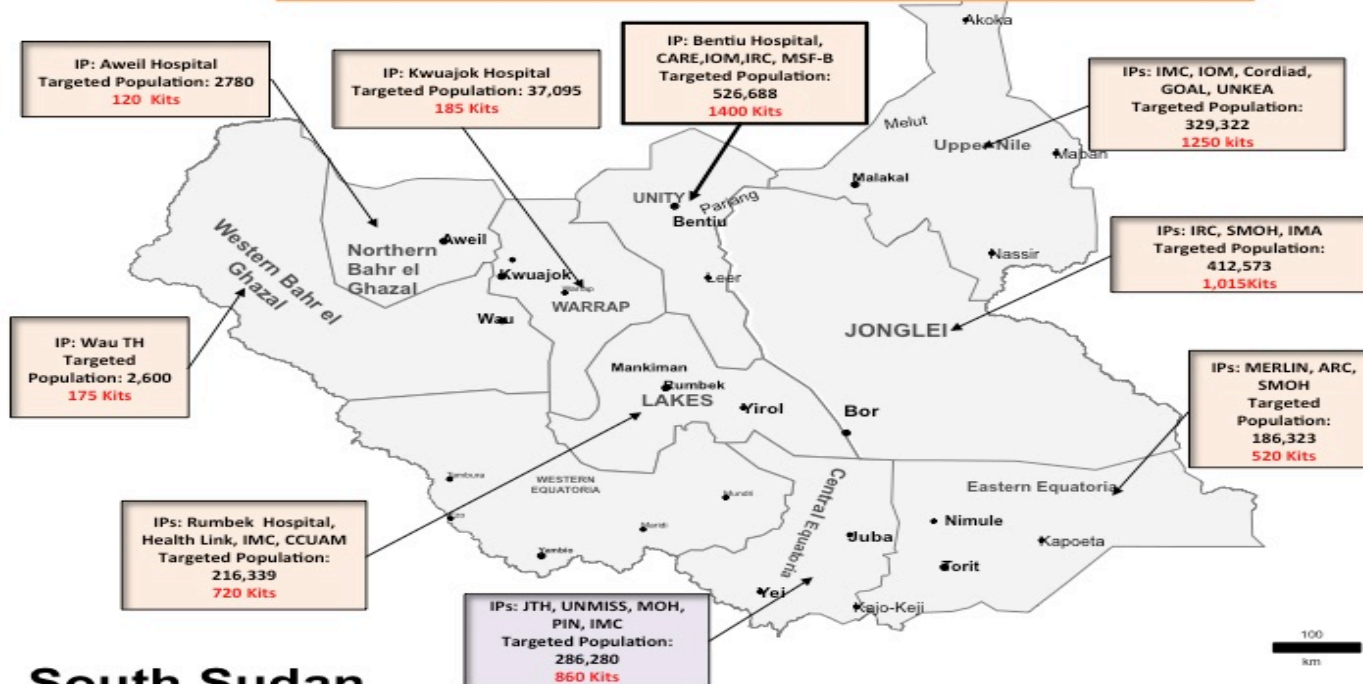
Services

- Assessments / Analysis
- Training
- MISP
 - Rational use of medicines
 - RH Commodities
 - BEmONC / CEmONC
 - Clinical care for survivors of SGBV
 - Referral system
- Running of clinics/ services

1. Coordination Cont.

- Recruitment of 4 State RH Coordinators for Upper Nile, Unity, Jonglie and Central Equatoria States
- A total of 6,245 RH Kits distributed around the country

Pre-positioning of Reproductive Health Kits, Jan 2014 till March 2015
Target Population (including IPDs) – 3.4 million



South Sudan

100
km

2. Prevention of Sexual Violence

- 230,289 people reached with GBV messaging through community meetings and focus group discussions

3. Reduce Transmission of HIV

- Free condoms distributed
- Blood transfusion capacity in Juba III POC, Malakal and Pariang

4. Prevent Excess Maternal & Newborn Morbidity and Mortality

- Antenatal care services provided to 247,799 pregnant women
- 32,789 women delivered assisted by a Skilled Birth Attendant (SBA)
- C-Sections = 2,875 (Juba and POCs mainly)
- 119,512 dignity kits distributed
- Mobile Clinics
- Ambulances (Minkaman, Malakal, and Juba)

5. Comprehensive RH Services

- Over 300 trained in MISRP, Clinical Management of Rape, rational medicine use, and PPH
- RH equipment and supplies distributed

PPH at the Community Level



- Is a promising practice and being scaled up nationally in South Sudan by MOH
- Advanced distribution and self-administration misoprostol after birth
- Health worker from Juba PoC trained in PPH prevention using Miso

Challenges

- Funding limitations
- Barriers to access
- Human resources (high turnover)
- Logistics barriers (storage, transportation)

Lessons Learned

- Fragmentation MISP implementation
- Availability of ARVs for conflict-affected areas
- Coordination is key

Way Forward

- Need to scale up integrated SRH interventions in conflict-affected areas
- Need to increase funding for SGBV programming
- Commodities security should be prioritize
- Building Resilience





Gracias!

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