

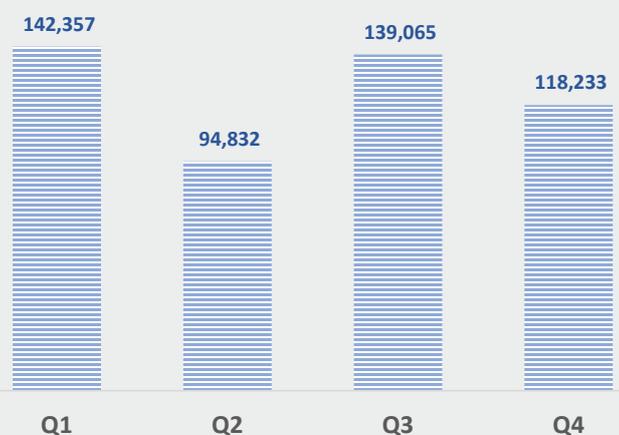


IOM - Urgent Appeal for Funds for Health Activities in South Sudan



IOM has been providing emergency lifesaving primary health care services to vulnerable populations including IDPs, returnees, and conflict affected host in Upper Nile, Unity, and Western Bahr El Ghazal, activities that have been implemented since 2013. At present, IOM supports 22 health facilities through the provision of primary health care and routine immunization services, through both static and mobile/outreach interventions in Malakal, Wau and Rubkona counties, both inside and outside IDP sites. Most of the health facilities supported by IOM are located in extremely hard-to-reach locations at which there are no other health partners operating, such as Greater Baggari in Western Bahr-el-Ghazal and Ding Ding in Unit, through which IOM reaches extremely vulnerable communities, including populations displaced, particularly as a result of floods or conflict.

Outpatient Consultations Conducted (2020)



In 2020, IOM static and mobile health facilities reached a total of 494,487 beneficiaries with outpatient consultations, provision of support which also focused upon key causes of morbidity and mortality in South Sudan, namely malaria, diarrhoeal diseases, and pneumonia, in addition to critical special treatment to vulnerable populations, including sexual and reproductive health services, tuberculosis treatment, and testing and treatment for HIV. IOM also integrates maternal health in all primary health care facilities, including antenatal and postnatal care, facility-based delivery, and family planning, with over 20,000 ANC consultations conducted on an annual basis. IOM provides screening to all children under 5 at the outpatient department, to enable early detection of malnourishment, through which 5,596 children were referred to the Outpatient Therapeutic Program for further support in 2020. These efforts are supplemented with the provision of health education messages at facility and household level, with a focus on common morbidities and infection prevention and control measures.

IOM remains a critical Health Cluster frontline responder, with Rapid Response Teams mobilized in response to disease outbreaks and acute crisis situations, through which IOM provides case management, mass reactive vaccination campaigns, and emergency primary health care in response to crisis situations.

In 2020, Rapid Response Teams reached a total of 296,984 beneficiaries, with some highlights below:

- Provision of emergency primary health care services to host communities, returnees, and IDPs in Kajo Keji, Central Equatoria;
- Provision of primary health services for flood affected communities in Manyo, Renk, Ulang, Canal Pigi, Pibor Mayendit, Mayom, and Balliet counties;
- Two reactive Measles vaccination campaigns in Aweil South and Rubkona counties;
- One oral cholera vaccination campaign for flood-affected communities in Pibor.



Temperature screening at Juba International Airport © IOM 2020 / Nabie Loyce

IOM spends USD 744,175 per month to provide the aforementioned services, a cost of USD 10.84 per beneficiary per year, which is significantly lower than the Health Cluster approved cost per beneficiary of USD 63.50 per beneficiary per year, attesting to the cost-effectiveness of the Organization's work.

Notwithstanding the success, criticality, and cost-effectiveness of these efforts, IOM is facing a critical budget shortfall. If immediate funding is not secured, over 800,000 beneficiaries will suffer dramatically reduced access to lifesaving primary health care services from 1 June onwards that would otherwise have been reached by IOM.

Given the breadth of IOM's efforts in hard-to-reach locations, there are limited or no health partners that are able to assume responsibility for those activities currently implemented, necessitating the closure of IOM-supported health facilities. Communities will be required to travel further to reach health services, worsening health outcomes, as well as exposing them to increased protection risks. As a principal provider of health services in former UN Protection of Civilian sites, the withdrawal services is likely to have a catastrophic impact, given the limited scope for partners to assume responsibility for such services, as well as the congested living conditions in these sites. This will

be accentuated by the necessity to cease disease surveillance activities, impinging upon early detection, reporting and treatment of epidemic prone diseases, which is likely to have a significant impact upon IDPs in these sites, due to the aforementioned conditions.

As we approach the rainy season in South Sudan, it is critical that services are in place to tackle malaria and diarrheal diseases, for which early detection and treatment is critical. This is particularly pertinent, given the devastation wrought by the floods in 2019 and 2020, the impacts of which are still being felt by affected communities. Relatedly, IOM will be unable to deploy Rapid Response Teams to tackle disease outbreaks and conduct vaccination campaigns, particularly in hard-to-reach and flood-prone areas, a critical concern in a country that experiences significant and regular measles outbreaks. Given the projected levels of food insecurity in 2021 in South Sudan, the mobilization of health Rapid Response teams is ever more critical.

The International Organization for Migration remains steadfast in its commitment to provide critical lifesaving health activities to some of the most vulnerable communities in South Sudan, and calls on donors to provide urgently required support to enable continuation of these efforts.

For further information, please reach out to:

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