The chances of survival for children and women in South Sudan are better today than before. Reductions in child mortality and improvements in nutrition, immunization and access to safe drinking water and improved sanitation since 2006 have given the promise of life to millions of vulnerable infants and children.

“I want to become a doctor in the future so I can help my people who are now suffering from inadequate health facilities.”

Viola, 15-year-old girl
However, the country remains one of the riskiest places in the world for women to get pregnant and children to be born. Two decades of conflict have put serious strains on the already limited healthcare system and its ability to deliver quality services. The country is starting from a very low base and some child and maternal indicators are among the worst in the world.

Only 5.8 per cent of children aged 12–23 months are fully immunized, and default rates between the first and third doses of vaccines such as polio and diphtheria, pertussis and tetanus (DPT) are as high at 50 per cent. Such large numbers of un-immunized children increase the risk of outbreaks of vaccine-preventable diseases, particularly measles and wild polio.

A third of children under five are stunted and a quarter underweight. Hunger is a daily reality for children in South Sudan where 900,000 people faced severe food shortages in 2011. The country has the highest maternal mortality rates in the world, at 2,054 deaths out of 100,000 live births. On average, 16 mothers die unnecessarily each day, due to pregnancy-related complications. There is a strong cultural preference for home births, and a mere 19 per cent of deliveries are assisted by a skilled health worker.

There are wide geographic and socio-economic disparities in health outcomes and access to healthcare. Statistics from the 2010 Sudan Household Health Survey highlight that urban populations are more likely to have increased access to health services compared to rural.

UNICEF IN ACTION

UNICEF uses the following five strategic approaches to improve health and nutrition for women and children in South Sudan:

1. Supporting government efforts and strengthening its technical capabilities and systems, as well as increasing the effectiveness of health, service delivery, supervision and monitoring through improved health worker knowledge and skills

2. Strengthening emergency efforts to reduce the impact of man-made or conflict-related disasters and disease outbreaks, focusing on vulnerable mothers and children under five.

3. Increasing immunization coverage through campaigns to eradicate polio and eliminate measles, and systems strengthening for routine immunization to control the key childhood illnesses.

4. Integrated service delivery of child healthcare, nutrition and HIV/AIDS support through the provision of an integrated basic package of services or interventions at facility and community level, including immunization, de-worming, treated mosquito net provision, vitamin A supplementation, hand washing with soap and promotion of exclusive breastfeeding.

5. Maternal health and nutrition interventions to strengthen maternal and newborn care at community level. This includes efforts to prevent mother-to-child transmission of HIV/AIDS, paediatric HIV care, reduce mortality rates and increase the coverage for quality health and nutrition services for mothers and their babies.
The UNICEF South Sudan Health and Nutrition Programme has contributed to the following key achievements:

- Reduction in the infant mortality rate by 18 per cent, from 102 per 1,000 live births in 2006 to 75 per 1,000 live births in 2010.
- A 20 per cent drop in under-five mortality, from 135 to 105 per 1,000 live births from 2006 to 2010, respectively.
- Decrease in the number of measles cases from 2,000 in 2005 to less than 300 in 2010.
- Increase in the ownership of treated mosquito nets, from 39 per cent in 2006 to 52 per cent in 2010.
- No wild polio cases have been reported since June 2009 owing to strengthened systems of service delivery, monitoring, surveillance and communication.
- Drop in underweight prevalence (moderate and severe), from 33 per cent in 2006 to 28 per cent in 2010.
- Establishment of the South Sudan Health and Nutrition Sector Plan 2010–2012, which includes a medium term expenditure framework and the Health Management Information System in five out of the total 10 states.

Challenges

UNICEF faces numerous challenges in supporting the implementation of health and nutrition interventions in South Sudan. Insufficient drugs, and other essential supplies and equipment, coupled with very weak logistical capacities, limit the availability of supplies in some areas. Limited government capacity and inadequately trained health workers, especially in rural health facilities, is another impediment. Also, the limited number of healthcare facilities and personnel, which are not equitably spread across the country, makes it difficult for children and women to access preventative and life-saving services. For example, less than 15 qualified midwives are available for all of South Sudan, translating to most births being handled by untrained village midwives or traditional birth attendants. Lastly, continued emergencies and population movement divert attention from strengthening systems towards sustainable health services and demands a lot of resources.

Under-5 mortality rates and infant mortality rates, 2006 and 2010

Source: Sudan Household Health Survey 2006 & 2010

UNICEF’s key partners include the Ministry of Health, WHO, WFP, UNDP, UNFPA, UN-OCHA, USAID and The World Bank among others. International and national NGOs are crucial implementing partners and include the Tearfund, Action Against Hunger-USA, World Vision International, Concern, MEDAIR, Merlin, Malaria Consortium, Goal, Comitato Collaborazione Medica, and Save the Children.
PLANNED RESULTS FOR CHILDREN

Over the period 2012–13, UNICEF aims to build on the achievements of the previous years to contribute to improving health and nutrition interventions in South Sudan.

The overall programme result for the UNICEF Health and Nutrition Programme is to ensure that infants, children, adolescents and pregnant women access life-saving, high impact health, nutrition and HIV/AIDS services.

To achieve this result, efforts will be made to ensure the achievement of the following:

- Children are protected against all six vaccine preventable diseases, which will contribute to polio eradication, accelerated measles control and neonatal tetanus elimination.
- Children under five years of age will receive a basic package of preventing common childhood illnesses.
- Eighty per cent of children with severe malnutrition in seven high-risk states receive appropriate treatment through integrated facility and community based primary healthcare services.
- Sixty per cent of children under the age of two years in focused counties receive optimal age appropriate feeding.
- Sixty per cent of pregnant women and newborn babies in focus areas will access quality integrated maternal and neonatal interventions including focused antenatal care, skilled attendance at birth and emergency obstetric and neonatal care.
- Sixty per cent of pregnant women and newborns in focus areas will have access to quality prevention of mother-to-child transmission (PMTCT) of HIV services, early infant diagnosis of HIV and paediatric HIV case management by end of 2013.
- Upstream support to national and state level sectoral capacity and systems ensured for effective scaling up and implementation of maternal and child health services.

ESSENTIAL STATISTICS

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<tr>
<td>Infant mortality</td>
<td>75/1,000</td>
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<tr>
<td>Under-five mortality</td>
<td>105/1,000</td>
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<tr>
<td>Maternal mortality*</td>
<td>2,054/100,000</td>
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<tr>
<td>Stunting (children under)</td>
<td>31%</td>
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<tr>
<td>Measles immunization</td>
<td>20%</td>
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<tr>
<td>Immunization (children 12–23 months)</td>
<td>6%</td>
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<tr>
<td>Household ownership of at least one insecticide-treated net</td>
<td>52%</td>
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</tbody>
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Source: Sudan Household Health Survey (SHHS) 2010 except for *maternal mortality (SHHS 2006)

For more information, please contact:

UNICEF South Sudan
Totto Chan Compound
P O Box 45, Juba, South Sudan

Tel: +211 91 2176145
    +44 20 3357 9224

Email: juba@unicef.org
Web: unicef.org/southsudan
Facebook: UNICEF-South-Sudan