

THEREZA SURVIVES MATERNAL DEATH

A STORY THAT MUST BE TOLD:

IMPACT HEALTH ORGANIZATION (IHO)

Written by: Mwanje Jolem

Contact: info@ihosavinglives.org

THEREZA KWACH, a 19 years old mother (gravida 2 para 0) a returnee from Sudan was reported to IHO mobile medical team by her mother who came at the mobile clinic site at around 10 am in the morning. She narrated that her daughter gave birth 2 days ago in Nyigir village after being in labor for almost 18 hours but later developed a complication. She had developed paralysis on one side of the body followed with subsequent unconsciousness and was unable to move her body. IHO emergency response team rushed at their home and the patient was immediately brought at the mobile clinic site. After examination by IHO health worker and further interaction with the patient caretaker, it was realized that the delivery process was conducted by a traditional birth attendant who never had any medical supplies like gloves but she used a polythene bag. Thereza had given birth almost 2 days ago and according to the mother, during delivery she had retained part of the placenta and blood products, although the TBA managed to remove some products manually. Thereza was sent for laboratory investigation for malaria at the IHO mobile laboratory but she tested negative for RDT and immediately she was referred by the IHO doctor immediately to Kodok PHCC for management and removal retained products.

At Kodok PHCC it was realized that Thereza had retained placenta products and as well associated with bacterial infection. The products were manually removed and put on treatment for subsequent five days. IHO medical team visited her at the hospital after 2 days and she was found to be a good medical condition.

After she was discharged, IHO medical team visited Thereza at home to assess on her medical situation after the treatment. IHO team found Thereza and the family members very happy and on interaction her. She mentioned, **“Without IHO I would have passed on by now. My family members had no options and without any means of transport to the hospital it would take them 4 hours walking on foot. I am really very happy from the bottom of my heart and I do appreciate the teams of this organization (IHO) for all the necessary efforts they made to**

ensure that I am alive. I know my life cost you a lot but there is nothing I can reward you with, I only pray to God to reward you and bless the organization to continue saving the lives in South Sudan. Without IHO, I couldn't be with my child now. How could my child live without me"? She stressed as the tears rolls down.

By view of the homestead, unable to raised money for transport or lack any mean of transport in the household showed that Thereza came from a poor household and with limited access to education, the family survived by selling tea in a nearby market in their village. Thereza dropped out school in P4 when the parents couldn't afford to take her to school. She was forced to get married at a younger age of 16years.

Maternal and infant mortality is high in South Sudan for a number of reasons. For example, only about 2% of the government budget was dedicated to health in the financial year 2016/2017, far below the 15% recommended under the Abuja Declaration and hardly addresses budget addresses the needs of women, children, adolescents/young people and the poorest households. This indicates that, although South Sudan has taken much efforts to establish policies to combat Maternal mortality, less effort has been directed by legislators to influence the health budget in favor of resource allocation to meet the policy targets. Inadequate health funding has several implications, as health is central to sustainable development. In South Sudan, a woman has 1 in 7 chance of a woman dying during her lifetime from pregnancy related causes and countless others suffer complications in childbirth and despite the country having the highest maternal morality of 2054 per 100000 live birth (South Sudan household survey 2006), only 30% of pregnant women are attended to by skilled health worker. The World Health Organization suggests that if obstetric coverage of a population is adequate, caesarean section rates should range between 5 percent and 15 percent but in South Sudan caesarean section rate is only 0.5 percent (2013 South Sudan emergency obstetric and newborn care Needs Assessment Report). It is estimated that 23.7% women of reproductive age have an unmet need for family planning, and frequent stock-outs of family planning both contraceptive access and choice. Thereza is clear example of what girls and women in South Sudan go through today. With high illiteracy rate due to school dropout, unemployment and poverty, forced married, high teenage pregnancy, high maternal mortality among others. Thanks for the South Sudan Humanitarian Fund for support Impact Health Organization (IHO) to save lives.