

Emergency Health Services

PROVIDING EMERGENCY HEALTH SERVICES IN SOUTH SUDAN AND DRC

BACKGROUND

Emergencies contribute to an estimated 130,000 deaths annually, many of which occur in developing countries. Whether caused by conflict, natural disaster or epidemic, emergencies can undermine the health and well-being of populations through weakened health systems, damage to infrastructure and outbreak of disease.

IMA World Health centers its emergency health work in South Sudan, which has experienced chronic and episodic conflict since 2013, as well as in the Democratic Republic of Congo. Conflict-related emergencies contribute to disproportionately high levels of morbidity and mortality. Ninety percent of countries with the highest ratios of maternal mortality have recently experienced conflict.

IMA's emergency health services increase access to life-saving immediate care and improve maternal and child health outcomes. All of IMA's emergency health work adheres to the best practices and core standards laid out in *The Sphere Handbook* for humanitarian responses. IMA supports government and civil society partners in providing rapid health care responses through the establishment of mobile clinics and outreach sites. It trains workers to effectively identify and screen clients quickly for both physical and psychosocial conditions, triaging them immediately for treatment. At the same time, IMA works closely with the government to concurrently strengthen the overall health system to further prepare for future emergencies, in line with IMA's health systems strengthening approach.



With USAID OFDA support, IMA is working with partners to provide vital primary health care and emergency health services through mobile clinics and outreach sites in the former Upper Nile and Jonglei states in South Sudan.

OUR PROJECTS

SOUTH SUDAN

USAID/OFDA Internally-Displaced People (IDP) Emergency Health and Nutrition Response in South Sudan (2014-Present)

Currently in its fifth phase of funding with the United States Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), IMA's emergency response program in South Sudan provides vital primary health care and emergency health services in the former Upper Nile and Jonglei states through eight mobile clinics and outreach sites. The project's emergency health services include disability and trauma referral, screening for gender-based violence and psychosocial needs and immediate primary health care. During Phase IV, September 2017 to October 2018, 68,378 consultations were conducted (71 percent of the target) through six mobile clinics; no fatalities were reported, as most cases were diagnosed and treated appropriately. Communicable diseases accounted for more

than half of the consultations in the health facilities, with 37,334 patients treated. The most most common diseases included malaria, diarrhea and acute respiratory infections. Furthermore, a total of 62,214 community members benefited from health education and BCC sessions.

IMA and partners respond to acute malnutrition by supporting existing and ongoing nutrition services through an integrated management approach tailored to each county's unique context in support of four areas: screening, outpatient treatment program, stabilization center care and a targeted supplementary feeding program. IMA also works to improve malnutrition awareness and prevention techniques among the community through awareness raising activities. During Phase IV of our OFDA award, 144,253 clients were screened for malnutrition, in which there were 6,619 (89 percent of target) severe acute malnutrition (SAM) cases admitted and 19,243 moderate acute malnutrition (MAM) cases (91 percent of target). Additionally, 22,267 children aged 0-6 months were reported to be exclusively breastfed, and 29,073 children aged 6-24 months were provided with four different food groups. A total of 73,514 people benefitted from the nutrition BCC activities. To ensure that staff and volunteers involved in management of MAM cases follow guidelines, IMA and partners provide continuous training on prevention, identification and management of MAM. A total of 940 staff were trained against a target of 134.

South Sudan Famine Response (2017-2018)

Through a partnership with All We Can, Episcopal Relief & Development, Lutheran World Relief, United Church of Christ, Week of Compassion and individual donors, IMA expanded its emergency response to construct nutrition stabilization centers to give thousands of people – primarily young children, pregnant women and breastfeeding mothers – access to critical care during multiple declarations of famine in the former Upper Nile and Jonglei states of South Sudan.

The project built a prefabricated clinic in Pajut, Duk County, where approximately 3,600 pregnant or lactating women and 7,200 children under 5 years old previously lacked access to health services. IMA also worked with John Dau Foundation to set up three additional stabilization centers

and procure a quad-bike to facilitate access to remote and underserved areas of Duk County to reach more than 75,000 additional people. The project also procured and distributed supplemental ready-to-use therapeutic food, oral rehydration therapy and additional medicines to address malaria and other infections.

Renovation and Equipping of Bor Hospital (2014-2015)

With support from the United Methodist Committee on Relief, IMA supported the renovation and equipping of Bor Hospital in the former Jonglei state, which was devastated by fighting. As the only referral facility for women's reproductive health needs and antenatal care, Bor Hospital offers emergency and routine reproductive and obstetrical health services to more than 50,000 returning internally-displaced people. IMA helped equip the Maternal Health Unit with critical equipment needed to provide women with quality care, including C-section surgical kits, mayo stands and IV poles, surgical coats for nursing and medical staff, handheld dopplers for the ANC unit and portable ultrasound machines for operating and delivery rooms. In addition, IMA trained staff to properly use and maintain the new equipment.

DEMOCRATIC REPUBLIC OF CONGO

Greater Kasai Health Care and Food Security Recovery Plan in DRC (2018-2019)

With USAID/OFDA funding, this project addresses key challenges in health care and food security resulting from conflicts in Kasai and Kasai Central provinces of DRC. Its multi-pronged approach targets key areas for recovery and resilience, including food security, health care and related water, sanitation and hygiene improvements. Working with longtime local partner SANRU, IMA is working to restore the functionality of health facilities that were burned and/or looted, including replacing lost equipment and rehabilitating WASH infrastructure. The program will also seek to build financial sustainability in the health system and lessen undue burden on already vulnerable populations with a gradual transition back to user fees for health services, as well as support vulnerable households facing food insecurity by assisting families in food production and linkages to markets.



Health Care Services for Vulnerable Populations and IDPs (2017-2018)

With USAID/OFDA funding, IMA worked with SANRU to provide primary health care services free of charge to IDPs and other destabilized populations within the conflict-affected Kasai provinces in DRC, with an estimated target population of 1,689,561. Health care services were provided in 125 health centers and mobile clinic sites. In total, 1,000,039 new patients received treatment, and many health targets were met or exceeded thanks to the resilience and dedication of health workers IMA has supported through ongoing health systems strengthening programs. For example, the initial target was a service utilization rate of 75 percent, but cumulatively the utilization rate reached close to 100 percent due to high demand. The project also exceeded communicable disease targets, with diagnosis and treatment of diarrhea provided to more than 93,000 patients (target of 35,000), over 560,000 patients for malaria (target of 257,000), and more than 152,000 patients with acute respiratory infections (target of 20,537). All reproductive health targets were also met or exceeded. Pregnant women attending at least two antenatal visits, for example, totaled 40,108 (target of 39,030).

Ebola Virus Disease in North Kivu and Ituri: Strengthening Community Prevention, Response, and Recovery (2018-2019)

With funding from USAID/OFDA, IMA is responding to the ongoing outbreak of Ebola in the Ituri and North Kivu provinces of northeastern DRC, where IMA also implements the USAID Tushinde project. Focused on a target population of 764,060 people, IMA provides community outreach and mobilization by training and sensitizing community outreach workers and the general public on signs and symptoms, disease awareness, means of prevention and reduction of stigma; contact tracing in association with the World Health Organization-supported contact team; provision or rehabilitation of water, sanitation, hygiene and waste management facilities and equipment in nine health facilities; and facilitating health facility-based infection prevention and control measures in 25 targeted at-risk facilities, with expansion planned in 25 more.

Post-Exposure Prophylaxis (PEP) Kit Procurement in DRC (2018-2019)

IMA is assisting USAID/OFDA in reaching survivors of sexual and gender-based violence with PEP kits in 16 provinces with higher prevalence rates of gender-based violence of Eastern DRC, contributing to reduced transmission of HIV and sexually-transmitted infections. IMA focuses on OFDA and USAID-funded programs that serve survivors of SGBV. IMA also works through the GBV Cluster in all 16 provinces to report and document OFDA/USAID partner supplies and to fill residual gaps of PEP kits in areas at risk for stock-out. IMA will quantify and distribute these stocks through the delivery mechanisms of USAID/OFDA partners, and through partners and resources of the GBV cluster for residual stock of kits.

