The already fragile health system in South Sudan has been worsened by the current crisis which resulted in the destruction of 57 per cent of health facilities in conflict-affected areas. The health status of the women and children of South Sudan was extremely poor even prior to the crisis. Child mortality was high, with more than one in nine children dying before age five and 2,054 out of every 100,000 mothers dying in childbirth. While 58 per cent of children received DPT3/Pentavalent vaccine during 2014 in the seven stable states, only 10 per cent received it in Jonglei, Unity and Upper Nile states, compared to 45 per cent countrywide the previous year.

South Sudan traditionally has a high disease burden, including malaria, measles, cholera, kala-azar, acute watery diarrhoea and respiratory infections. There are now 1,818 cholera cases in Juba and Bor, including 47 deaths. Twenty-four per cent of deaths are children under 5. UNICEF, WHO and Cluster and implementing partners are working to increase prevention and response interventions.

Elevated numbers of deaths of children under 5 continue to be reported from Bentiu PoC, but with slight reduction compared to the previous few weeks. This is believed to be partially attributable to the UNICEF and MSF malaria campaign. In Bentiu PoC, a total of 30,115 consultations were made in the week 40 and 41, of which 45.8 per cent was children under 5. Malaria, acute respiratory tract infections and acute watery diarrhoea accounts for 81.6 per cent of the total clinic visit.

This year, over 1,608,262 malaria cases have been treated across the country. With the increase malaria cases in the country, UNICEF has distributed over 381,000 LLITNs in Warrap, Eastern Equatoria, Central Equatoria, Northern Bahr El Ghazal, Upper Nile, Lakes and Unity States.

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 the three conflict-affected states and underscores the need to implement rapid outbreak response measures.
UNICEF & PARTNERS RESULTS

Malaria Response in Bentiu PoC: During the reporting period, malaria continued to be a leading cause of morbidity and mortality. Thirty counties out of 79 counties reported high number of cases that exceeded the epidemic threshold. Malaria is also a leading cause of consultations in PoCs and IDP sites, with 26,333 cases seen in the week 41 and 42, increased from 15,641 cases of the week 39 and 40. Sixty two per cent of these malaria cases were from Bentiu PoC including 49 deaths of children under five years. Malaria incidence in Malakal and Juba PoCs and Renk has slightly declined.

From the beginning of 2015, a total of 1,608,262 malaria cases have been treated country wide. In an attempt to reduce the malaria upsurge in Bentiu PoC, UNICEF in collaboration with MSF Holland directly implemented a campaign of malaria presumptive treatment at the household level for all children aged 6 months to 5 years with history of fever. A total of 29,731 children (85 per cent of an estimated caseload of 35,000) were screened and 16,112, or 54 per cent of children screened, were treated for malaria. Mentor Initiative, supported by UNICEF, continues vector control activities in Bentiu PoC, including indoor residual spraying. Additionally, 53,859 long-lasting insecticide-treated nets (LLITNs) have been distributed as a preventative measure against malaria.

Cholera Response: UNICEF is working jointly with the Ministry of Health (MoH), MSF, WHO and MEDAIR to provide technical and material support to the ongoing cholera outbreak response. UNICEF and its partner Health Link and/or MoH have established 42 Oral Rehydration Points (ORPs) in Juba to ensure effective and prompt treatment of cholera cases at the community and facility levels, with 265 people treated so far. To ensure quality case management, UNICEF has supported the training of 190 community health workers (CHWs) and nurses from Juba Teaching Hospital and Bor.

Although cholera case has come down and MoH is working towards containment, access to WASH facilities in potential cholera hotspots is still a challenge. Therefore, UNICEF is working with Juba city council and urban/rural water bodies in improving sanitary condition and providing safe water in the affected community. Draft proposal for solid waste management in Juba and water treatment along the river has been developed. UNICEF also developed a draft cholera prevention and response plan to minimise the risk of future outbreak.

Immunization: Polio Sub-National Immunization Days (SNIDs) are on-going in five states: Lakes, Warrap, Unity, Jonglei and Upper Nile. The second round started in Lakes on 18 October, targeting 292,798 children, and in Warrap on 21 October, targeting 531,074 children. A total of 6,434,000 doses of trivalent oral polio Vaccine (tOPV) is expected to reach from overseas this week to support the second and third rounds of SNIDs. To enable the effort of vaccination, UNICEF supported MoH to provide cold chain equipment through 2015 as follows: 77 solar or electric fridges, 35 electric freezers, 17 cold chain generators and 490 cold boxes.

Primary Health Care: UNICEF continued supporting health implementing partners to delivery basic primary health care services in Bentiu, Bor, Juba, Malakal and Wau PoCs and Mingkaman IDP site. Since the launch of integrated community case management in Mingkaman, a total of 16,194 children under five years have been treated.

UNICEF also supports partners to provide facility and community based integrated maternal and neonatal health and prevention of mother-to-child transmission of HIV (MNH/PMTCT) services for IDPs in the Greater Upper Nile region. Community volunteers and mother-to-mother support groups are playing a key role in improving service utilisation by avoiding defaulters and raising awareness.

CHALLENGES

• Shortage of implementing partners: 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. When the crisis hit, many agencies were forced to leave conflict-affected areas, and are still continuing to return.

• Non-functionality of health facilities and cold chain equipment/facilities: Over 184 health facilities have been destroyed, looted or 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 initiation of the repair or reconstruction of damaged facilities.
CHALLENGES, con.

- Poor family health care practices and health seeking behaviors: Family health care practices and health seeking behaviors 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.
- Access: Challenges include very poor road networks, inadequate and costly public transportation. With the dry season comes the opening of transport routes, but also increased likelihood of conflict, making the pre-positioning of supplies challenging.

PRIORITY IN 2015

Flagship: Scaling up Expanded Programme of Immunization

UNICEF in collaboration with MoH and WHO will undertake a strategic shift from expensive, unsustainable vaccination campaign mode to strengthening routine immunization services. For UNICEF this will start with development of a real time information system on cold chain functionality which leads to immediate response in repairs as well as ensuring regular preventative maintenance. A comprehensive cold chain improvement plan will be developed and vaccine management improved. Existing coordination mechanisms to push the agenda of routine immunization will be strengthened at all levels. Significant routine immunization milestones for 2015 will be the introduction of inactivated polio vaccine in South Sudan as well as a Knowledge, Attitudes and Practices study to ensure well informed further programming. However, campaigns still need to be conducted until routine immunization coverage reached is sufficient to prevent outbreaks from occurring.

Vaccination campaign activities planned for 2015

- Circulating vaccine derived polio (cVDPV) outbreak response already started in November 2014 will continue into 2015 in the three conflict affected states. Three consecutive short interval additional dose campaigns will be conducted in all accessible areas of the three conflict affected states as per MoH/WHO/UNICEF cVDPV outbreak response plan;
- Regular rounds of polio immunization days in November and December 2015;
- Tetanus Toxoid campaigns will take place for states which have not yet completed their three rounds.

Stand-by partnerships, essential for swift outbreak response for vaccine-preventable diseases, will be established and strategic network created during 2015. Demand creation will be increased through social mobilization efforts to ensure that mothers bring their young children for vaccination.

Flagship: Scaling up Integrated Community Case Management (iCCM) of childhood illnesses

UNICEF has been a regular partner in the iCCM working group in South Sudan, supporting MOH in the development of guidelines and concept notes. In 2015, UNICEF will scale up the implementation of community based health programmes in emergency and non-emergency settings linking them with existing partners on the ground. Several counties will be chosen to integrate community management of malaria, respiratory infections and diarrhoea in children combined with screening for malnutrition and maternal and newborn care.

Primary Health Care:

In 2015, UNICEF will support the government and health NGO partners to implement an integrated package of maternal, neonatal and child health interventions critical to prevent excess mortality and morbidity. This will include community and facility based provisions for the management of common childhood killer diseases such as measles, malaria, diarrhoea and pneumonia, as well as the focused antenatal and postnatal care, safe delivery, neonatal care and counselling, testing and treatment of HIV+ mothers through the provision of prevention of mother to child transmission (PMTCT) services. WASH facilities will be upgraded in health facilities. Focus on strengthening the integrated community case management of childhood diseases in the fourteen counties of convergence will be one of the priorities.

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UNICEF & PARTNERS’ TARGETS FOR 2015

- 1,207,705 children 6 months – 15 years vaccinated against measles
- 90% of state-level have functional cold chain equipment throughout the year
- 70% of babies born to HIV+ mothers receive treatment
- 19,271 pregnant women receive clean delivery kits in conflict-affected areas
- 300,000 households receive LLITNs to prevent malaria
- 690,000 children under 5 treated for malaria with supplies from UNICEF

For more information, please contact:

Ettie Higgins
Deputy Representative
UNICEF South Sudan
+211 912 151 837
ehiggins@unicef.org

Falak Faizana
Resource Mobilization Specialist
UNICEF South Sudan
+211 956 731 610
ffarzana@unicef.org

Malene Jensen
OIC Chief of Communications
UNICEF South Sudan
+211 955 260 280
mjensen@unicef.org

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More information on the situation in South Sudan and UNICEF response, including the latest situation reports, can be found at www.childrenofsouthsudan.info

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