



# South Sudan



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**WHO**

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# WHO WE ARE

IHO, the Impact Health Organization, was founded in 2013 to support the people of South Sudan to meet their immediate and long-term health needs. Since 2013, South Sudan has gone through a series of changes, including the 2013-2016 conflict, inter-communal fighting, flooding, food insecurity, and our roles have also constantly changed. The organization continues to function in various states and counties across the country

**In doing so, we also concentrate on the key population groups of women, children and young people. Our program focus includes health, nutrition and water hygiene.**

**We are committed to responding quickly and pragmatically to the development and emergency needs of the communities we serve.**

However, we are not just focused on providing services now; We take a holistic view of our approach. Does the country have access to better laws and policies? We endorse. What about the capacity of systems and staff? We train, mentor, and supervise. Youth need leadership and life skills, sources of income, health services, and information about their sexual and reproductive rights. We support, advocate and work with young people now. Women and children need quality maternal and child health services. We offer the service and lawyer. We work with our partners and donors to find new solutions and reach out to the most vulnerable.

Today we work as a partner to governments, UN agencies, local and international organizations, the private sector, civil society groups, academia, the media and communities in South Sudan.

Since 2013, we have reached out to communities in Magwi County, Torit County, Awiel West, Aweil East, Aweil South and Aweil Center County, Fashoda County, Panyikang, Ezo, Nagero, Bor, Twic TWIC, Gogrial West, Gorgial East and Juba County providing services in in the fields of nutrition, health and water hygiene. We are among the many organizations working in South Sudan and we strive to improve health indicators in South Sudan. We changed our strategies as conditions changed and our activities have expanded to work closely with young people to improve access to life skills, empowerment and access to youth health.

# IHO PRIORITIES IN SOUTH SUDAN

**PROMOTING ACCESS TO QUALITY HEALTH, NUTRITION AND WASH SERVICES FOR WOMEN AND CHILDREN**



**EMPOWER YOUTHS THROUGH LIFE SKILLING, PARTICIPATION, AND ACCESS TO ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES**



**PROVIDE CAPACITY BUILDING AND BUILD MEANINGFUL NETWORKS**



**ADVOCATE FOR RIGHTS OF WOMEN, CHILDREN AND YOUTH**



**PROVIDING HUMANITARIAN ASSISTANCE DURING EMERGENCIES**



# OUR UNIQUENESS

Operating nationally but internationally, we scan the environment and operate in alignment with international policies, guidelines, goals, and commitments, drawing on the wealth of local experience, resources, and experts to encourage new ideas, experiments, and innovation.



# OUR FRAMEWORK

The work we do feeds into the NGO mandate for South Sudan, support from line ministries and departments support national policies and frameworks. IHO programs correspond to national strategies and policies developed by the South Sudanese government and partners. International conventions ratified by the South Sudanese government, e.g. Worst Forms of Child Labour Convention, 1999 IHO's work in South Sudan revolves around helping communities meet their immediate and long-term needs.





# OUR PRIDE

IHO advocated for reducing maternal mortality in Magwi County using a rights-based approach and application community scorecard tool in 2015-2016<sup>2</sup>.

IHO advocated the creation of a family planning budget line in Eastern Equatoria State and the Government allocated SSP1.5m to South Sudan.

IHO Advocated the increase in the national health budget for FY 2017/2018.

IHO drafted the Patients' Charter for South Sudan, which is pending approval by the National Ministry of Health<sup>5</sup>. Sub Grants so far to 4 Nationals and CBOs in South Sudan with the support of UNFPA. With support from UNFPA,

IHO operates two youth information and health centers in Torit County

IHO develops a youth app where young people share and access information. IHO has been supporting the Central Medical Stores in LMS and Supply Chain for 4 years.

IHO is the primary nutrition partner in Magwi County, supporting 14 OTP, TSFP, and IFP services and 1 stabilization center.

IHO has been conducting primary health care activities in both emergency and development settings since 2017

IHO has implemented WASH activities in both emergency and development environments<sup>13</sup> since 2015.

IHO developed the MoFEED app to encourage maternal feedback on Maternal Health Care Services

# OUR PARTNERS

Every organization works with stakeholders and IHO is no different. To achieve and deliver results, IHO everyone matters. Our partners come from all over the world:

**Governments:** We cannot function without governments, they provide guidelines, frameworks and resources to broadcast responses and programmes.

**Non-governmental organizations;** which are both local and international, we work together at different levels and capacities.

**Women, children and young people** are the focus of programs that we can carry out without their consideration and involvement.

**Guides, especially local guides,** were the driving force behind our response. We cannot ignore their role or we will fail.

**The private sector;** they are at the center of our responses; some are suppliers, others participate in our programs. Without them, operations are unbearable.



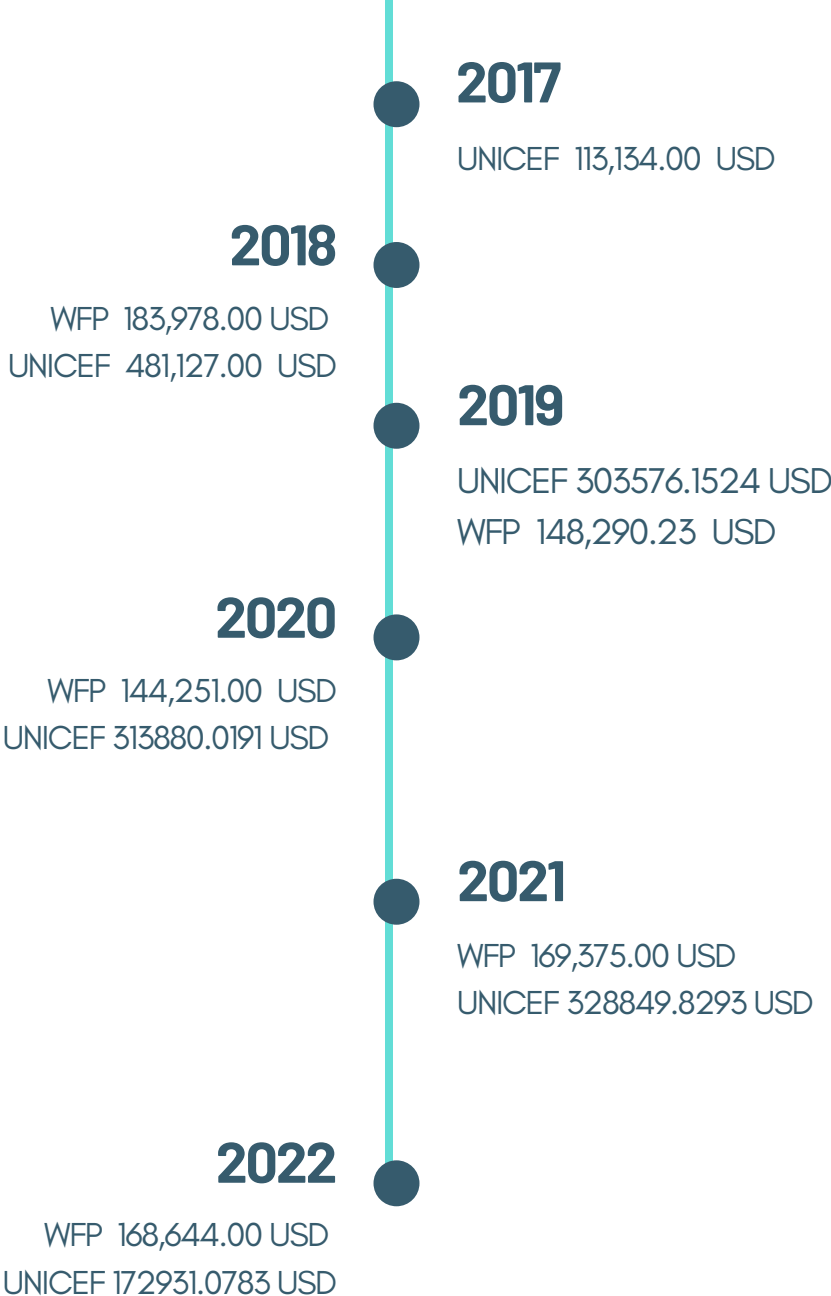
# HEALTH FUNDING



# WASH FUNDING



# NUTRITION FUNDING



# THE SITUATION IN SOUTH SUDAN

SOUTH SUDAN HAS A  
GENERALIZED HIV EPIDEMIC  
WITH AN ADULT  
PREVALENCE OF 2.3%

THE UNMET NEED FOR  
FAMILY PLANNING REMAINS  
HIGH  
(29.7 PER CENT)

THE MATERNAL MORTALITY  
RATIO  
IS ESTIMATED AT 1,150 PER  
100,000 LIVE BIRTHS

LESS THAN 2 PER CENT OF  
THE ANNUAL BUDGET  
ALLOCATED TO HEALTH

ADOLESCENT BIRTH  
RATE 158/1000

YOUNG PEOPLE BELOW THE  
AGE OF 30  
COMPRISING AN ESTIMATED  
73.6 PER CENT

Unemployment (15-24)  
18.78 %

INFANT MORTALITY RATE  
62/1000

UNDER-FIVE MORTALITY  
RATE 95/1000

EXCLUSIVE BREASTFEEDING (<6  
MONTHS) (45 %)

AT LEAST BASIC DRINKING  
WATER SERVICES (41%)

AT LEAST BASIC SANITATION  
SERVICES (16%)

# OUR TARGETS 2022

This the South Sudan we want to see in 2022:

GOAL 1

Create better lives for young people by increasing access to life skills opportunities, participation and access to reproductive health services and information

GOAL 1

Build meaningful networks and build capacity inside and outside the organization

GOAL 1

Quality health, nutrition, and water, sanitation hygiene services, mainly benefiting women and children

GOAL 1

Respond to both natural and man-made disasters/emergencies

BY 2022

100,000

Young People

75000

Women and Children

100,000

People affected by disaster/Emergency

# HOW WE WILL ACHIEVE OUR GOALS

## **IHO aims to provide a wide range of services to meet the needs of communities from 2013 to 2022.:**

We will continue our political advocacy efforts, including the adoption of a national patient charter, an increase in the national health care budget to accommodate a polio transition plan, and increased family planning budget lines at the state and federal levels.

We will address issues related to maternal, child and adolescent performance, including maternal, child and infant mortality, youth participation, unemployment and reproductive sexual health.

We plan to support health facilities and community-based initiatives like the Boma Health Initiative through community involvement. If necessary, we repair health facilities with poor infrastructure, buy medical and non-medical supplies and train health workers and support staff.

We will provide immediate humanitarian assistance through emergency supplies, including medical and non-medical supplies, sanitation and hygiene services and clean water, and integrated health services, including mental health and psychological support when there are displacements due to conflict or flooding.

Will support young people to get involved in solving problems that affect them. Well will expand the two youth centers in Torit by renovating the centers, building youth innovation and training facilities for officer services such as sewing, baking, hairdressing, etc., and facilitating business development for youth groups to start income-generating activities. Launch the Youth Innovation Challenge to provide seed capital to young people. We will develop a mobile app to support the socialization of young people. We will create a short video documentary about the life of a youth in South Sudan and a youth magazine. We will increase information through social media such as Whatsapp, Twitter and Facebook



We will increase our participation to strengthen local capacities e.g. The continuous support of the central medical stories. Increase the number of local subgrantees with the support of our partners like UNFPA. We will also seek to join meaningful consortia to enhance response and resource mobilization.

We will review our governance structures and develop a governance model tailored to the needs of IHOs. In doing so, we will continue to apply the highest principles of good corporate governance and accountability, ensuring our work is guided by our members, the voices of those we serve and our employees. Incorporating a holistic organizational approach ensures greater effectiveness as different parts of the organization are aligned behind agreed complementary courses of action and have a clear understanding of their role, function and contribution.

We challenge ourselves to think creatively and take controlled risks. We will improve our effectiveness while reviewing our structure and capabilities to achieve excellence and leadership in developmental, fragile and emergency situations.

By recognizing the potential transformative impact of digitization on all aspects of our work, we will make a cultural and attitudinal shift in how we communicate. We are committed to becoming more digital.

# HOW YOU CAN HELP

YOU CAN TOUCH THE LIVES OF WOMEN, CHILDREN AND YOUTH IN SOUTH SUDAN.  
JOIN IHO PARTNERS TODAY.

We are excited to well come you. There is no better approach to solving challenges in South Sudan than the famous saying "two heads are better than one.

# AND SHARE OUR STORIES

Our work has profoundly changed many lives over the years and you can tell others about it. Women, children and youth need our advocacy to raise awareness of their issues around the world. We regularly publish exciting stories about women, children and young people on our website and our social media platforms. You can share these stories with your family and friends and with policy makers if you wish. People need to be made aware of their problems so that they can support them. You are always welcome to share your thoughts on how we can do better.

## Success story 1: Improved maternal health service Uptake due to community awareness

Raja County's health care system lagged behind due to the sociocultural barriers that hampered the uptake of maternal health services, particularly family planning, ANC, and health facility provision. Here is the story of a mother of 10 who confesses how she has benefited from effective and comprehensive health education at Raja South Boma. According to her words, today I really learned a lot about maternal health (Sahata-mum in Arabic) and she is willing to receive 12 years of family planning method so that she can rest and take care of her children.

In addition to her speech The Impact of the Community Meeting on Mother Health, the monthly report highlights an increased number of new adopters of family planning and improved delivery of healthcare facilities, among other things.



**Photo: Reproductive Health Officer, BHI Health Officer, all answer a series of questions and explain different methods of family planning and how they work.**

## Success story 2: IHO Saves Mrs. Luko's life.

On November 20, 2017, the IHO mobile health team welcomed 27-year-old Ms. Gonyang Loku. She was taken to the mobile clinic after 2 weeks of serious illness. She presented with severe physical wasting, severe loss of appetite, chest pain, and a productive cough. These presentations resembled a person with HIV/AIDS. Their situation was explained to the supervisor Mr. Anyilo lege loku (Gonyanga's brother) who is a catechist in the area. After appropriate counseling, the patient consented to the HIV test. Because of Loku's dire condition, she was revived with IV fluids while they awaited the lab results. After the HIV test, Loku was found to be positive and after the post-test counseling, Loku was informed of her situation and asked by the health officer to be referred to Terekeka PHCC for treatment and care. The referral idea was quickly dismissed by the brother, who said they didn't have access to transportation or money to keep her in the hospital. She's too ill, it's better to die here than to die far away. Said Loku's brother. At this point, the IHO health team took charge and ensured that Ms. Loku was referred to the next level of care (Terekeka PHCC). The team organized transport and escorted her to Terekeka PHCC, where she was well received and received. A few days later, Loku was started on ARVS and also screened for TB. On January 16, 2018, the IHO team visited Loku at her home in Gemezia Boma after she was discharged and found that she was significantly better and continuing to take her medication.

Loku is a single mother of 2 children (3 year old boy and 5 year old girl). She was married to a soldier in Bor State. She has no source of income and depends on the mercy of her brother, who is a catechist in a local church. Her husband died 3 years ago and this economically forced her to move from Bor to Gemezia to get support from her relatives. Thanks to the South Sudan Humanitarian Fund (SSHF) who gave Loku hope to live and raise her children. I had suffered a lot without knowing the real problem.

*we tried local medicines but nothing good came out. But now I know the problem and I am very happy that my children do not have the HIV virus, now I can leave and raise them at least for a few years. I thank God so much for using the IHO team and Terekaka PHCC team to save my life. The IHO Clinic has saved so many lives and we hope IHO can stay in this area longer.* Said Loku



**Photo: Gonyang Luko being lifted off the boat during transfer at Terekeka PHCC \_Photo by ssentongo David**



**Photo: IHO staff with Luko Gonyang at their home in Gemezia after initiation into HIV treatment  
Photo by sentongodavid gemezia**

*Seriously, drugs can work. Little did I know that this lady would improve in just two weeks. Many thanks to the IHO team for saving my sister. Said Loku's brother.*

### Success story 3: Mother And Baby rescued through Medical Interventions by IHO

Basic obstetric and neonatal care (BEmONC) remains a challenge in South Sudan, the country's healthcare system is still unstable due to a number of issues such as poor roads, referral system/network and socio-cultural barriers affecting the delivery of healthcare services and recovery. Although many stakeholders, including the government, have raised awareness of the need for skilled labor to deliver pregnant mothers, communities in South Sudan still value community-based delivery by unskilled TBAs, resulting in a range of maternal and infant mortality, as well as life-threatening conditions leads. WHO statistics show that the infant and maternal mortality rates in South Sudan are 62.4 deaths per 1000 and 789 per 1000 live births, respectively, which is among the worst indicators in the world Sudan still faces the challenge of having many unskilled childbirths that lead to the loss of wives and babies. With funding from SSHF (South Sudan Humanitarian Fund), IHO implements life-saving health services in Aweil South County, including the provision of skilled deliveries, newborn care and referrals, and many lives have been saved in the process. Mrs. Angelina Aguot, 28 years old, mother of 2 beautiful children, suffered from a retained placenta after giving birth at home on 3/15/2021 and her newborn baby developed breathing difficulties. She was taken to IHO-assisted PHCUs (Amecrool) by her relatives after significant blood loss. While she was at the health facility, she was resuscitated by being given IV fluids and given misoprostol tablets, which were then referred to Aweil Hospital for further treatment along with her critically ill baby. At Aweil Hospital she was received by the health workers, the placenta was removed, blood was transfused and the newborn was resuscitated and finally Angelina was fine, she was discharged on the 3rd day of her admission.



Photo: IHO midwife taking Angelina to Aweil Hospital

You saved my life and the baby and I don't know how much to thank you when the bleeding started profusely. I thought I was going to die starting today Angelina when she came with her baby to be vaccinated at one of the church outreaches on May 28, 2021

Angelina is one of many women whose lives have been saved by humanitarian projects in South Sudan. The parishioners were also very happy to see that Angelina's life was saved



Photo: Angelina's newborn after being resuscitated at Aweil Hospital



Angelina and her two and a half month old baby during vaccination.

## Success story 4: Health Services Delivery Improves After Renovation of Health Facility (Degele PHCU) - Ezo County.

South Sudan is one of the countries with the worst health infrastructure. The majority of healthcare facilities are thatched with grass and in poor condition, compromising the safety and storage of healthcare supplies. In recent years, South Sudan has been hit by conflicts that have resulted in the displacement of thousands of people and the destruction of infrastructure, including health facilities. This was further exacerbated by the climate changes causing floods that also displaced people and destroyed property. Ezo County, in the state of Western Equatoria, is no exception among counties that have poor infrastructure for healthcare facilities due to a lack of government funding and internal ethnic conflicts, among other things, which has destroyed the already weak infrastructure. The Degere PHCU in Degere Boma, Ezo Payam has been in a very poor condition in terms of infrastructure for many years, which made the facility inoperable due to the predisposition of medicines and other equipment to rain, security and also a poor working environment for the health workers. The community in Degele Payam has moved hours to gain access to health services, including prenatal care and delivery services. Interventions have included the renovation of the supported health facilities to provide good working environment and proper storage of medicines. From this funding and through consultations with key stakeholders, IHO refurbished the Degele PHCU and fully furnished it in terms of medical equipment and consumables. In addition, IHO, working with community leaders, mobilized communities to build additional structures to provide private space for pregnant women



**Degere PHCU before renovation (Credit Mogga Geoffrey-IHO Health Officer)**

After the health facility was renovated and equipped with medicines and medical equipment, the community has started entering the facility to receive health services in a clean environment. As a result, the facilities are conducting over 300 consultations weekly, including providing EPI and MCH services to IDPs and host communities. The community was overwhelmed with joy to see their healthcare facility open and fully operational. I can't believe our health facility is renovating and working, we had lost hope and gave up, but thanks to IHO and SSHF who were willing to support the vulnerable people with this project, said Boma chief Degele Boma. The Degele community in Ezo County is among the many communities in South Sudan that have benefited from SSHF funds in relation to the renovation and improvement of health system infrastructure.



**Photo: Degere PHCU after renovation. The small building is the community initiative (Credit Mogga Geoffrey-IHO health officer)**

## Success story 5: Improved access to contraceptives among young people

Community-based contraceptive distribution by Boma health workers has increased access to modern contraceptives. South Sudan has one of the worst population health indicators in the world; this is particularly true for sexual and reproductive health (SRH). For example, it has one of the highest maternal mortality rates in the world at 789 deaths per 100,000 live births. Likewise, the contraceptive prevalence rate (CPR) is only 4.7%, with only 1.7% of women reporting using modern methods. The new nation also has high school dropout rates with 45.6% female dropouts, in 2015 12% of girls dropping out of school was due to pregnancy or marriage. Between March and August 2020, the rate of teenage pregnancy among school-age girls in Torit County was as high as 400 and more. This has been attributed to school closures and the Covid 19 lockdown, which disrupted access to ASRH services, including contraceptives. Young people also face information barriers to contraceptive use, such as: B. A lack of knowledge about the reproductive system, contraceptive options and costs. With efforts and innovations to address the above challenge, community-based distribution structures for ASRH merchandise, including contraceptives, were created by Boma Health Workers were established in Torit County in 2019 by the Impact Health Organization with support from the United Nations Population Fund (UNFPA). IHO is supporting 20 well-trained Boma health workers to raise awareness in the community about contraception and other sexual reproductive health services and short-term contraceptive distribution, including the Sayanna press. The Boma health workers are stationed in the community and go door to door.

The intervention has improved access and uptake of contraceptives among young people in the community by breaking the stigma associated with contraceptive use, providing information about the reproductive system and contraceptive use, and providing free contraceptives. This has given many young girls the opportunity to stay in school and those who are married to get pregnant at the right time. Between 2019 and 2021, this intervention reached over 5,000 adolescents between the ages of 18 and 35 with contraceptives. We have found that by introducing young people to services, they are more likely to take up services.

Just like many other young people in my community, I'm scared of accessing contraceptives from the main hospital because I'm scared of meeting big people I know. So having access to the contraceptives in the community in our own convenient and private place through community distribution really solved the problem of my anxiety, Mary Ihisa said

Mary Ihisa is one of the many youth who find it so beneficial to have access to community contraceptives through the intervention of the Boma Health Initiative.



Photo Teenage girls in Kudo payam receiving contraceptive information to (Photo by: Patricia - IHO Reproductive Officer)

## Success Story 6: Condom dispensers improve access to condoms in Juba Town.

IHO, with support from UNFPA, has installed 100 dispensers in the city of Juba, which have improved access to condoms. South Sudan has an overall mixed HIV epidemic, with adult HIV prevalence of 2.3% (2020) with higher infection rates among female sex workers (FSWs). ) (38% in Juba 2016, 6.7% and 13.6% respectively in Wau and Yambio in 2017).The number of people living with HIV in the country is estimated at 180,000 (16,000 children aged 0-14 and 100,000 women aged 15+), placing a significant strain on a fragile healthcare system.Unreliable evidence in South Sudan shows cases where many individuals most at risk of HIV infection are left in the shadow and marginalized by HIV-related human rights violations, mainly structural barriers and community-based stigma and discrimination (Stigma Index 2020). Key factors leading to high HIV prevalence rates include low condom use among the population, due to cost, social stigma, personal reluctance, prevailing moral norms and religious prohibitions, and low awareness, among others. In 2020, as part of the Condomize campaign to reduce high HIV infection rates in South Sudan, IHO installed 100 donors in various hot spots in Juba with the support of UNFPA. This included bars, nightclubs, hotels, etc. The main goal was to reduce the stigma attached to condoms and increase access to quality condoms when people need them and in places where they feel most comfortable having that access receive. The condom dispensers are refilled by the Condomize ambassadors as needed. In addition, IHO has developed a Google map that shows areas where dispensers are installed and this helps users to find the nearest condom dispenser where they can access the condoms. The intervention Improved access to quality condoms in the city of Juba by making them freely available in places where they are most needed. Over 500,000 male condoms have been retrieved from condom dispensers in the last 2 years. We have learned that providing free condoms in places where people can conveniently access them can be a good strategy to increase condom acceptance among the population, especially among young people.

*Buying condoms in the drugstores is not easy, especially when many people are looking at one, but the condom dispensers have really helped because they have been installed in safe and private places and hence, every time I need condoms, I just go to one of the dispensers and choose the amount you want, said a 28-year-old John Tombe from Tongping.*



**Photo: IHO re-fillings the condom dispenser in silicate. (Credit: Macharmatur, Condomize Ambassador)**

## Success Story 7: How use of contraceptives use restored a future a young mother's future in Torit County

Thirty-two percent of South Sudan's population is between the ages of 10 and 24 (2008 census). Adolescents and young people are at risk of early and unwanted pregnancy, unsafe abortion, high maternal and infant mortality rates, sexually transmitted infections (STIs) including HIV and AIDS, sexual exploitation and abuse, and substance abuse such as tobacco, alcohol and drugs. South Sudan had early school dropouts before the crisis, with 45.6% female early school leavers in 2015, with 12% of girls dropping out due to pregnancy or marriage. In Torit County, as in other parts of South Sudan, young people who become pregnant or become parents at a very young age face serious challenges and are unable to enjoy life like their peers because their lives are changing and will never be the same can do more.Their studies are interrupted as they prioritize the baby after birth, go through depression and some think it is the end of their lives. Some do very stupid things and may feel that having an abortion is the only way to avoid a complicated life, without considering that having an abortion can make their life even more complicated. They also suffer from negative feedback from friends, family and society, which can make them feel like failures in life. In response, Torit Hospital, with support from the Impact Health Organization through funding from UNFPA, provides integrated SRH services focused on family planning to reduce the number of teenage pregnancies, and additional IHO established 4 support groups for young mothers with the aim of restoring hope and make sure they have meaning in life.

Vicky Apule is a young mother to a beautiful daughter she fathered before completing her education. She is a member of the Hai Longute support group for young mothers, who joined family planning after receiving advice on child spacing during the group meeting. This kept her from having another pregnancy and gave her the opportunity to enroll and complete a six-month nutrition course.

*When I had my first child, I couldn't go to school because of child responsibilities and my parents were also dissatisfied with me because I promised them to finish my education at any cost. I was also afraid that I would have another pregnancy sooner, so I chose birth control to protect myself and allow me to continue with school (Said Apule).*



**Photo: Vicky with her fellow students at Torit nutrition school.**

This was made possible because she is in the support group for young mothers, where they receive information about ASRH and are encouraged to practice family planning during all their meetings. Apule has also taken an initiative to encourage other young mothers and young girls to refrain from sex or use contraceptives to ensure a good future. Vicky Apule is just one of 10 members of the support group for young mothers who have joined family planning to save her from another pregnancy and it has made her life better.



## **Success Story 8: IHO SAVES LIVE THROUGH STAMBLISATION CENTER SERVICES.**

**CASE: Achiro Jennifer, 2 years old, recovering from severe acute malnutrition with medical complications:**

The Impact Health Organization (IHO), with funding from UNICEF, provides life-saving nutritional treatments through integrated community-based management of severe acute malnutrition in children under five and a preventive maternal, infant and young child nutrition (MIYCN) package in Magwi County, Eastern Equatoria state. Although the county is currently classified as IPC Phase 2, the same IPC predicted that it will most likely fall into Phase 3 due to the expectation of high food prices, depletion of household food supplies and other factors, just like other counties in the eastern equatorials. Populations continue to face challenges related to healthcare, water and food insecurity, which affect nutritional status. In South Sudan, malnutrition is a leading cause of morbidity and mortality among children under the age of five

Auma Joska, mother of two-year-old Achiro Jennifer and a farmer, was devastated when her first-born child fell ill. She tells that in the last 3 months the condition of the child has deteriorated day by day before her eyes. The mother complained of persistent diarrhea, severe weakness, body swelling and weight loss. Achiro's life was saved after she was referred to the tamblization center by a community nutrition volunteer (Obale Benson), who identified her during his active house-to-house screening and community mobilization.

During her stay in the program, she received both nutritional treatment (F100 and F75) and medical treatment such as Resomal, intravenous antibiotic (ceftriaxone) and oral nystatin, which accelerated her recovery, and the stabilization center staff supported the mother through psychosocial support, education and advised them on the importance of recommended MIYCN practices and encouraged them to use proper care practices and distance between children. The child was discharged after a week recovered in good condition, which was immediately connected to OTP services.

The mother's joy was priceless when she was told her child had made a full recovery. I am forever grateful to IHO and UINCEF for the existence of such a service to help our children in Magwi County. I never thought my child would recover so quickly, Auma said.

Just like Achiro, thousands of children in Magwi County have been saved through this project and indeed, a smile from such a mother is what we all work tirelessly for. IHO, with support from UNICEF in South Sudan, has been fighting tirelessly to reduce acute malnutrition in Magwi County for the past two years. Mothers dream of seeing such children grow up healthy in all the milestones they go through.

Upon arrival at the stabilization center, Auma Joska (mother) hopelessly handed the referral slip to the SC Clinical Officer, who examined the baby and found that the child had edema grade +++ and hypothermia, all of which indicated severe acute malnutrition, which required an induction. During the interactions, she shared that the 2-year-old girl stopped breastfeeding at the age of 3 months after getting pregnant with another child, she also shared that she is a single mom who even made a meal for the baby day gets miracles.



**Jenifer on admission at IHO Stablisation centre at Magwi PHCC**



**Jenifer day 5 of admission at the SC**



**Jenifer at Obbo OTP site after discharge at SC.**

## Success Story 9: Food assistance restored the life of an abandoned HIV-positive man in Magwi county

The ongoing food insecurity among HIV/TB clients in Magwi County remains alarming due to their low productivity due to the side effects of the drugs, high morbidity, stigma and reliance on unsustainable sources of income, Abonga Patrick, 41, as do many HIV -People out there, he was a victim of chronic food insecurity, leaving him unable to support the family, leading to his being abandoned by his wife and 5 children

Out of frustration, he stopped using drugs for a year, which nearly cost him his life. He was saved through a referral from Margret, who had previously also benefited from the IFP program. Margret advised Abonga and endeavored to bring him to the ART department at Magwi PHCC where he was connected to the IFP (Inpatient Program) Nutritional Assistance Program and later to the IFP (Inpatient Program) Outpatient Family Ration. Advice was also given on various issues such as good nutritional practices, psychosocial support and food security. After a month in the program, Abonga improved significantly.

Abonga is one of thousands of people who have benefited from the IFP program not only with food aid but also with psychosocial benefits as most of them isolate themselves due to stigma stemming from poor drug compliance.



**Abonga Patrick looked very weak on the first day of admission to Magwi PHCC**



*My life is saved. Thank you IHO and thank you WFP. Said Abonga during one of the visits.*

## Success story 11: IHO WASH intervention improves sanitation at Pathou PHCC.

The testimony is from Panthou PHCC, the main healthcare facility in Aweil South, where all healthcare facilities refer their patients. The facility receives many patients from all parts of Aweil South County, ranging from 150 to 200 patients per day in both the patient department (IPD) and the outpatient department (OPD). The large number of cases only put pressure on the available sanitation facilities. Like other health facilities in Aweil South, Panthou had problems with the latrine facilities, there were three latrine facilities each with 3 positions, one of which was functional but in poor condition, not secured for women and girls, the only functioning latrine could not support users, an average number of l/p/d was 50 double the recommended 20 l/p/d according to the standard sphere. The above situation led to open stool within the facility, thus causing more cases of diarrheal diseases, making the staff uncomfortable working under such conditions, contributing to poor performance within the facility. The Impact Health Organization responded by rehabilitating all three latrines at Panthou PHCC, well segregated and safe for men and women at Panthou PHCC, as part of the Aweil South Emergency WASH Project, the activity targeted beneficiaries who have access to health services within of facilities had. The progress of the activity was monitored through interviews with the facility administrators and patients who had access to the latrines. Safe sanitation within the health facility and good hygiene practices are promoted, cases of open faeces have not been observed/observed anymore, which has led to a reduction in cases of diarrheal diseases, the staff feel comfortable and provide their services fully..



**Panthou PHCC Latrine rehabilitated by IHO**

# BECOME A DONOR OR PARTNER

When you donate to IHO or work with IHO, you can help improve the lives of women, children and youth. You can fund a variety of projects, both physical and financial. Our feeding center in Magwi will soon have a shaded area where mothers and children can wait. We want to renovate our youth centers in Torit and Torit and build an innovation and training center. We can help women, children and youth in South Sudan by donating vehicles, medical supplies and essential assets.

There are many ways to donate:

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Or write to the country director: Email: [jolem@ihosavinglives.org](mailto:jolem@ihosavinglives.org)





## **CONTACT US**

### **IHO SOUTH SUDAN**

**17th Street,  
Tumbura Road Kator Residential Area  
Juba South Suda**

Phone: +211928082382

Email: [info@ihosavinglives.org](mailto:info@ihosavinglives.org)

Facebook: [facebook.com/ihosavinglives](https://facebook.com/ihosavinglives)

Twitter: [twitter.com/ihosavinglives](https://twitter.com/ihosavinglives)

IG: [@ihosavinglives](https://www.instagram.com/ihosavinglives)

Youtube: [youtube.com/ihosavinglives](https://youtube.com/ihosavinglives)

Website: [www.ihosavinglives.org](http://www.ihosavinglives.org)