

# Mother and Child Health and Educational Programs in Regions After Civil War or Genocide-experiences with Maternity Projects in Mozambique, Burundi and South Sudan

P. Allegria (Pedro Allegria)<sup>1</sup>, M. Kuniakova (Michaela Kuniakova)<sup>1</sup>, M. Bartkovjak (Mario Bartkovjak)<sup>1,2</sup>, S. Seckova (Silvia Seckova)<sup>2</sup>, B. Silharova (Barbara Silharova)<sup>1,4</sup>, A. Mamova (Alexandra Mamova)<sup>1,2,4</sup>, M. Mikloskova (Monika Mikloskova)<sup>1</sup>, G. Benca (George Benca)<sup>1</sup>, I. Trilisinskaya (Ioanna Trilisinskaya)<sup>1</sup>, E. Smrekova (Eva Smrekova)<sup>1,3</sup>, C. Mulama (Catherine Mulama)<sup>2</sup>, M. Komlosi (Maria Komlosi)<sup>2,3</sup>

## Original Article

<sup>1</sup> SEU Tropical Health Program, St. John Paul II School of Missiology, Slovak Tropical Inst Maternity Ward, Beira, Mozambique.

<sup>2</sup> Gordim Maternity Ward St. Francis Hospital Gordim and South Pokot Maternity Ward, Naivasha Hosp Sisters of Mercy, Kenya Naivasha and Gordim, South Sudan.

<sup>3</sup> St. Carmel Hospital Buraniro Republic of Burundi.

<sup>4</sup> HAI Associates and St. Elizabeth Tropical Program St. John Paul Hospital, Buikwe, Uganda.

### E-mail address:

tropicteam@gmail.com

### Reprint address:

Pedro Allegria  
SEU Maternity and Public Health Program  
Beira  
Mozambique

Source: *Clinical Social Work and Health Intervention*  
Pages: 22 – 24

Volume: 11  
Cited references: 9

Issue: 1

### Reviewers:

Claus Muss,  
IGAP Zurich, Switzerland  
Andrea Shahum,  
UNC Health Campus, NC Chapel Hill, USA

### Keywords:

Educational Programs. Regions after Civil War. Maternity Projects.

### Publisher:

International Society of Applied Preventive Medicine i-gap

## Abstract:

Maternity programs in Sub-Saharan Africa are goal directed strategies to decrease neonatal and maternal mortality and improve mother and child health in early childhood to decrease under 5 mortality. Here we present an overview of programs focused on maternal and child health in countries after civil war or genocide where impact on mother and child was most tragic and visible. Mother and child projects in Mozambique, South Sudan and Burundi, affected by 30 year of civil unrest and/or genocide are presented.

## Introduction

Women and children are the most vulnerable population to war or armed unrests (e.g. civil or tribal war and/or genocide). They are not only afflicted with post-traumatic stress syndrome but also, due to the lack of vaccination; medication supplies; weak healthcare infrastructure; disrupted transport; insecurity; healthcare may not function at all. Therefore, mortality in children under 5, neonatal as well as maternal mortality, may increase and lack of vaccination also may catastrophically affect succeeding generations. Therefore countries with long lasting civil war (e.g. Angola, DR Congo, Mozambique), or genocide (South Sudan, Burundi, Rwanda) may benefit from maternity programs (1-3) focused on major UN Millennium and currently New Century goals-to decrease neonatal and maternal mortality as well as combat 3 major killers in children under 5 – TB, HIV and malaria. (4-9)

## Overview of programs focused on maternal and child health

### 1. South Sudan

The oldest St. Elizabeth University Tropical Program had started in 1999 in South Sudan during the civil war. It has celebrated 20 years in the Mapurdit Hospital, extended in 2009 to Gordim, supported by Slovak Aid Grant where a new maternity ward was built and is operating.

### 2. Burundi

Buraniro and Gasura Hospitals are served by humanitarian staff from SK or UA including a doctor. Since 2010, part of acute care (cesarean sections) also includes preventive anti-anemia and anti-HIV programs operated by local staff.

### 3. Uganda

Since 2015, in Buikwe, preventive MTCTP anti-HIV programs and a new program for anti-parasitic preventive therapy against anemia and malnutrition are onsite and are reported separately.

### 4. Mozambique

The newest program is focused to MTCTP, pregnancy consultations and dehelminthization (deworming) strategies, started in 2019 in a rural area of Beira province, heavily affected by 30 years of civil war.

## Conclusions

Major killers affecting maternal and neonatal mortality are perinatal pathology, and delivery complications including bleeding, eclampsia, sepsis, followed by 3 major subacute and chronic killers - Malaria, HIV and TB. Another important goal has to be included in preventive strategies in maternal and child health-prevention and end of anemia a multifactorial devastating disease in tropical areas of Sub-Saharan Africa. Those long term strategies are all operated by the above mentioned projects and include intermittent preventive programs for malaria and screening for HIV and TB in a joint program, and finally dehelminthization of children for containment of chronic anemia associated with educational malfunction and socio-psychological late consequences for the whole civil society.

## References:

1. KIMULI D, KOMLOSI M, SABO I, BAUER F, KARVAJ M, OTRUBOVA J, JANCOVIC M, JANKECHOVA M, PAUEROVA K, POLONOVA K, MATEICKA F, BARTKOVJAK M, MIKOLASOVA G, SMREKOVA E, BENCA J, DURCOVA B, DORKO D, BEDNARIKOVA M, SCHIFFERDECKEROVA

- M, BARKASI D, OKOTH V, MULERA M (2019) *Highlands malaria among internally displaced refugees in mountain areas of Kenya, Rwanda and Burundi*. *Lek Obz (Med Horizon)* 68. 2019, 5-6, 149-150.
2. TOMANEK P, HARDY M, POLONOVA J, MIKLOSKOVA M, MIKOLASOVA G, BUCKO L, MRAZOVA M, KARVAJ M, JOBOVA M, VALLOVA J, HULKOVA V, BOZIK J, SLOVAK J, VLCEK R, BENCA J, SKOPOVA M, JANKECHOVA M, SHAHUM A (2017) *St Louise Hospital for Marginalized and Homeless population*. *Clin Soc Work & Health Intervention*, 8, 2017, 1.13.
  3. PROCHAZKOVA K, GREY E, MIKOLASOVA G, LIBOVA L, HUPKOVA I, PAUEROVA K, HOCHMAN R, JANCOVIC M, HOFBAUEROVA B, SRAMKOVA M, STANEKOVA P, BARTKOVJAK M, MURGOVA A, KATUNSKA M, TOMANEK P, MIKLOSKOVA M, MIKLOSKO J, VLCEK R, PALENIKOVA M, DRGOVA J, KOZON V, KONOSOVA H, HRINDOVA T, OTRUBOVA J (2019) *Analysis of 9,896 Homeless Patients*. *Clin Soc. Work & Health Intervention* 10.2019, 4.
  4. HAJ ALI P, PUTEKOVA S, KABATOVA J, MARTIKOVA J, ZOLLEROVA K, BUCKO L, RADKOVA L, VLCEK R, GREY E, OLAH M, DURICOVA Z, SVITEK R, SIMONEK T, OTRUBOVA J, BIBZA M, KOLIBAB M, MAMOVA A, PALENIKOVA M, MURGOVA A, TKACOVA L, KALATOVA D, JANKECHOVA M, BYDZOVSKY J, KHALIL I, MICHALIKOVA L, MRAZOVA M, LISKOVA A, HERDICS G, CARNECKY M, KHALED I (2016) *Are Migrants From Middle East Carriers of Resistant Bacteria*. *Clin Soc Work & Health Intervention* 7. 2016. 3,9-14.
  5. KOVAC R, MIKLOSKOVA M, PROCHAZKOVA C, KOZON V *et al.*, (2012) *Int J Prenatal Perinatal Psychol & Med*. 2012, 2.24.
  6. KOZON V, ZACHAROVA E (2016) *Stress as a risk factor in nurses*. *Clin Soc Work & Health Intervention* 7. 2016. 2. 105
  7. HARDY M, BARTKOVJAK M, BERESOVA A, KNOSKOVA E, RADKOVA L, OTRUBOVA J, RABAROVA L, TOPOLSKA A, POLONOVA J, KALATOVA D, MIKOLASOVA G, PROCHAZKOVA K., STANKOVA P, MRAZOVA M, VALACH M, OLAH M, JACKULIKOVA M, DRGOVA J, PALENIKOVA M, BARKASI D, OTRUBOVA J, HOFBAUEROVA B, SCHIFFERDECKEROVA M, HATAPKOVA Z, KOVAC R (2019) *Is the homeless shelter population a public Health Threat?* *Lek Obz (Med Horizon)* 68, 2019, 4, 151-152.
  8. SHAHUM A, SLADECKOVA V, BENCA J, DUDOVA Z, MIKLOSKOVA M, BIELOVA M (2017) *Respiratory Isolates from the Orphanage in Phnompenh*. *Clin Soc Work & Health Intervention*, 8. 2017, 1, 17.
  9. HERDICS G, PROCHAZKOVA K, MIKOLASOVA G, MIKLOSKOVA M, OLAH M, KARVAJ M, OTRUBOVA J, BUCKO L, RADKOVA L, TOMANEK P (2017) *A daily low threshold shelter for the homeless population*, *Clin Soc Wrok health Intervention*, 8. 2017, 1, 11-13.