

SOUTH SUDAN

FACTS & FIGURES

JANUARY - JUNE 2018



REACHING RURAL COMMUNITIES WITH MEDICAL SERVICES

“Seventy percent of deaths in South Sudan are caused by curable diseases such as malaria, respiratory tract infections and diarrhea,” says Divin Barutwanayo, ICRC’s Deputy Health Coordinator in South Sudan. The country also has one of the highest maternal and child mortality rates in the world.

Decades of armed conflict that ended with the creation of the world’s youngest nation in 2011 and the conflict that erupted two years after independence, have significantly affected the development of the country. This includes national health care services that are presently supported heavily by international donors and organizations.

“Organizations supporting health services face difficulties in terms of access, security, and logistical challenges, to mention a few problems, aggravated by the armed conflict.” explains Barutwanayo. In 2016, 100 organizations were working in the health sector in the country, by mid-2018, no more than 40 are present.

Today, ICRC works in primary health care supporting 13 clinics in South Sudan – after

being forced to close three clinics in June as a consequence of armed clashes, leaving people in the surrounding area without medical services. With its Primary Health Care program, ICRC seeks to reach people who could die due to common and treatable diseases. The ICRC supplies medicines and equipment and renovates medical facilities where needed.

Training of health workers is also central to ICRC’s approach. This includes a nine-month training program for community health workers giving them the know-how to run a small health facility under the supervision of the County. This training ensures that the personnel are capable of carrying out diagnosis and treatment of basic diseases. The supported primary health care clinics serve as a catalyst for community health support with the goal of increasing the resilience



of local communities towards health and to influence health behavior. At the same time, the ICRC also trains midwives in an effort to reduce maternal and child mortality and provides them with delivery kits.

Referring patients from a primary health care clinic to a County hospital is challenging as access to secondary hospital services is a major problem. It is estimated that only 20% of people can reach a hospital within 24 hours. In emergency cases like an obstructed labor, a Caesarean section needs to be performed within three hours to avoid irrevocable harm to baby and mother. The problem of access is aggravated by poor quality roads which make travelling long and arduous.

The ICRC in South Sudan also supports four hospitals to provide emergency surgery for weapon wounded, offers mental health and psychosocial support, and provides nutritional supplement in 6 detention facilities. The ICRC also evacuates people wounded in armed violence by air from remote places to the hospitals it supports. In addition, three Physical Rehabilitation Program (PRP) Centers in Juba, Rumbek and Wau provide treatment and artificial limbs (upper and lower) to people with disabilities. Since January 2018, the ICRC performed 316 air medical evacuations. First aid training and pre-hospital care are also given in collaboration with the South Sudan Red Cross (SSRC).



TO HELP IMPROVE ACCESS TO HEALTH AND PROVISION OF SURGICAL CARE THE ICRC HAS:

Performed **1,735** surgical interventions;

Provided more than **75,482** outpatient consultations and treated **1,628** in-patients;

Evacuated **316** people wounded in armed confrontations;

Carried out renovation and extension work in **seven** health facilities.

Provided antenatal consultations for **6,110** women, safe deliveries for **1,211** women and vaccinated **21,171** women and children.

Assisted **1,745** people with disabilities with mobility devices and physiotherapy.

In South Sudan, clinics are often forced to close because of fighting, while others have been completely destroyed or looted. “Health facilities and personnel must be respected. Attacks on health care workers and destruction or looting of health structures leaves thousands of people without access to vital health services. Starting all over again every time a hospital is rendered inoperable takes resources that can be used to build more hospitals.” concludes Barutwanayo.

ONE DAY DELIVERING MEDICAL SERVICES



Mackenzie Knowles-Coursin/ICRC

To reach communities the team moves by road, boat and land. This time they visit Lul, 40 km from Malakal: 45 minutes by boat and a 15-minute walk.



Mackenzie Knowles-Coursin/ICRC

First, they check for critical patients and stabilize them. Next, the team leads a session on health education about one topic: malaria, diarrhea, awareness on sexual violence, etc.



Mackenzie Knowles-Coursin/ICRC

A community member, trained by ICRC works with an ICRC assistant, who also, helps with translation, registering patients and recording vital information: name, age, weight, temperature, etc.



Mackenzie Knowles-Coursin/ICRC

Once the patient is registered, a doctor or nurse performs the consultation. The nurse in the photo is also a midwife.



Mackenzie Knowles-Coursin/ICRC

Next, patients collect medicine from the pharmacy and go home. Meanwhile, others wait to be registered at a distance to ensure confidentiality of the patients.



Mackenzie Knowles-Coursin/ICRC

After an average of four hours in the community, the team returns to Malakal to prepare for the next day when they will go twice as far as Lul.

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TO RESPOND TO PEOPLE'S MOST URGENT NEEDS AND TO HELP THEM BUILD RESILIENCE, THE ICRC TOGETHER WITH THE SOUTH SUDAN RED CROSS (SSRC) HAVE:

Distributed over **29,700** monthly household food rations, equivalent to more than **3,750** metric tons of food, to over **223,000** people in need;



Provided essential household kits items to over **106,000** people;

Provided over **158,000** people with seeds and tools for farming, and some **130,000** people with fishing kits;

Vaccinated more than **90,600** heads of livestock against **four** diseases, treated another **19,500** benefitting over **17,400** people;



Implemented **seven** community based resilience projects (vegetable production, canoe building, dyke repairs) benefitting over **4,400** people;

Improved access to safe drinking water for some **273,966** people through the implementation of **21** new water points and **12** rehabilitation of water facilities and **64** hand pumps;



Maintained **two** emergency surface water treatment units benefitting more than **46,000** people in Juba and Aburoch.



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TO HELP IMPROVE CONDITIONS FOR DETAINEES THE ICRC HAS:

Visited close to **3,600** detainees throughout the country;

Improved living conditions as well as access to health care, and implemented preventive and curative measures against malnutrition for more than **2,100** detainees in **six** Central Prisons.



TO HELP RECONNECT FAMILY MEMBERS SEPARATED BY THE CONFLICT THE ICRC AND SSRC HAVE:

Facilitated **29,291** phone calls between family members separated by the conflict;

Helped exchange **3,040** Red Cross messages with family news;

Reunited **33** vulnerable persons, including children, with their families;

Facilitated the dignified recovery and burial of **49** human remains.



TO PROMOTE KNOWLEDGE AND RESPECT FOR INTERNATIONAL HUMANITARIAN LAW (IHL) AND THE INTERNATIONAL HUMAN RIGHTS LAW (IHRL) THE ICRC HAS:

Trained over **1,500** military on IHL and nearly **1,500** police personnel on IHRL;

Raised awareness among almost **900** weapon bearers and health staff on safe access to health care, over **3,400** beneficiaries and community members had access to life-saving, useful and actionable information about the ICRC and its humanitarian services.



PARTNERSHIP AND CAPACITY BUILDING OF THE SSRC:

Enhanced capacity of the SSRC by re-establishing two of the **47** Emergency Action Teams at the Branch level and reinforced **51** team members in another **five** teams.



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