



**World Health
Organization**
South Sudan

VOICES

from the field

Issue #10

Tackling the measles outbreaks with vaccination: Voices from Western Bahr El Ghazal State

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Introduction

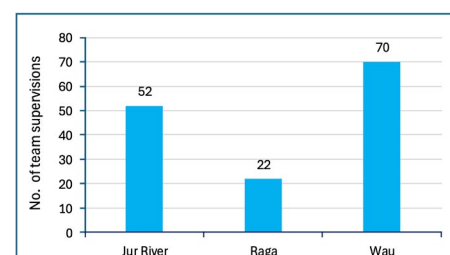
The World Health Organization targets to globally eliminate measles. However, recurring outbreaks persist due to low vaccine uptake, poor surveillance, and limited healthcare capacity still occur in Western Bahr El Ghazal State and South Sudan at large. To address this, the Ministry of Health and global partners launched a reactive measles vaccination follow-up campaign from **28th April to 4th May 2025**, targeting **117,840 children** in Western Bahr El Ghazal State with over **USD 38,000**. The campaign

involved extensive coordination, including deployment of health teams and community engagement to combat vaccine hesitancy.

This edition of the WHO Voices from the field provides a comprehensive overview of the preparedness, implementation, monitoring, and evaluation activities undertaken during the Measles Follow Up (MFUP) campaign. It highlights key achievements, challenges faced, and strategic recommendations for strengthening future measles control efforts in Wau, Raga, and Jur River, the three administrative counties of Western Bahr El Ghazal State, which has an estimated population of **620,211**



The state minister of health, giving remarks at the launch of the measles campaign



Team supervisors conducted all supervisors by county (Data does not include team supervisors' performance)

Key activities

Comprehensive microplanning workshops were held at the state and county levels. Identified 168 vaccination teams with support from the local community leaders.

- A supervisory team including 42 team supervisors, 9 county supervisors, 3 state supervisors were identified.
- A coordinating Committee was established, convening a meeting once a week to oversee the campaign's preparation progress and address emerging challenges or gaps.

- Several specialized sub-committees were also formed, including Technical, Vaccine, Cold Chain & Logistics, Advocacy, Social Mobilization & Communication, and Risk Management/Media Relations.
- The distribution of bundled vaccines and associated supplies was efficiently executed, reaching all designated counties and payams from 26th & 27th April 2025.
- Advocacy and social mobilization activities were done; specially had a launch on 28th April 2025.

- We adopted a Fixed-post strategy. However, a few vaccination teams were assigned to mobile tasks in markets, churches, mosques, bus/taxi parks and schools.
- A structured supervision system was established to optimize vaccine distribution and logistics management, ensuring efficiency, quality, and timely replenishment.
- Daily evaluation meetings were held throughout the campaign to enhance implementation efficiency and drive continuous improvement.

Achievements

- State-level preparedness for the measles follow-up vaccination campaign exceeded the 80% minimum threshold in the pillars.
- Director General of the State Ministry of Health chaired all daily monitoring meeting, these sessions convened

supervisors at all levels, ensuring coordinated oversight, timely issue resolution, and adaptive strategy adjustments.

County	Measles target	Total vaccinated	Vaccination coverage
Jur River	45,133	44,447	98%
Raga	19,208	16,328	85%
Wau	19,208	54,943	103%
STATE	117,840	115,718	98%

- The campaign achieved a state level vaccination coverage of 98% (115,718/117,840).
- Overall, the total counts across the 168 teams, supervised by 42 team supervisors.



Community health worker encouraging communities to get their children vaccinated against Measles.

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WHO STOP Consultant, conducting a fixed post monitoring of the measles campaign



EPI Manager Training State and county level ToT in Wau town, ATM Hotel from 14th to 17th April 2025

Challenges encountered

1. Planning, Coordination, and Funding

- Limited NGO participation and formal support agreements with local partners.
- Inadequate coordination between County Health Departments (CHDs) and implementing partners during SIAs.

2. Monitoring and Supervision

- Lack of smartphones for team supervisors, limiting digital monitoring through ODK.
- Transport challenges hindered team supervision.

- Inadequate number of supervisors relative to geographic coverage.
- Poor communication networks and inaccessibility in some areas due to insecurity.

3. Vaccine, Cold Chain, and Logistics

- Delayed vaccine deliveries to some vaccination posts.
- Cold chain equipment malfunctions and geographic barriers affecting timely distribution.
- Poor vaccine forecasting in some counties, resulting in shortages.

4. Advocacy, Social Mobilization, and Communication

- Inadequate access to radio prime time for campaign messaging.
- Poor communication networks and insufficient IEC materials.

5. Recruitment and Training

- Hurried training of vaccinators in some areas due to poor infrastructure and limited time, given participants move long distance to training venues.

Lessons learnt

1. Planning, Coordination, and Funding – Building the Foundation Right

- **Start strong, finish stronger:** The early release of funds and timely microplanning workshops created a solid foundation for smooth operations, allowing teams to anticipate challenges and respond quickly.
- **Leadership with a purpose:** Forming a Coordinating Committee brought focused attention to vital areas logistics, communication, and risk management making the campaign more strategic and results driven.

2. Monitoring and Supervision Oversight That Works

- **More hands, better reach:** Integrating partner staff into supervision teams expanded the human resource capacity and increased reach across vast areas.
- **Layered supervision boosts results:** Placing supervisors at every level ensured realtime problem solving and stronger accountability.
- **Local eyes on the ground:** Involving community leaders in monitoring brought cultural relevance, trust, and faster feedback from the field.

3. Vaccine, Cold Chain, and Logistics Preparedness saves time: Conducting a cold chain inventory well before the campaign ensured all equipment was ready to preserve vaccine potency.

4. Advocacy, Social Mobilization, and Communication Community voices matter: Engaging religious leaders, market influencers, and CBOs amplified public trust and countered misinformation.

- **Smart use of media and people:** Existing radio platforms and dedicated mobilizers proved to be powerful tools in spreading accurate messages quickly.

- **Structures that support:** Tapping into local community structures helped bridge gaps in communication and significantly boosted vaccine acceptance.
- **Recruitment and Training Consistency through cascading:** The cascade training model ensured that everyone, from state teams to local vaccinators, were on the same page.
- **The Local knows best:** Recruiting vaccinators from local communities improved acceptance, built trust, and enabled smoother implementation across diverse populations.

Acknowledgement

The Measles campaign reached a 98% coverage. The success was attributed to several factors including high political involvement, strong will and commitment from technical staff and vaccinators. We express our sincere gratitude to all the State ministry of health, CHD and Payam Administrations and Sultans, team supervisors and Vaccination teams for dedication towards the measles vaccination. Special thanks go to the Ministry of Health South Sudan, WHO, UNICEF, and other implementing partners for their continuous support and collaborations towards the elimination of Measles.



SOUTH SUDAN: Measles Vaccination Coverage in Western Bahr el Ghazal State

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