South Sudan occupies the 187th position over 189 for Human Development Index due to over five years of internal conflict and its impact on socio-economic conditions. In 2020, it is estimated 7.5 million people will be in need of humanitarian assistance. Since the beginning of the civil war, in 2013, more than 4 million people have left their home, moving to neighbouring countries or within the national borders, as internally displaced persons.

**EX LAKES STATE**
3 Hospitals (Rumbek, Yirol, Cuibet) and 93 Primary Health Care Facilities, out of which 49 including nutrition program. In 2018, 376,432 outpatients' consultations to U5 children and 16,005 attended deliveries.

**EX WESTERN EQUATORIA STATE**
2 Hospitals (Lui and Maridi) and 42 Primary Health Care Facilities, 1 Health Science Institute. In 2018, 80,976 outpatients’ consultations to U5 children and 2,910 attended deliveries.

**EX UNITY STATE**
4 Aid Posts and 1 Mobile Team, 1 PHC Centre based Operation Theatre. In 2018, 25,802 outpatients' consultations.
OUR STRATEGY

Health System Strengthening and Continuity of Care inform CUAMM’s approach which is articulated on the three health system levels: community, primary health care (PHC) facilities, hospitals, connected by a free of charge ambulance referral system. This scheme aims to ensure availability and accessibility to quality healthcare. CUAMM provides local health authorities’ technical assistance and health personnel capacity building, promoting local ownership. CUAMM supports 12 County Health Departments and 1 Health Science Institute for midwifery training.

Constant field presence enables CUAMM both to timely respond to emergencies maintaining a long-term development perspective. CUAMM is on the frontline with: semi mobile health services for IDP’s needs; massive immunization campaigns during measles outbreaks; Hospital-based Cholera Treatment Centre; screening for EVD cases\(^1\) at the South Sudan-DRC border.

\(^1\) As part of South Sudan Ebola preparedness, prevention and response plan.

COMMUNITY

Intervening at community level is crucial to create demand for assistance, through health information and education, bringing health services closer to beneficiaries. Community-based health services constitute the mobile component of the health services delivery strategy, that allows a certain flexibility and prompt adaptation to any change in the population distribution pattern. These services are organized by the health facilities, as outreachs for immunization and emergency mobile clinics, or offered by village-based health and nutrition volunteers. Moreover, communities are involved in planning adequate services and monitoring them. Village Health Committees link each PHC facility and its catchment population and they promote health education.

- 880 village-based health volunteers for iCCM of Malaria, Diarrhea and Pneumonia and health care promotion
- 380 village-based nutrition volunteers for education, screening, nutrition program follow up
- 270 vaccination outreachs per week
- 93 village health committees

PRIMARY HEALTH CARE FACILITIES

Primary Health Care facilities are sustained in terms of staff, equipment, supplies and infrastructures to ensure at best preventive care and basic curative functions, namely ante and post-natal assistance, routine immunization, growth monitoring, uncomplicated deliveries attendance, outpatients’ consultations. Health centres are enabled to deal with the most common obstetric and paediatric emergencies. All sites are linked to hospitals through free of charge ambulance service. Nutrition program for both moderate and severe acute malnutrition is integrated in 40% of supported facilities.

In 2020, CUAMM covers 135 PHC facilities, out of which 27 health centres and 108 health units. 49 of them provide acute malnutrition program. In 2018:

- 372,819 U5 children outpatients
- 37,211 first ante natal care visits
- 31,077 children completing the routine immunization cycle within the 1st year of age
- 13,518 attended deliveries

HOSPITALS

Hospitals represent one of the main gaps in South Sudan health system: institutional donors are used to prioritize the PHC and, given the fragile context, they hesitate on long term investments. Consequently, South Sudan is missing specialized and emergency services. However, hospitals are crucial to respond to clinical and surgical emergencies and compensate the weaknesses of the HC. Hospitals are the core of the health system, for protocols implementation, health staff training, and epidemiological trend observation. Therefore, CUAMM is supporting the referral hospitals in its areas of intervention. It aims to provide both preventive and curative services, elective and emergency surgery, maternal and neonatal care and treatment for malnutrition.

In 2020, 5 Hospitals covered.

- 231,748 outpatients
- 35,714 admissions
- 15,284 first ante natal visits
- 5,397 attended deliveries
- 780 MDOC treated
Founded in 1950, Doctors with Africa CUAMM is an international NGO working for health system strengthening in sub-Saharan Africa with the aim to protect and improve the well-being and health of vulnerable communities.

Working with international and local partner teams, CUAMM provides medical aid and expertise in 8 African countries: Angola, Central African Republic, Ethiopia, Mozambique, Sierra Leone, South Sudan, Tanzania, Uganda.

CUAMM also carries out capacity-building activities and conducts and disseminates scientific research with the end goal of ensuring that the fundamental human right to health can be enjoyed by everyone everywhere.

CUAMM PRIORITY AREAS ARE:

- REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH
- NUTRITION
- INFECTIOUS DISEASES
- NONCOMMUNICABLE DISEASES AND TRAUMAS

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