**UNICEF and Partner Results**

### Primary Health Care

**Malaria response:** In 2015, UNICEF provided over 500,000 doses of antimalarial drugs; 454,170 malaria rapid diagnostic tests; and 575,000 long-lasting insecticide-treated nets (LLITNs) across the country. These activities, along with the start of the dry season, contributed to the decline of malaria incidence to pre-epidemic transmission levels in Malakal PoC, Northern Bahr el Ghazal, Western Bahr el Ghazal and Warrap States; incidence has also lowered in Bentiu PoC, though it remains above epidemic levels.

**Primary health care consultations:** In 2015, UNICEF and partners provided primary health care consultations to over 813,708 individuals. Consultations are provided by UNICEF implementing partners in Bentiu, Bor, Juba and Malakal PoCs; Mingkaman IDP site; and in Torit and Wau. UNICEF has supported these partners through operational costs and technical assistance, as well as the provision of health supplies.

**Cholera Response:** From May to November, a cholera outbreak in Juba and Bor saw 1,818 cholera cases including 47 deaths. UNICEF supported the response with the provision of diarrhoeal disease kits, training of 190 health care providers and establishment of 42 oral rehydration points (ORPs). ORPs offer immediate community-based treatment and outreach alongside hygiene promotion and distribution of WASH supplies to contain the spread of the disease.

**Maternal Health and Prevention of Mother-to-Child Transmission of HIV (MNH/PMTCT):** In 2015, 46,781 pregnant women were provided with Antenatal Care (ANC) services by UNICEF and partners. 4,829 deliveries were attended by skilled birth attendants. In terms of PMTCT, 18,762 pregnant women were counselled and tested for HIV; 198 (1 per cent) tested positive of whom 71 per cent were enrolled on anti-retroviral treatment. 150 infants born to HIV positive mothers received cotrimoxazole for the first 6 weeks after birth.

### Immunization

**Polio Vaccination Campaigns:** The third round of 2015 National Immunization Days in November in seven states vaccinated 2,436,445 children under 5 against polio, while the December round covered the seven states and five counties in Upper Nile, reaching 2,410,069 children. In response to the three confirmed cases of vaccine-derived polio, on-going Sub National Immunization Days targeting 1,344,734 children under 5 in five states (Greater Upper Nile, Lakes and Warrap) have reached 939,383 children.

During the polio campaigns, communication activities to improve demand for immunization services include orientation of religious and community leaders; meetings in schools and on playgrounds; announcements at churches and mosques; display of posters and other materials; and house to house mobilization by social mobilizers. For NIDs, caregiver awareness prior to the campaign reached 92 per cent with 0.1 per cent refusals.

**Measles vaccination:** A total of 480 measles cases were reported during five outbreaks in 2015. Measles vaccination reached 324,253 children under 15, including through the Rapid Response Mechanism in conflict-affected states.

**Maternal and Neonatal Tetanus Elimination (MNTE):** 524,865 women of childbearing age were vaccinated in Lakes, Northern Bahr el Ghazal and Western Bahr el Ghazal in 2015. The current coverage country wide is for the first round is 87.8 per cent; 74.4 per cent for the second round; and 28.8 per cent for the third round. The third round for Northern Bahr el Ghazal, Western Bahr el Ghazal, Lakes states and Greater Upper Nile is planned for 2016.

**Cold Chain:** In 2015, 97 solar fridges, 45 freezers, 39 electric refrigerators, 5 generators were distributed across the country including in accessible locations in Greater Upper Nile to re-establish the cold chain which was destroyed by fighting in 2014.
The Situation of Children

Even before December 2013, more than one child in ten died before their fifth birthday, and almost one in a hundred pregnancies ended in the mother’s death. While 75 per cent of children received a third dose of Pentavalent 3 vaccine during 2015 in the seven stable states, only 13 per cent received it in Jonglei, Unity and Upper Nile. This low coverage decreased the national coverage of Pentavalent 3 from 57 per cent in 2014 to 52 per cent in 2015.

In 2015, over two million malaria cases were treated across the country. During the first week of 2016, malaria continued to be the leading cause of morbidity for IDPs, accounting for 60 per cent of consultations with 16,730 cases reported (over 80 per cent children under 5) in Bentiu, Bor, Juba and Malakal PoCs and Mingkaman IDP site, as well as in surrounding host communities.

South Sudan has a high disease burden, including malaria, measles, cholera, kala-azar, acute watery diarrhoea and acute respiratory infections. In 2015, there were 1,818 cholera cases in Juba, Kajo Keji and Bor in 2015 including 47 deaths. Twenty-four per cent of deaths were children under 5. There were 500 suspected measles cases reported in 2015 along with 3,695 cases of kala-azar, including 102 deaths.

One new case of Vaccine Derived Polio Virus (VDPV) was confirmed on 11 June 2015, increasing the VDPV cases to three since October 2014. Vaccine-derived polio occurs in very rare cases in populations which are not fully immunized. This highlights the challenges in achieving high routine vaccination coverage in Greater Upper Nile and underscores the need to implement rapid outbreak response measures.

Family health care practices and health seeking behaviours are poor, as reflected by late consultations, low uptake of immunization services, high home deliveries and poor hygiene practices. The majority of children die from preventable diseases. Social mobilization activities with comprehensive messaging are being scaled up to improve community knowledge and demand for health services.

Prior to the crisis, the total staffing of the health sector stood at ten per cent of the actual need. About 80 per cent of health services are provided by NGOs with only 20 per cent by government. Many of these NGOs were forced to evacuate due to insecurity and trained health staff were displaced. Health care services are still being re-started in the worst-affected areas. The deployment of staff through the Rapid Response Mechanism is helping to address gaps of service provision.

Over 184 health facilities have been destroyed, looted or are non-functional in the three most affected states, including cold chain facilities. Staff are hesitant to report back to duty for security reasons, and the uncertainty of the situation is slowing the repair or reconstruction of damaged facilities. Cold chain equipment replacement has however, already commenced. Meanwhile, fast cold chain using cold boxes, vaccine carriers and ice-packs has been used to implement vaccination services where there is limited cold chain capacity.

On-going challenges include very poor road networks, which necessitate the use of charter flights to transport supplies to some locations. With the dry season comes the opening of transport routes, but also increased likelihood of conflict, constraining the pre-positioning of supplies.

The Situation in Numbers

<table>
<thead>
<tr>
<th>1/10</th>
<th>1/100</th>
<th>75%</th>
<th>52%</th>
<th>75%</th>
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<tr>
<td>Child die before their fifth birthday</td>
<td>Pregnancies end in the mother’s death</td>
<td>Health Centres in three affected states closed or destroyed</td>
<td>Overall national pentavalent 3 coverage</td>
<td>Malaria cases have been treated across the country in 2015</td>
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Priorities in 2016

In 2016, UNICEF will embark more on strengthening community health care systems using the Boma Initiative strategy. This will include the scaling up and enhancement of integrated community case management for both child and maternal health, with key activities including the following:

• Prevention and treatment of common childhood illness and strengthening referral systems from the community to the health facilities in selected counties.
• Strengthening focused antenatal care and post-natal care at community level.
• Scaling up of PMTCT services with more focus on early infant diagnosis through the mother-to-mother support groups.

Key Flagship 2016: Expanded Programme of Immunization

UNICEF in collaboration with MoH and WHO will undertake a strategic shift from expensive, unsustainable vaccination campaign modalities to strengthening routine immunization services. Existing coordination mechanisms will be strengthened to push the agenda of routine immunization at all levels. UNICEF will work to increase demand for immunization by scaling up communication and social mobilization activities, will improving the cold chain system through the procurement, installation, maintenance and repair of cold chain equipment.

However, vaccination campaigns still need to be conducted until routine immunization coverage reached is sufficient to prevent outbreaks. Supplementary immunization activities planned for 2016 include Meningitis, polio, measles and tetanus toxoid campaigns.