

South Sudan

Health

Sectoral and OR+ (*Thematic*) Report

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Prepared by:
UNICEF South Sudan
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1. Abbreviations and Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Ante Natal Care
ARV	Anti-Retroviral
BEmONC	Basic Emergency Obstetric and Neonatal Care
bOPV	bivalent Oral Polio Vaccine
CAR	Central Africa Republic
CBO	Community Based Organization
DPT	Diphtheria, Pertussis and tetanus vaccine
DRC	Democratic Republic of Congo
EPI	Expanded Programme on Immunization
HIV	Human Immunodeficiency Virus
GPEI	Global Polio Elimination Initiative
IDP	Internal Displaced Persons
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
MNH	Maternal Neonatal Health
MNTE	Maternal and Neonatal tetanus Elimination
MTCT	Mother-to-Child Transmission of HIV
NGO	Non-Governmental Organizations
NIDs	National Immunization Days
PCA	Partnership Cooperation Agreement
PMTCT	Prevention of Mother-to-Child Transmission of HIV
SSP	South Sudanese Pounds
tOPV	trivalent Oral Polio Vaccine
TT	Tetanus Toxoid

2. Executive Summary

From 2007 to 2012, prior to the crisis, the routine immunization status of the children under one year of age increased from 20% to 74.9% (DPT-3/Penta-3) with the coverage of children fully immunized increasing from 39% to 98% (Measles) and during the same period TT2+ coverage increased from 21% to 54% only. However, following the current conflict that started on 15th December 2013, and the 8th July 2016 crisis, there has been serious devastation and looting of health facilities and cold chain equipment, displacement of health workers, vaccinators, and evacuation of Non-Governmental Organizations implementing partners. Due to these factors, in association with consistent restricted access, the coverage of immunization services dropped and remains unacceptably low. The national coverage in 2016 had been 45% for Penta3, 52% for Measles and 38% for TT2+ compared to 2015 where Penta3 coverage was 62%, Measles was 70% and TT2+ was 47%. Without eminent peace in the county, the vulnerability of children to Vaccine Preventable Diseases (VPD) remains critical.

In 2016, despite the challenging situation in South Sudan, UNICEF continued to support delivery of both routine and Supplementary Immunization Activities (SIAs). A total of 44 solar refrigerators were installed and 70 cold chain Storage Facilities (Buildings and Prefabs) at national, state, and county levels were rehabilitated and prefabs installed as part of cold chain strengthening at both national and subnational levels.

Capacity building was critical to the delivery of effective immunization services. In this regard, series of training programmes were conducted to the health workers especially at County levels. Cold chain officers were also trained on effective vaccine management practices.

Several proposals to donor have been submitted among them is GAVI to procure 800 cold chain equipment for states, counties and health facilities. UNICEF keeps also advocating through the Ministry of health to ensure that government allocates more resources from its GDP for improving health services delivery across the country.

Mass vaccination campaigns were conducted including Polio National and Sub-National Immunization Days, Maternal and Neonatal Tetanus Elimination (MNTE) and measles campaign as response to outbreaks.

3. Strategic Context of 2016

South Sudan gained independence from Sudan in July 2011 after nearly half a century of civil war. From independence to December 2015, the country was administratively comprised of 10 states with 80 counties (districts) and 605 Payams (sub-districts). In mid-2016 the number of states increased to 28 and then in late 2016, the country was further divided into 32 States with 269 Counties (Districts). Majority of the new states and counties are not yet fully operational, and planning and reporting has increasingly difficult with each state asking for full compliance of partners' presence and activities despite their lack of human resources and infrastructure.

Following independence, there was an internal power struggle that resulted in an internal conflict in the country in December 2013, which is still ongoing. The civil war has devastated the lives and livelihoods of millions of South Sudanese, displaced more than 1.5 million people internally and more than a million others living as refugees in the neighbouring countries of Uganda, Ethiopia, Kenya, Sudan, Democratic Republic of Congo (DRC), and Central Africa Republic (CAR). The conflict has had serious implications on access and movement of logistics by road and river. In addition to that, during the rainy season, virtually 60% of the roads become inaccessible. In South Sudan, the major means of delivery of health services and logistics is by airplane, which is extremely expensive and hampers the effective provision of services in the country. Currently, security clearance for these flights is submitted to government national security for processing Flight Safety Assurance (FSA), causing delays in the delivery of humanitarian services.

This fragile status of the country was again reaffirmed by a recent surge in the ongoing conflict that occurred in July 2016 which resulted in large scale fighting in Juba and other parts of the country. This increased the number of states directly affected by conflict from three to eight, and at the same time resulted in the scale down of nongovernmental organisation (NGO) presence from 67 to 11 with a corresponding reduction in the number of staff immediately after the crisis (July). There was a slight increase in number of operational NGOs to 26 by October 2016. These NGOs were providing primary health care including immunization as part of the humanitarian health service delivery package. In addition to the above, the health infrastructures and Cold Chain Equipment was looted and vandalized again, which led to the suspension of health services including immunization in a large number of health facilities in the 8 out of 10 conflict affected States. Prior to the conflict, there were already challenges with provision of health services caused by various factors including non-availability of cold chain equipment, staff and limited allocated funding by government for healthcare service.

There are challenges in coordination between the Government of South Sudan and NGOs is limited. While the Memoranda of Understanding (MoU) between fund managers and NGOs define the need to deliver immunization services, in reality there are issues in coordination and reporting. There are examples of NGOs that bring vaccines into the country without the consent or involvement of the government and by and large there is little sharing of data with government. The government is aiming to address this issue through a coordination mechanism that will require the NGOs to submit monthly activity plans and attend monthly meetings.

The value of the South Sudan Pound against the US dollar dropped from 3.1 in January 2015 to 81.571 SSP by 31 December 2016. The inflation rate in the country is over 800%. There have been adjustments in the salaries of the lower support staff which are not commensurate with the rate of inflation and in addition government workers have not been paid salaries upwards of 3 months, causing them to be demoralized. Due to the inflation, planning for activities have to take this into consideration.

4. Results in the Outcome Area

Outcome 1: Improved and equitable use of maternal, new born and child health, and of HIV/AIDS services by infants, children, adolescents and pregnant women, especially the poor and marginalized groups in South Sudan by 2018.

Indicators	Baseline	Target	Achievements in 2016
% of children less than 1 year receiving Pent-3 vaccine	2016	60%	34%
Women attended to at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy (%)	2016	25%	22%

UNICEF and its implementing partners provided essential and lifesaving health services for children and women across the country. In 2016, this included 3,183,468 children that received polio vaccination, and 609,855 children who were immunized against measles. In addition, 1,540,370 people received primary healthcare services including 548,240 children under five years.

Despite these achievements, routine immunization coverage remains very low, with Pentavalent 3 coverage at 34 per cent. Major barriers and bottlenecks include continuous vandalization of cold-chain equipment; inadequate skilled human resources to manage the cold chain system, and logistical challenges including poor road infrastructure that hampers the timely prepositioning of supplies and equipment.

During the second and third quarters, South Sudan experienced an upsurge in malaria cases, from over 100,000 cases per month to a peak of over 222,000 cases. Approximately 40 per cent of these cases were among children under five years of age. By the end of October, 1,997,642 individuals – including 715,990 children under five – had been treated for malaria countrywide, a 4 per cent increase in cases compared to 2015 as a whole. During the malaria season, 44 counties in the seven previously stable states reported increased numbers of malaria cases. This increase was attributed to population displacement, which increased the community's vulnerability to malaria because of poor shelter and exposure to the elements, environmental conditions that promoted mosquito breeding, limited access to treatment and delayed treatment seeking. Of all the cases treated, 547,494 (27%) were treated with direct UNICEF support at both community and facility levels. UNICEF scaled up integrated malaria prevention and control activities, including indoor residual spraying (IRS) and larviciding activities along with distribution of mosquito nets, and prompt treatment of cases among the most vulnerable communities.

UNICEF continued to support emergency preparedness and response for vaccine-preventable diseases including measles and polio, and other diseases of epidemic potential like cholera. At least 14 measles outbreak response immunizations were supported in 2016 through the provision of vaccine logistics and social mobilization. Robust preparedness measures were put in place for cholera in 11 high-risk counties across five states: more than 1,700 cases directly benefited from UNICEF support through case management at Oral Rehydration Points. This was all made possible

through IPs or through direct implementation, and where necessary, employing rapid response mechanism (RRM) modality for service delivery.

Output 1:

Immunization: Immunizations systems strengthened to deliver routine and supplementary services in emergency and non-emergency settings by 2018.

Indicators	Baseline	Target	Achievements in 2016
# of cold chain storage facilities at national, state and county levels with functional equipment	2016	76	70
Drop-out rate from Penta1 to Penta3	2016	15%	25%

Despite the challenging context in South Sudan, UNICEF continued to support the strengthening of services to deliver routine and supplementary immunization activities. In order to increase South Sudan's vaccine storage capacity at all levels, UNICEF is providing technical expertise for cold chain equipment installation and repair. During 2016, 70 cold chain storage facilities at national, state and county levels were maintained. UNICEF hired 6 national and 2 international cold chain consultants who worked closely with the Ministry of Health team to install cold chain equipment and as well build their technical capacity for sustainable management of the cold chain system in the country.

In 2016, there were 15 Measles outbreaks reported in South Sudan; 1,909 suspected cases and 19 deaths were reported in Abyei, Gogrial West, Yiror East, Aweil Center, Aweil West, Mayom, Twic Centre, Malakal PoC, Bentiu PoC and Rubkona County. In response to these outbreaks, UNICEF and partners organized localized coordinated measles outbreak response campaigns. In addition, through the RRM and vaccination at PoC gates and IDP camps in Malakal, Juba, Bentiu, Mingkaman, Bor and Wau, 609,855 children aged six months to 15 years were vaccinated against measles. Through MoH and health implementing partners, UNICEF supported a tetanus elimination campaign among newborns and mothers, through which a total of 814,577 women of child bearing age were immunized against tetanus.

Output 4:

Emergency preparedness and response: Disease outbreak and emerging humanitarian needs addressed as per the UNICEF core commitment for children.

Indicators	Baseline	Target	Achievements in 2016
# of children under 15 years in conflict affected areas vaccinated against polio	2016	1,585,031	1,393,103

UNICEF continued to be a major player ensuring that robust preparedness measures are in place for outbreaks of epidemic prone disease such as measles, polio, malaria, and cholera. Adequate supplies were procured and prepositioned for 2016 in the 10 states, and staff deployed in areas with emerging humanitarian needs mainly displacement and disease outbreaks. Whenever necessary, the RRM modality was employed to reach beneficiaries who were cut off from services. A total of 11 RRM missions were conducted and more than 53,000 children were vaccinated against polio and around 48,000 against measles. As part of an integrated UNICEF response, sector-specific activities

(immunisation, curative consultation for children, ANC consultations) were carried out in Wau (June), Juba (July), Northern Bahr el Ghazal (September), and Yei (October).

As a core pipeline manager for immunization, UNICEF supported 15 measles outbreak response immunizations in 2016 through vaccine logistics and social mobilization support. Supplemental immunization activities were also conducted in the three original conflict-affected areas at PoC entrances and within host communities in areas that were cut off from services. In total, 609,855 children (52 percent of the year's target) received measles vaccination, and 1,393,103 were immunised against polio in conflict-affected areas through campaigns.

UNICEF as a member of the Humanitarian Country Team is advocating through UNMISS and OCHA for the warring parties to honour the peace agreement signed in August 2015.

Monitoring and Evaluation

Throughout the reporting period, there were on-going monitoring and supervisory field visits by UNICEF and MoH staff. During such visits, hands-on training on the job especially for new and inexperienced staff in immunization service delivery was provided by the UNICEF-MoH team. In addition to the training, the visits provided the opportunity to detect problems and find solutions to the identified challenges together with the staff on the ground.

Training and retraining forms an integral part of the EPI Programme. Series of trainings were conducted to the health staff delivering immunization services. Cold chain officers were also trained on effective cold chain management.

Accurate data, which is useful for effective planning, was hard to get. This has been a persistent problem over the years, contributing to inaccurate denominators, some of which were either underestimated or over-estimated. The central level team, during supervisory visits, had several meetings with State and county level supervisors to work out targets for their respective areas. This will hopefully lead to more streamlined data during 2017.

Key challenges and Lessons Learnt

Key challenges

- Inadequate human resources to strengthen cold chain systems, logistical challenges and limited road infrastructure hindering prepositioning of EPI supplies and equipment.
- Inadequate government financial contributions to the delivery of immunization services. There is no budget line for EPI and as a result, the programme completely relies on partners and donors to deliver immunization services.
- The widespread conflict (across the country by the end of 2016) continues to affect the implementation and monitoring of activities at all levels. In addition, preventing most communities from accessing essential health services.

Lessons Learnt

Reaching large number of communities was regarded as a huge challenge from the initial stage of planning the project. As a result, a lot of energy and innovations were applied, focusing especially on hard to reach communities. One of the main reasons for the success in reaching such a large number of women and children with health services was capacity building conducted for different stakeholders to enable them to provide effective immunization services. This contributed to ensuring that over 90% per cent of the critical target group was reached in Western Health Regions.

During the implementation of this activity, it was clear that such integrated health activities can also boost and strengthen routine EPI programme interventions as they reinforces health messages and mobilize communities for increased participation in and uptake of health services. With the availability of funding, the experience can be replicated and rolled out to Counties, thus contributing to increased protection of children from vaccine preventable diseases, and this momentous effort will make a significant and sustained contribution to child survival in South Sudan.

5. Financial Analysis

Table 1: Planned budget by Outcome Area

Outputs (Intermediate Results)	Planned Budget 2016 (USD)			
	Other Resource Emergency	Other Regular Resources	Regular Resources	Total
4040/A0/02/001/001 Immunization	2,230,821	6,707,869	-	8,938,690
4040/A0/02/001/002 Child Health	4,066,923	376,166	-	4,443,089
4040/A0/02/001/003 MNH-EMTCT	967,205	2,257,796	-	3,225,000
4040/A0/02/001/004 Health EPRP	326,523	167,274	-	493,797
4040/A0/02/001/005 Enabling Policy & Institutional Env.	87,099	789,085	600,000	876,184
4040/A0/02/001/006 Technical Support	600,000	2,518,998	350,000	3,118,998
Total Budget	8,278,570	12,817,186	950,000	21,095,756

Table 2: Country-level thematic contributions to outcomes area received in 2016

Donor	Grant	Contribution amount	Programmable amount
UNICEF Ireland	SC149901	14,650	13,767
Korean Committee for UNICEF	SC149902	80,606	76,559

Table 3: Expenditures in the Outcome Area

Outputs (Intermediate Results)	Expenditures 2016 (USD)			
	Other Resource Emergency	Other Regular Resources	Regular Resources	Total
4040/A0/02/001/001 Immunization	1,785,272	7,378,095	(85,725)	9,077,641
4040/A0/02/001/002 Child Health	6,047,624	1,051,966	105,564	7,205,153
4040/A0/02/001/003 MNH-EMTCT	421,555	1,526,856	5,196	1,953,606
4040/A0/02/001/004 Health EPRP	260,384	5,443	-	265,827
4040/A0/02/001/005 Enabling Policy & Institutional Env.	6,206	22,315	35,418	63,939
4040/A0/02/001/006 Technical Support	973,745	1,740,054	514,638	3,228,437
Total	9,494,786	11,724,728	575,090	21,794,604

Table 4: Thematic expenses by programme area

Programme Area	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Total
01-01 Immunization	1,344,782	3,311,573	(85,725)	4,570,630
01-02 Polio eradication	402,944	3,998,472		4,401,416
01-03 Maternal and Newborn health	468,596	1,611,397	5,196	2,085,189
01-04 Child health	1,363,666	483,010	(13,486)	1,833,190
01-05 Health systems strengthening	149,950	70,441		220,390
01-06 Health and emergencies	4,326,804	473,718	113,336	4,913,858
01-07 Health # General	1,191,312	1,733,395	550,056	3,474,763
02-01 PMTCT and infant male circumcision		749		749
02-05 HIV # General		11,734		11,734
04-01 Infant and Young child feeding	157			157
04-04 Community-based management of acute malnutrition	240,369	30,240	5,714	276,323
04-06 Nutrition # General	6,206			6,206
Total	9,494,786	11,724,728	575,090	21,794,604

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Codes	Expenditure
01-01-03 PENTA vaccines and devices	288,880
01-01-05 Measles or MMR vaccines and devices	854,513
01-01-09 Cold chain support	1,430,700
01-01-10 Logistics support for immunization	65,106
01-01-11 Outbreak control # immunization	983
01-01-14 Immunization # General	1,803,845
01-02-01 Polio vaccines and devices	1,376,076
01-02-02 Polio outbreaks and response	74,098
01-02-04 Polio # General	2,196,503
01-02-05 Polio social mobilization for campaigns	180,922
01-02-06 Continuous social mobilization and communication	35,674
01-02-07 Polio technical assistance	17,253
01-02-08 Polio operational costs	17,796
01-03-02 MNTE # General	122,836
01-03-04 Maternal and newborn care including Emergency Obstetric care	802,006
01-03-07 Other maternal and newborn activities	159,845
01-03-08 Home visits, parent and community education for ECD and stimulation	76,120
01-04-08 Malaria # General	442,888
01-04-09 IMNCI # community	906,209
01-04-13 Child health # General	484,092
01-06-02 Health # Emergency preparedness	5,849
01-06-03 Health # Emergency response	4,908,009
01-07-01 Disease surveillance	21,297
01-07-03 Health # General	2,380,787
01-07-05 Health technical assistance to regional and country offices	17,414
01-07-06 Health support to achieving global and regional goals	283,216
02-05-06 HIV and AIDS technical assistance to regional and country offices	11,734
1043 Routine immunization	126,602
1049 Integrated YCSD package including Child Health Days	217,568
1051 Polio eradication and surveillance	503,095
1061 Integrated Management of Childhood Illnesses	220,390
1072 Maternal health/Safe motherhood # general	99,634
1073 Maternal and newborn health package	824,747
1901 Staff costs for multiple OTs within FA1	554,481
3011 Prevention of mother-child HIV transmission excluding ARVs for mothers	749
Total	21,511,918

6. Future Work Plans

UNICEF will continue to support the Government of South Sudan through the Ministry of Health to deliver quality immunization services to all. UNICEF will continue to support capacity building of health workers in proper Immunization practices and strengthening the cold chain and logistics systems to ensure availability of potent vaccines at all levels. UNICEF will also support social and mobilization programmes to increase awareness level on the uptake of both routine and supplemental immunization services.

7. Expression of Thanks

The UNICEF Country Office, the Government and people of South Sudan express their gratitude to the donor for its financial support. The results outlined above could not have been achieved without this contribution.

8. Annex: Donor Feedback Form

Project title: Thematic report Outcome 1: Health 2016

Grant number: SC149901

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Nadia Ben Mohamed

Email: nbenmohamed@unicef.org

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations?
(For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!