The work of WHO in South Sudan in 2016

Building health systems in the phase of humanitarian crises
2016 at a Glance

WHO invested 24.9 million US$ in programmes in 2016

14.5 million US$
for Emergency Health Programmes

10.4 million US$
for Development Health Programmes

Over 3 million children reached with potent polio vaccines in each of the two rounds of National Immunization Days

Over 1.63 million people reached with lifesaving medical supplies

51 outbreaks detected, investigated and controlled out of the 223 alerts

3 maternity complexes built at Torit, Kuajok and Awiel

National Health Policy developed

Technological capacity for increased safe and adequate blood supplies Scaled up
WHO in South Sudan

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### Abbreviations

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<tr>
<td>ACTs</td>
<td>Artemisinin-based combination therapies</td>
</tr>
<tr>
<td>AFP</td>
<td>Acute Flaccid Paralysis</td>
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<tr>
<td>ANC</td>
<td>Antenatal care</td>
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<tr>
<td>BOPV</td>
<td>Bivalent Oral Polio Vaccine</td>
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<tr>
<td>CDD</td>
<td>Community drug distributors</td>
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<tr>
<td>CERP</td>
<td>Central Emergency Response Fund</td>
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<td>CFF</td>
<td>Common Humanitarian Fund</td>
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<tr>
<td>cVPV</td>
<td>Circulating Vaccine Derived Poliovirus</td>
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<tr>
<td>ECHO</td>
<td>European Civil Protection and Humanitarian Aid Operations</td>
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<tr>
<td>ELISA</td>
<td>Enzyme Linked Immunosorbent Assay</td>
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<td>EWARS</td>
<td>Early Warning Response System</td>
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<tr>
<td>GAVI</td>
<td>The Global Alliance for Vaccines and Immunizations</td>
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<td>GFATM</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>HCT</td>
<td>Health Cluster</td>
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<td>HCT</td>
<td>Humanitarian Country Team</td>
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<td>HDP</td>
<td>Health Development Partners</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus infection and acquired immune deficiency syndrome</td>
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<td>HSWG</td>
<td>Health Sector Working Group</td>
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<td>IDPs</td>
<td>Internally Displaced Persons</td>
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<tr>
<td>IDR</td>
<td>Integrated Disease Surveillance Response</td>
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<tr>
<td>LLS</td>
<td>Long Lasting Sustained-Release Net</td>
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<tr>
<td>MDR-TB</td>
<td>Multi-Drug Resistant Tuberculosis</td>
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<tr>
<td>MCH</td>
<td>Maternal, Newborn and Child Health</td>
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<tr>
<td>MSH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOPV2</td>
<td>Monovalent Oral Polio Vaccine type 2</td>
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<tr>
<td>NTD</td>
<td>Neglected Tropical Disease</td>
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<tr>
<td>NTLBP</td>
<td>National Tuberculosis, Leprosy and Buruli Ulcer Control Programme</td>
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<tr>
<td>PC-NTD</td>
<td>Preventive chemotherapy</td>
</tr>
<tr>
<td>PMT</td>
<td>Program Management Team</td>
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<td>PMTCT</td>
<td>Prevention of mother-to-child transmission</td>
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<tr>
<td>PoC</td>
<td>Protection of Civilians</td>
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<tr>
<td>RID</td>
<td>Rapid Diagnostic Test</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TOPV</td>
<td>Trivalent Oral Polio Vaccine</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<td>UNICEF</td>
<td>The United Nations Children's Fund</td>
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<tr>
<td>UNDF</td>
<td>The United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>The United Nations Children’s Fund</td>
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<tr>
<td>UNIFEM</td>
<td>The United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<tr>
<td>USAID</td>
<td>The United States Agency for International Development</td>
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<td>WCO</td>
<td>WHO Country Office</td>
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South Sudan in brief

The Republic of South Sudan in East Africa covers an area of 619,745 square kilometers and is bordered by Sudan to the north, Ethiopia to the east, Uganda and Kenya to the southeast, Democratic Republic of Congo to the southwest and Central African Republic to the west. South Sudan became the 193rd country recognized by the UN and the 54th UN member state in Africa. The country is administratively divided into States, Counties, Payams and Bomas. South Sudan’s population is estimated at about 12.3 million people. WHO maintains presence up to Payam level.
In 2016, the WHO country office in South Sudan underwent accelerated reformation using the WHO Transformation Agenda in the African Region as the guiding vision. The capacity of the country office in terms of human resources was enhanced with the support of the Regional Office and Headquarters in terms of numbers, development of pro-result values and technical knowledge.

The health sector faced immense challenges in 2016. The Health system in South Sudan was already seriously constrained as a result of the economic crisis. The ongoing crisis which was exacerbated in the middle of the year further affected access to health services due to intense fighting and shifting areas of conflict. Reaching people in need of medical care, delivering medical supplies and providing essential health care services, especially in hard to reach and besieged areas, proved immensely challenging. Government clearance to deliver medicines and medical supplies caused delays. As of July 2016, over half of the country’s health facilities could provide only limited services. Overcrowding, poor sanitation and malnutrition have led to outbreaks of cholera, malaria, kala azar and measles. Trauma and non-communicable diseases were major cause of mortality and morbidity.

Despite these challenges, WHO has continued to meet its core commitments including emergency response. We continued to implement development projects funded by GAVI, Canada, GFATM and USAID. Expansion of humanitarian aid to hundreds of thousands of people living in remote areas affected by conflict, as well as early detection and control of outbreaks became possible with the generous support of our donors, notably, the USAID, ECHO, the Government, Japan, CERF and the CHF.

Effective and efficient use of our resources is critical, and in the year, WHO introduced mechanisms to reinforce good project management and to maximize available funds for the beneficiaries. WHO South Sudan is now well positioned to meet the challenges ahead as we continue our dedication to the well-being of the people of South Sudan. We remain focused on both providing timely humanitarian assistance, ensuring health security and working well towards sustainable change that gives people of South Sudan the opportunity to experience access to affordable, safe and quality essential health-care services.

I extend my sincere appreciation to the Government of South Sudan, staff and consultants in the 3 levels of WHO, and our numerous donors and partners. Your contributions and support have helped WHO consolidate and build on progress made in 2015. We look forward to continued partnership and cooperation.
Introduction

This report presents the work provided by the WHO South Sudan Office in 2016, which covers the work of country office and the 10 field offices. The WHO country office provides leadership on critical health matters and technical support to the Ministry of Health (central and state levels) and partners to achieve the overarching goal of promoting and protecting the health status of the people of South Sudan as enshrined in 12th General Programme of Work (GPW). The report summarizes the major achievements under seven categories of work.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>South Sudan</th>
<th>African Region</th>
<th>Unit of measurement</th>
</tr>
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<tbody>
<tr>
<td>Maternal Mortality Ratio</td>
<td>730*</td>
<td>210</td>
<td>Deaths per 100,000 live births</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>84**</td>
<td>63</td>
<td>Deaths per 1,000 live births</td>
</tr>
<tr>
<td>U5 Mortality Rate</td>
<td>104**</td>
<td>95</td>
<td>Deaths per 1,000 live births</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>6.7**</td>
<td>5</td>
<td>Total fertility rate per woman</td>
</tr>
<tr>
<td>First Antenatal visit</td>
<td>49.61***</td>
<td>751</td>
<td>Visit during pregnancy [%]</td>
</tr>
<tr>
<td>Antenatal visit 4+</td>
<td>44.75***</td>
<td>47.5</td>
<td>Women receiving at least 4 ANC Visit during pregnancy [%]</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>14.53***</td>
<td>48.5</td>
<td>Births Attended by skilled health personnel [%]</td>
</tr>
<tr>
<td>Contraceptives Prevalence Rate</td>
<td>13***</td>
<td>27.5</td>
<td>Use of contraceptives among CBA women</td>
</tr>
<tr>
<td>Penta3 coverage (routine)</td>
<td>44.35</td>
<td>72.5</td>
<td>% of children vaccinated with penta3</td>
</tr>
<tr>
<td>HIV/AIDS Prevalence</td>
<td>2,600</td>
<td>2,774</td>
<td>Prevalence per 100,000 population</td>
</tr>
<tr>
<td>Tuberculosis Prevalence</td>
<td>146</td>
<td>303</td>
<td>Prevalence per 100,000 population</td>
</tr>
<tr>
<td>Prevalence of NTD</td>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria Prevalence in Children Under 5 Years (using Microscopy)</td>
<td>8%***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria Prevalence in pregnant women (using Microscopy)</td>
<td>9%***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health infrastructure</td>
<td>0.8****</td>
<td></td>
<td>Number per 10,000 population</td>
</tr>
<tr>
<td>Health workforce</td>
<td>0.2****</td>
<td></td>
<td>Number per 10,000 population</td>
</tr>
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*WHO/UNICEF/UNFPA Estimates 2015
**DHS 2010
***HMIS 2016
****SAM 2009
Country Priorities:

In line with the smart technical focus of the WHO transformation in the African Region, the South Sudan country office prioritized the following:

- Ensuring adequate and timely health humanitarian response, as well as surveillance and response to events of public health importance in coordination with partners.
- Addressing inequality in the delivery of priority health services across the country by targeting the most under-served populations in line with the Universal Health Coverage principles.
- Control of major communicable diseases including HIV/AIDS, TB, Malaria and Neglected Tropical Diseases.
- Supporting the recovery of the health sector and building sustainable institutional capacities.
- Building partnerships for greater impact.
- Ensuring transparency and accountability for results and resources.
- Working towards reducing maternal and child mortality by targeting communicable diseases and addressing other social and environmental determinants of these mortalities.

The current priority focus is to strengthen and establish programmes in both WHO and the Ministry of Health to achieve long term goals formulated in the SDGs, ensure health security and achieve global targets such as eradication as well as elimination of Polio, Measles and Guinea Worm among others.
Since 2015, the WCO for South Sudan is domesticating the WHO/AFRO Transformation Agenda. The WCO has made tangible progress towards achieving the expected results of the transformation agenda. We intend to build on this momentum to sustain and scale up on the gains made so far, to ensure we are more responsive and a reliable partner in addressing health needs and priorities of the South Sudanese.
Progress of the Transformation Agenda in WCO South Sudan

Promoting pro-results values - The WCO has invested a lot in the area of ensuring pro-result values. The organogram of the country office was revised in line with the expected functions to be performed. Staff contract types were changed to ensure career development and boost morale. More staff were recruited to support important functions. Staff induction was conducted for both old and new staff. We continue to conduct vigorous trainings to improve staff development. Staff association activities are being promoted. Interaction between staff and management has become more open and transparent. Performance targets and frameworks are discussed with staff at the beginning of the year and reviewed regularly. Clusters and teams have been formed and regular meeting forums established to promote team work.
Smart technical focus - The country was supported to develop and approve a new national health policy which articulated new policy directions including decentralization of management of health services, strengthening community health services, and ensuring universal health coverage. In line with the new health policy, the Boma Health Initiative (a community-based health extension worker initiative) was developed. A Health Sector Strategic Plan was drafted to implement the new health policy.

The major challenge in the delivery of health services in South Sudan is the collapsing health system due to the prolonged conflict, economic slowdown and inadequate resources. Following the July crises, an overarching emergency strategy to ensure health security and access to essential health services in the short, medium and long-term for population affected by a prolonged conflict was developed to bridge the period required for the development of health sector development plan.
Responsive strategic operations - The country support unit (CSU) established and staffed to ensure an enabling environment for effective and efficient implementation of programmes. SOPs have been developed and shared among the staff to ensure compliance with WHO rules and regulations, clarity of roles and responsibilities and institutionalization of checks and balances. Adequate attention has been paid to the implementation of the administrative review and audit recommendations. Tasks and responsibilities have been delegated to administrative staff to improve timeliness of response. We have also institutionalized other mechanisms to improve responsiveness including weekly admin/technical reviews and electronic approvals.
**Effective Communications & Partnership (ECP)** - Partnerships and engagements in joint actions with the UN country team (UNCT), Program Management Team (PMT) of the UN, HCP (WHO, UNICEF, UNFPA, UNWOMEN, UNAIDS), Humanitarian Country Team (HCT), Health Cluster (HC), Health Development Partners (HDP), Health Sector Working Group (HSWG).

Key results of this collaboration have resulted in the finalization of the National Health Policy, the Humanitarian Response Plan and with the pooling of resources. There are ongoing discussions with humanitarian and development partners which have given rise to a detailed proposal on Health Governance in South Sudan. Also, the upcoming health summit will address the bottlenecks in the delivery of health services and operationalize the Boma Health initiative.

Regular communication and information products suitable and appropriate for various audiences were produced and disseminated widely. Key information products include a weekly IDSR/EWARN bulletin, in-depth bi-weekly brief on health events of concern, quarterly newsletter on health in South Sudan, press releases, health cluster bulletins, situation updates, infographics, brochures and radio talk shows.
Health Security, Emergency, Preparedness and Response

WHO has the responsibility of ensuring the delivery of health services of acceptable quality and standard during emergencies. WHO provides a comprehensive and effective health response to public health threats and coordinates health humanitarian response through the health cluster at all levels in order to save lives, minimize adverse health effects and preserve dignity, with specific attention to vulnerable and marginalized populations in South Sudan.

In 2016 WHO activated the three level Incident Management Protocols as well as the emergency response framework to lead the health cluster response by initiating: the health cluster response strategy; repurposing technical staff to respond to the emergency; health cluster coordination at national and sub-national levels; facilitating rapid health assessment and risk analysis; providing technical support for early warning, alert, investigation, confirmation and response to disease outbreaks; providing guidelines for case management; provision of lifesaving emergency kits and consumables for common illnesses that are potentially fatal as well as information management and dissemination (e.g. sharing of Sitreps, IDSR bulletins, Health Cluster Bulletins).
KEY achievements

3,709 cases of cholera detected and effectively managed while reducing Case Fatality Rate from 21.1 to 1.73%

69,039 people reached with Oral Cholera Vaccine

1,000 children with severe acute malnutrition (SAM) and medical complications benefited from WHO nutrition kits

795 health care workers trained in life saving emergency skills & interventions

32 health cluster partners accessing lifesaving supplies from WHO core pipeline

Over 3 million children reached with potent polio vaccines in each of the two rounds of National Immunization Days

Over 155,000 migrant children vaccinated through special vaccination posts
Communicable diseases remain a major public health challenge in South Sudan, causing significant burden of illness, disability and mortality.

WHO provides policy and technical support, builds the capacity of the MoH (central, state and county level) to detect, assess and respond to epidemic and pandemic prone diseases. In the aftermath of the 2013 crisis, the national disease surveillance system has continued to rely on two streams of disease surveillance information.

The Integrated Disease Surveillance and Response (IDSR) system is operational in the seven non-conflict affected states, while the Early Warning Alert and Response Network (EWARN) is currently used to fulfill the disease surveillance and response need in the three conflict affected states.

The timeliness and completeness of surveillance performance has significantly improved with strong passive and active surveillance.
KEY achievements

A total of 223 outbreak rumors/alerts were reported and verified by the state rapid response teams in 2016.

89% of the reported rumors/alerts were investigated within 3 days of the reception of the rumor.

Cholera contained in 7 (80%) of the affected states.

Since 2014, the crude and under-five mortality rates have remained below the emergency threshold in the IDP sites.
Health Cluster: Under the leadership of WHO, the Health Cluster coordinates and brings together all development and humanitarian partners to ensure a unified approach to health care delivery, including the delivery of key elements of the Basic Package of Health Services. To ensure health security and access to essential health services in the short, medium and long-term for populations affected by the prolonged conflict, WHO developed Strategic Framework for the Health Sector Response. The strategy will improve engagement with the Ministry of Health, UN agencies, donors, NGOs and other partners, leverages resources, promote integration, collaborations and partnership for a timely and accessible lifesaving intervention to all in need. In South Sudan 67 partners are affiliated with the health cluster.

Emergency preparedness and Humanitarian action: WHO enhances the capacity of the MoH in disaster risk reduction for health. In addition, WHO provided technical support, operational and policy guidance to the Ministry of Health and local health authorities in areas of outbreak response and focused on strengthening institutional and country capacities in mitigation, preparedness, response for all types of hazards including disease outbreaks which pose a threat to human health.

Nutrition: Throughout the heightened emergency phase in South Sudan from 2014 to 2016, WHO intensified support to nutrition programmes with increasing focus on inpatient management with medical complications. A SAM-specific medicines kit was devised and introduced in June 2016, along with a comprehensive Capacity building package and consistent monitoring and evaluation tools, in line with existing WHO Global Guidelines and national information systems of the health and nutrition sectors. Kits were distributed to one third of functioning stabilisation centres before the latest escalation in violence disrupted services and monitoring. This initiative reflects WHO’s operational role in nutrition programming in emergencies.
Communicable Diseases, Prevention and Control

Communicable diseases are a leading cause of mortality and morbidity in South Sudan. Recurrent disaster and humanitarian crises, destroyed health infrastructure, lead to poor access to health services including supplies, loss of staff, population displacements, reporting challenges, collapsed health services, inadequate shelter, lack of safe water and sanitation facilities, overcrowding, and substandard immunization services all contributed to the high risk of communicable disease transmission.

In 2016, the World Health Organization Country Office in South Sudan’s commitment to avoid excess mortality and prevent illnesses translated into a package of services to reduce the incidence, and thereby the social and economic impacts of communicable disease like HIV infection, Malaria, Hepatitis and TB.
**KEY achievements**

- 75% of adults and children with HIV retained on treatment 12 months after initiation of antiretroviral therapy.
- Over 250 health care providers trained in providing ART/HIV care across the country.
- 4,023,659 people aged from one to twenty-nine years old vaccinated against meningitis in six non-conflict-affected states.
- 70 to 6 reduction in number of Guinea worm cases.
- 1,320 tested during the World Malaria Day commemoration and those positive provided with treatment.
- 26 laboratory technicians trained on PMDT.
- 4 health workers trained on Programmatic Management of Drug-resistant Tuberculosis (PMDT).
Neglected Tropical Diseases (NTDs): WHO is supporting the control of several neglected tropical diseases, namely dracunculiasis, visceral leishmaniasis, human African trypanosomiasis, leprosy, lymphatic filariasis, soil-transmitted helminthiasis, schistosomiasis and Onchocerciasis (River blindness). WHO provides medicines, diagnostic supplies and training to national health personnel. It also supports the Ministry of Health in their coordination and surveillance system by collecting and analyzing data. WHO provides regular technical support in establishing guidelines for disease control and elimination.

Between February and April 2016, mass drug administration for river blindness was conducted in the Greater Western Bahr El Ghazal Region targeting 80% of the eligible population in the state. During this period, 40 Supervisors and 1,632 community drug distributors (CDDs) were trained.

To successfully control and eliminate the most common NTDs, South Sudan completed mapping of preventive chemotherapy (PC-NTD) for Schistosomiasis (SCH), Lymphatic Filariasis (LF) and Soil Transmitted Helminth (STH) in 26 of the 53 unmapped Counties.

Tremendous progress has been made by reducing the number of Guinea worm cases from 70 cases in 2014 to six cases in 2016.

Polio Eradication Initiative: The country has remained Polio free for over 7 years with the last case reported in Aweil West Country, Northern Bahr El Ghazal state in June 27, 2009. The programme continues to support the MOH not only in PEI but also other programmes such as Guinea worm eradication and emergency response to outbreaks. WHO PEI programme with over 400 personnel has established a highly sensitive surveillance system to detect Acute Flaccid Paralysis (AFP) cases in children less than 15 years of age. In 2016, the national Polio AFP case detection rate reported as 3.90 per 100,000 children less than 15 years of age with 92% adequate stool specimen collection rate (global standard: case detection 2/100,000 and 80% stool adequacy). The PEI program as guided by the Polio and same strategy was able to implement the switch from OPV to BOPV. Also the certification and containment activities were successfully implemented with plans ongoing for polio transition.
Malaria control: WHO continues to provide support to the Ministry of Health to strengthen and scale up case management including access to malaria medicines and diagnostics, ensuring universal access to vector control interventions, mainly LLINs and surveillance to inform response decisions. To reduce the burden of malaria, technical support provided in mass distribution of three million LLINs, forecasting the commodity needs for ACTs, RDTs and LLINs and providing emergency malaria medicines and diagnostics. An Integrated Vector Management strategy and plan, Insecticide Resistance Management plan, Indoor Residual Spraying guidelines and Larval Source Management guidelines were developed for the first time in South Sudan. Malaria outbreaks in more than 32 counties countrywide, with more than 4 million people at risk, were detected timely and responded to through effective partner coordination by WHO.

HIV/AIDS: WHO continues to play a leading role in policy formulation, advocacy, guideline development/adaptation, elimination of mother to child transmission and in providing mother and child health services in the context of HIV, ensuring regular and uninterrupted supply of HIV medicines and commodities, planning and mobilizing of resources for the family and strengthening acquisition and use of strategic information to guide a more effective response.

Tuberculosis: WHO continues to play an important role to scale up multi-drug resistant tuberculosis (MDR-TB) control through sustainable complementary and efficient investment to improve access to life-saving tests, treatments and prevention. The USAID funding supports the National Tuberculosis, Leprosy and Buruli Ulcer Control Programme (NTLBP) to detect MDR-TB cases and achieve a treatment success rate of at least 70%. WHO also provides support to review the National drug-resistant tuberculosis guidelines and develop DR-TB training manuals.
Maternal Health Services

WHO with funding from the Government of Canada is committed to working with the Government of South Sudan to ensure that no women or baby dies as a result of pregnancy related complications or childbirth in South Sudan.

WHO aims to improve MNCH in a sustainable and self-reliant manner by providing services directly through expansion and mobilization of human and financial resources. This will allow services to be continuously delivered and utilized so that a Continuum of Care can become achievable.
KEY achievements

94,421 Beneficiaries reached

50,615 ANC 4+ visits recorded at all facilities

607 cases of PMTCT managed/treated

39,537 Obstetrics complications provided with life-saving emergency care

1,429 Hospital staff trained

25,437 Normal deliveries conducted

1,853 Cesarean section performed

2,883 Emergency care provided to newborns

12 Nurses trained in Anesthesia; all deployed and supporting obstetric surgical services

18 Postgraduate fellowship awarded for study in obstetrics and gynecology. Based on schedule, 2 completed in 2015, 6 in 2016 and the remaining in 2013

3 Modern maternal waiting homes constructed in Bor, Wau and Yambio

6 Modern maternity complexes constructed in Bor, Wau, Kuajok, Aweil, Yambio and Torit
To save the lives of millions of South Sudanese children, WHO with financial support from USAID, Bill & Melinda Gates Foundation, Rotary Club, works closely with the Ministry of Health and partners to protect children against life-threatening vaccine-preventable diseases.

KEY achievements

- 226,399 children protected against measles during 26 outbreak response campaigns
- 194,975 children reached with three doses of pentavalent vaccine
- 183,056 women in child bearing age group vaccinated with two and above doses of TT vaccine
- 146,718 children reached with inactivated polio vaccine
KEY achievements

Health System Strengthening

- The National Health Policy 2016 to 2026 that outlines the overall health sector direction over this period developed and approved by parliament and cabinets.
- Boma Health Initiative strategy—a community-based health extension workers strategy to strengthen community systems aimed at fostering Universal Health Coverage approved.
- Supported the development of a roadmap to streamline the supply chain management system for essential medicines.
- Supported the development of a Quality Assurance Framework for Health Sciences Institute to foster compliance with international standards for training mid-level health professionals.

Mental Health

- Development of multi-sectoral, mental health and psychosocial support response plan to strengthen health facilities to promote awareness of mental health issues in the community and ensure proper care to those who need them most through establishment of mental health services at primary health care level.
Blood and Transfusion safety

Safe blood transfusion: A properly functioning blood transfusion service is one of the essential components of health care and can save a considerable number of lives. The World Health Organization in South Sudan, with support from the Government of Japan, has been supporting the National Blood Transfusion Services (NBTS) to establish an efficient and sustainable national programme to ensure the availability of safe and adequate supply of blood and blood products.

In addition to blood’s unique role as a life-saving resource, it is a potential carrier for harmful, and sometimes fatal, infectious diseases and other adverse health effects. Therefore blood and blood components should be processed to the highest standards of safety, by collecting only from voluntary donors; ensuring mandatory screening, testing, processing and appropriate clinical use based on national transfusion guidelines.
KEY achievements

- A very successful World Blood Donor Day was held with a record 74 voluntary blood donations as well as a donation of facilities for donor selection interviews and counseling, more comfortable donor couches, tents and three all-terrain vehicles for mobile blood drives donated to National Blood Transfusion Services to boost the capacity for the recruitment and reaching out to the communities for voluntary blood donations.

- The introduction of automatic blood grouping technology using barcodes for sample identification and ELISA technology for the screening of donated blood and temperature monitoring devices for the blood cold chain, enhanced the capacity of the laboratory to ensure quality, efficacy and safety of blood and blood products.

- The operationalization of the medical specialized laboratory and Regional Blood Transfusion Centre in Wau, former Western Bahr el Ghazal Region improved coverage and access to services for laboratory based disease surveillance and blood transfusion in the neighboring states.

- The first mobile blood drive carried out in Wau, achieved a first ever 24 voluntary blood donations over a half day period.