

South Sudan



International Medical Corps began working in the conflict-ridden region of southern Sudan in 1994, years before a 2011 national referendum led to Sudan's southern-most states becoming the independent country of South Sudan.

Today, amid ongoing violence, we work with the government of South Sudan to strengthen local healthcare capacity in five of the country's 10 states,

where we help deliver health services to nearly 1.3 million South Sudanese. Through 27 health facilities in urban and rural areas, we provide emergency preparedness, intervention and response assistance, as well as basic healthcare and integrated services that range from preventative care to emergency surgery. We run programs that provide nutrition services, battle gender-based violence, support mental health and offer training programs that include our highly successful nursing and midwifery schools, which have graduated a majority of the midwives working in South Sudan today.

Following decades of war, in 2011 South Sudan became independent. It remains the world's youngest country.

Armed conflict broke out again in December 2013, claiming tens of thousands of lives before a fragile peace agreement took hold in the summer of 2015. In February 2020, a coalition government was created to end the violence and address South Sudan's immense poverty, massive displacement, chronic food and nutrition insecurity, and ongoing human rights violations. Progress on these issues has been painfully slow. As a result, independence has left the people of South Sudan facing deteriorating humanitarian conditions in an environment poisoned by endemic violence, constraints on mobility and an array of public health challenges that now also include direct and indirect effects of COVID-19. Climate-related shocks include major flooding and localized drought, which impact people's livelihoods, hamper access to education, health services, and water, sanitation and hygiene.

Protection concerns remain high, as people affected by violence have only limited access to justice and the rule of law. In 2022, the humanitarian community in South Sudan estimated that more than two-thirds of South Sudan's population of 12.3 million people are in need of humanitarian assistance—an increase of 600,000 in just one year.



HEALTH & DEVELOPMENT SUPPORT

International Medical Corps provides basic primary healthcare across Central Equatoria, Jonglei, Upper Nile and Western Bahr el Ghazal states. In displacement camps in Juba, Wau and Malakal, and in 20 static health clinics in Jonglei and Upper Nile states, we run comprehensive health facilities that offer higher-level care, including surgery. Our primary health services in South Sudan include:

- ▶ outpatient consultations for common communicable and noncommunicable diseases;
- ▶ maternal and child health, including antenatal and postnatal care, family planning, immunization and emergency obstetric care;
- ▶ specialized services for high-risk pregnancies and mental health needs; and
- ▶ sexual and reproductive health services, including disease prevention and treatment, clinical management of rape and integrated case management for HIV/AIDS.

WHERE WE WORK



COVID-19 PREVENTION & RESPONSE

International Medical Corps is at the forefront of COVID-19 prevention and response in South Sudan, providing medical expertise, equipment, training, triage, surveillance, risk communication and treatment—including health, nutrition and psychosocial services—in both urban and rural camp settings. We co-lead COVID-19 case management, infection prevention and control (IPC), and the Safe and Dignified Burial Working Group. Together with the national Ministry of Health and the World Health Organization, we co-manage the only COVID-19 facility in Juba: the Dr. John Garang Infectious Diseases Unit (IDU). There we provide isolation and supportive care to moderate, severe and critically ill patients and other services.

As part of our COVID-19 response in South Sudan, we have:

- ▶ provided home- and facility-based care to patients with suspected and confirmed COVID-19 cases;
- ▶ established triage systems at the Juba, Malakal and Wau displacement camps to pre-sort patients symptomatically and reduce transmission in the wards; and
- ▶ provided healthcare staff with on-the-job training and supportive supervision on COVID-19 case management, prevention and response.



NUTRITION

According to UNOCHA's March 2022 "Acute Food Security and Acute Malnutrition Analysis" 6.8 million people—more than half of South Sudan's population—is now classified as food-insecure. As agro-pastoralists, the population experiences a hunger gap during the dry season, which especially affects women and children. To treat malnutrition, we operate a stabilization center in Juba, 23 outpatient therapeutic programs, and targeted supplementary feeding program centers in Malakal, Nyal and Pigi. We use them to combine a community-based model for the management of acute malnutrition with a maternal, infant and young-child feeding approach as curative and preventive measures. This combination includes only minimal inpatient care for severely malnourished children with complications, to reduce their exposure to other diseases, combined with outpatient care to decrease their recovery time.



5
program sites



643,225
people reached in 2021



641
national staff employed



BUILDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Depression, post-traumatic stress disorder, anxiety disorders and substance abuse are growing issues in South Sudan. This is especially true in areas of conflict. Though the country's health system as a whole is inadequate, mental health services remain practically non-existent. There are only two trained practicing psychiatrists and just one neuropsychiatrist in the entire country.

As a key provider of MHPSS services in South Sudan, International Medical Corps delivers pharmacological and psychosocial support services to patients in three conflict-affected states: Central Equatoria, Upper Nile and Western Bahr el Ghazal. In 2021, we provided MHPSS consultations to 2,696 people, of whom 230 were new patients.

We co-chair the MHPSS Technical Working Group, contribute to national policy development and work to build the capacity of those working in the MHPSS field to accommodate the growing demand for mental health services in the country.

MATERNAL & CHILD HEALTH

South Sudan has one of the highest maternal mortality rates in the world, with one in every 50 live births resulting in the death of the mother. With the country's high fertility rate, this means that each mother has a one-in-seven chance of dying during childbirth in her lifetime. One-quarter of all South Sudanese children die from common, often preventable, childhood illnesses, before they reach their fifth birthday. In an effort to improve the health of women and children, we have built health facilities with services that include:

- ▶ antenatal and postnatal care;
- ▶ assisted deliveries;
- ▶ family planning (stressing proper birth spacing); and
- ▶ emergency obstetric care.

BUILDING SUSTAINABLE LOCAL HEALTH CAPACITY

South Sudan has fewer than 200 doctors to serve its population of more than 12 million. To increase access to care, we have worked for more than a decade in South Sudan to build the capacity of the country's healthcare system through training programs that target health professionals and key community residents.

Our focus in this effort includes midwifery training for students at the National Training Institute at Kajo Keji, the National Midwifery School in Wau and the Juba College of Nursing and Midwifery, and computer and data-collection training for staff working on health management information systems.



In 2011, when South Sudan declared independence, there were just eight midwives registered in the country's healthcare system. Since 2012, International Medical Corps' three training schools have graduated 159 nurses and 472 midwives. Most of the nurses and midwives working in South Sudan today are graduates of our schools' program.



GENDER-BASED VIOLENCE (GBV)

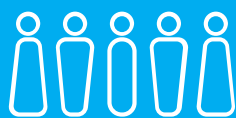
Violence against women and girls is an endemic problem in South Sudan, exacerbated by ongoing conflict and chronic displacement. Because of this, we put GBV prevention and response at the core of our lifesaving interventions. Our programs are tailored to support and empower women and girls, who are most affected by abuse and violence, and who face particular risks during and after armed conflict and natural disaster.

Our priority is to strengthen the core services we provide to survivors of GBV and other vulnerable women and girls in

Jonglei, Unity, Upper Nile and Western Bahr el Ghazal, states. These services include quality case management centered on the survivor, along with counseling and psychosocial support to enhance healing and recovery.

In addition, we run women- and girl-friendly spaces in displacement camps and communities. In these spaces, women and girls can socialize, make handicrafts and receive psychosocial support to empower them. We also offer economic empowerment and livelihood activities to vulnerable women.

TOTAL BENEFICIARIES REACHED WITH GBV INTERVENTIONS IN 2021



141,232 Females

58,621 Males

PARTNERSHIPS

International Medical Corps works in close collaboration with relevant national and international NGOs, community groups, donor agencies and host-country governments, cultivating strong relationships with them to maximize the impact of our programs. We also help strengthen local partner organizations to ensure the sustainability of interventions. We have been a lead or co-lead agency in various technical working groups in the country and proven our ability to work strategically and in collaboration with diverse stakeholders.



www.InternationalMedicalCorps.org

A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance and become effective first responders themselves.

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