



January 2018

## Provision of integrated emergency mobile health services to IDPs and vulnerable host populations including children and adults in Terekeka State

Success Story

Impact Health Organization (IHO) received funding through the South Sudan Humanitarian Fund (SSHF) to implement the Provision of integrated emergency mobile health services to IDPs and vulnerable host populations including children and adults in Terekeka County of Central Equatoria State. Before the intervention, the humanitarian situation of the two targeted payams of Gemezia and Managalla was so alarming. The community that was once displaced by the inter-communal violence was again displaced by floods which made populations scatter helplessly along different villages. The emergency majorly affected women and children. A total population of 26740 people depended on one Primary Health Care Unit (PHCU). Majority of the population had to walk more than 4 hours to access this health facility. Before the crisis the two Payams had two functional health facilities, Yaki Primary Health Care Unit and Gemezia PHCU that was vandalized following the inter-communal violence. The functional Yaki PHCU had only one Community Health

Worker (CHW) with limited access to medicine and supply. There was no functional cold chain and basic emergency obstetric and newborn care. Although communities in Gemezia and Mangalla are required to receive the next level of health care at Terekeka Primary Health Care Centre (PHCC), patients have to cross the River Nile to access the health facility. The speed boat cost about 8000 SSP to transport the patient across the river for 1 to 2 hours depending on the location and local boat takes up to 8-10 hours to access Terekeka PHCC.

### IHO Mobile Health Team

Impact Health Organization (IHO) responded to the emergency health needs of the communities in Mangalla and Gemezia Payam by the setting a Mobile Health Team. The team consisted of 1 Health Officer, 1 clinical officer, 2 Nurse, 1 EPI and Health Education Officer, 3 Community Health Worker, 1 Lab Assistant and 1 cleaner. The team operated closely with the local authorities and the communities. In each Boma the mobile

team operated for 1 week before moving to the next Boma until all the 7 Bomas were completed and the cycle repeated. The team provided OPD and BEmONC services. As a result of the project, 13800 people were reached with health education, 8988 OPD consultations, 2415 children immunized against measles, 15 community deliveries, 1275 screened for malnutrition, 63 complicated medical cases referred for better treatment, 626 tested for HIV/AIDS of which 10 of the 15 positive cases are already on treatment.

*Figure 1: IHO mobile clinic supported by SSHF\_ providing general consultation photo by Sentongo David*



*Figure 2: IHO mobile clinic supported by SSHF\_ providing general consultation photo by Sentong david Gemeza*

### **IHO Saves Mrs. Loku`s life.**

On 20/11/2017, IHO mobile health team received Gunyang Loku 27 years old female. She was brought to the mobile clinic following 2 weeks of suffering from a severe illness. She presented with severe body wasting, severe loss of appetite, chest pain and productive cough. These presentations were similar to a person with HIV/AIDS. Her situation was explained to the attendant Mr. Anyilo lege loku (Gunyanga`s brother) who is a catechist in this area. After proper counseling the

patient agreed to undertake the HIV test. Because of Loku`s dire condition, she was resuscitated with IV fluids as they waited for the lab results. Following the HIV test Loku was found to be HIV positive and after post testing counseling the Loku was told about her situation and urged by the Health Officer to be referred to Terekeka PHCC for treatment and Care. The referral idea was quickly rejected by the brother saying they did not have access to transport and money to keep her in the hospital.

*“She is too ill, she better dies here than dying from afar place.”* Said Loku`s brother.

At this point the IHO health team, took on the responsibility and ensured that Mrs Loku was referred to the next level of care (Terekeka PHCC). The team organized for transport and escorted her to Terekeka PHCC where she was received well and admitted. A few days later, Loku was started on ARVS and also screened for TB. On the 16<sup>th</sup> January 2018, IHO team visited Loku at her home in Gemezia Boma after she was discharged and found she had greatly improved and continues to take her medicine.



Figure 3: Gonyang Luko being lifted from the boat during the referral at Terekeka PHCC \_photo by sentongo david

Loku is a single mother of 2 children (3-year-old boy and 5-year-old girl). She was married to soldier in Bor state. She has no source of income and depends on the mercies of the brother who is a catechist in a local church. Her husband died 3 years ago and this economically forced her to shift from Bor to Gemeiza to receive support from her relatives.

Thanks to the South Sudan humanitarian Fund (SSHF) that has given Loku hope to live and raise her children.

*“I had suffered a lot without knowing the real problem, we tried local drugs but nothing good came up. But now I know the problem and am very happy that my children don’t have the HIV virus, now I can leave at least for some years and raise them up. I thank God who used the IHO team and the team at Terekaka PHCC to save my life. IHO clinic has saved so many lives and we hope IHO can stay longer in this area”.* Said Loku



Figure 4: IHO Staff with Luko Gonyang at her home in Gemezia after being initiated on HIV treatment photo by sentongo david gemeza

*“Seriously drugs can work. I didn’t know that this lady would improve within only two weeks” Thank you IHO team for saving my sister”.* Said Loku`s brother.



Figure 5: Mr. Anyilo lege loku brother to Luko Gonyang photo by Sentongo David Gemeza

In another effort to save lives, IHO conducted community home deliveries, the team received delivery kits and other BEmONC supplies from UNPFA and WHO under the health cluster core pipe line.

## IHO saves life of a Mother and the Baby.

Rhoda Kiden 27 years old, a mother of 5 children pregnancy report at 38 weeks (Gravida6 para5) was brought to her parents' home at the mainland in Palek boma at around 8pm after she was in labour for more than 24hours at the island. IHO health team was called to come and help after she reached the mainland. The team rushed fast enough though it was a long distance to reach her residence. When the team reached, Rhoda was in dire situation. She actually need a referral but to where? Considering the time of the emergency it was hard to travel across the Nile at that time. The team decided to monitor closely Rhoda`s situation and supported her to deliver at home. Rhoda finally deliver at around midnight a baby boy however the neonate greatly needed resuscitation because of fetal distress. Resuscitation was successfully done and both the mother and the baby lives were saved.

Rhoda had never attended any antenatal care service because she was staying at the island. The Islands has no access to medical services, community have to move to the main land to access health services. Previously Rhoda was staying in gulubuch Boma where she was displaced to the islands during the crisis. She doesn't have any source of income and depends on the husband's relatives since her husband is a student in Juba.



Figure 6: Rhoda Kiden delivered at home by\_IHO health team photo by Sentongo David\_Gemeza

*"I am so grateful for IHO team for saving my life and the baby. Many women die while giving birth especially when they develop complications at night. I wish the team could stay longer and save lives of more mothers in the same situations. Rhoda rose her eyes on the baby and smiled as she said those word. One could easily tell the happiness for her and the baby to be alive." Said Rhoda.*

## IHO Team saves lives Neonatal

On the 5<sup>th</sup> December 2017, IHO medical team was informed of a severely ill neonate whom was reported High fever and refused to breastfeed for 2 days. The child was still kept indoors probably because of culture beliefs. The team rushed as fast as possible as the baby was in the same village were the team had set the mobile clinic. On arrival the team examined the baby and the temperature was 40.1°C. The clinician observed the umbilical cord and it was highly infected. They had also put some mad saying it was local way of treatment. Immediately, the team took the baby to the mobile clinic site and treated the baby for neonatal sepsis. The baby improved greatly on the second day of the treatment. This baby was born by a first time mother (prime gravida)

called Maria Poni aged 20 years in Malang village, a house wife who entirely depends on the husband a fisherman. They were previously displaced by insecurity to Malang island but now they live on mainland for nearly 4 months now.



Figure 7: IHO health team observing Maria Poni`s baby infected cord\_photo by Setongo david\_gemezia]



Figure 8: Maria Poni`s baby under treatment at IHO Clinic for neonatal sepsis photo by Sentongo David

*“If it was not the help given by you people. Maria was referring to IHO team. I would have lost my baby. I have witnessed*

*similar cases which resulted into death. Now I know it is bad to put mad on umbilical cord of the new born babies. We do all this local thing because no one showed us the right way to do it. We wish you can put a permanent clinic here or stay more longer because we move a distance of over 4 hours to access a nearby health Centre yet our health needs are much”.* Said Maria Poni.



Figure 9: IHO staff and Maria poni posing with baby after recovery from neonatal sepsis photo by\_Sentongo david\_Mangalla

The interventions provided by IHO under the South Sudan Humanitarian Fund in the Payams of Mangalla, Gemezia Payams and surrounding locations has provided hope to communities that once felt they were gotten. The awareness created and the skills of local health workers enhanced, IHO is much optimistic that the communities shall be able to copy up with shocks of the violence and floods. IHO looks forward for more support and partnerships in the coming years in saving lives to the people of South Sudan”

## Acknowledgments

First, Impact Health Organization would like to acknowledge the National MOH and Terekeka state Ministry of Health and Environment for the untiring support they made the implementation of the project a success.

Secondly, we also acknowledge the Health Cluster Team for the tireless support provided to the IHO health team during the implementation of the project. In addition, we want to thank UNFPA for supplying us with RH commodities to save lives of women and children.

We also acknowledge the IHO health Team for the commitment to support the community by running the Mobile clinic.

Lastly, we want to appreciate the South Sudan Humanitarian Fund, through UNOCHA and UNDP for the financial support for the project.