



Increasing Access to Emergency Obstetric Care and Long-Term / Permanent Family Planning Methods in Emergencies:

Kiryandongo Refugee Settlement Camp, Uganda

Dr. Abdelhadi Eltahir, Sr. Health Coordinator, IRC

On behalf of IRC Uganda RH Team:

Dr. Catherine Odenyo Ndekera, Michael Adengo, & Gerald Okello

**IAWG Fifteenth Annual Conference, February 25 -27th , 2015
Kempinski Hotel, Dead Sea, Jordan**

Background

- In 2013, violence erupted in Juba, South Sudan and spread to other regions of the country
- Over 2 million people were displaced in less than a year
- Over 135,000 of the displaced people found their way to Uganda for safety
- Currently 35,000 South Sudanese refugees in Kiryandongo settlement in mid western Uganda



Credit: UNHCR

IRC's Response

April 2014
RH Rapid Needs Assessment

May 2014
Emergency RH response
launched

Objective:
Implement the MISP by
strengthening the capacity of
three health facilities
supporting Kiryandongo
settlement and the referral
hospital

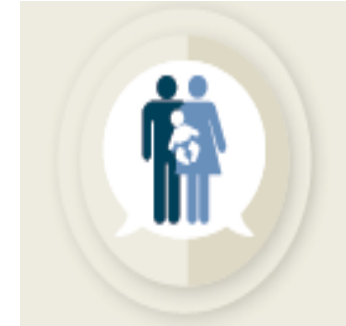
Refurbished health facilities
with furniture, equipment and
RH commodities

Methods



Improve Access to Safe Delivery Services

- Established labor room at each health facility
- Established referral pathway to hospital for complicated deliveries in partnership with UNHCR
- Recruited midwives to fill staffing gaps
- Conducted EMOC trainings for health providers from health facility as well as referral hospital



Strengthen FP services

- Conducted competency-based FP counseling and service trainings for health providers
- Collaborated with MSI → enabled women to schedule implant and tubal ligation procedures at IRC health facility on a monthly basis
- Trainings for midwives on IUD insertion and removals

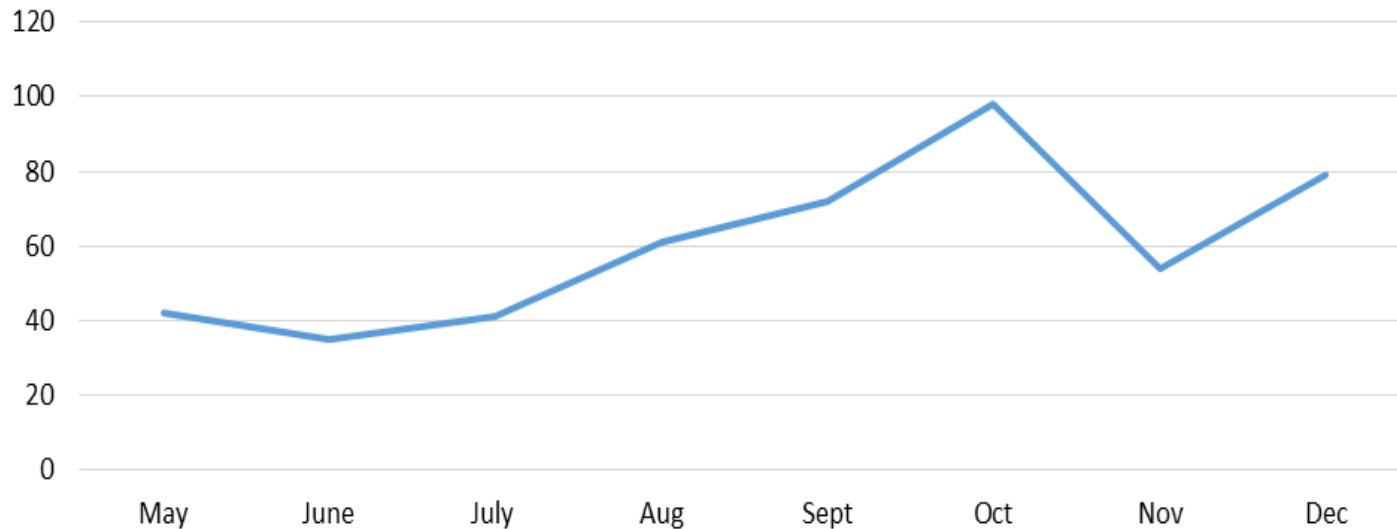
Stimulating Demand and Awareness

- Identified 40 refugees to become Village Health Team (VHT) members
- VHT's trained in community outreach
- Conducted RH education sessions
- Mapped pregnant women
- Referred women to ANC, PNC, FP and delivery services at facilities



Results: Increased Access to EMOC

Number of deliveries at IRC-supported facilities
Kiryandango Settlement, Uganda
May - December 2014

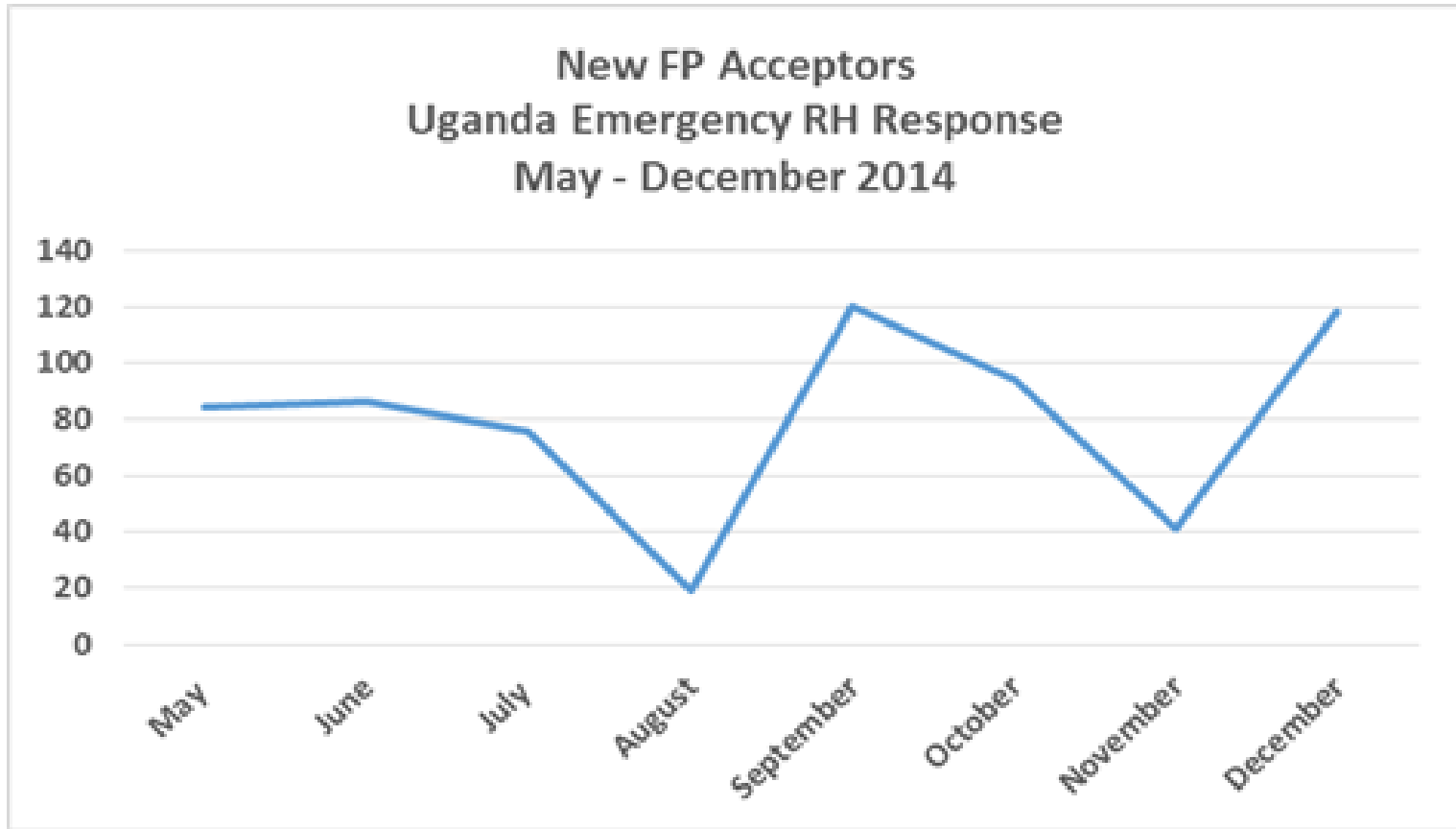


+

91 referrals to hospital for delivery complications

35 PAC clients treated

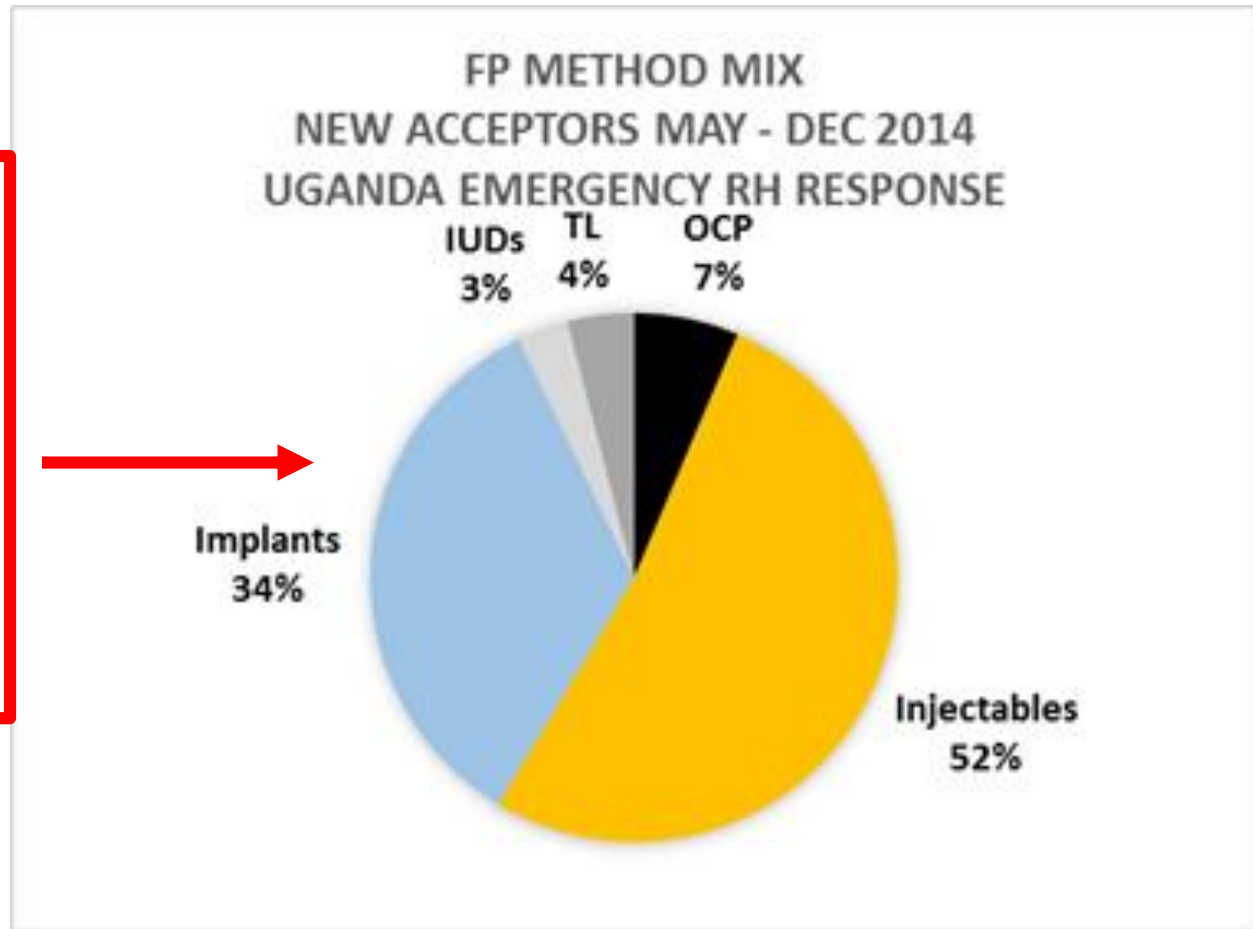
Results: Uptake of FP



638 New FP Acceptors in 8 months

Results

41% of new FP acceptors adopted a long-term or permanent FP method



Challenges

- Stock-out of OCP and implants in August
 - Strategy: supplies reordered and worked with staff to strengthen forecasting

- Low levels of staff competency in LTPM and EMOC
 - Strategy: trainings; on-the-job mentoring & supervision; and partnership with MSI

Conclusions

- Build it and they will come → initial investment in FP commodities, staff and infrastructure is needed to jump-start program
- Community outreach will stimulate demand and dispel common misbeliefs about FP methods and skilled delivery services
- MoH support and buy-in is key → helped facilitate trainings and scale-up
- Partnerships can fill in the gaps
 - EMOG → UNHCR and local hospital
 - FP → MSI





RH Kits for MISP Implementations



Thank You!

