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VOICES

from the field

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WHO makes last mile delivery during Measles Follow-Up Campaign in Jonglei State

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Upper Nile, 30 May 2025 - Under normal circumstances a combination of fixed site and door-to-door vaccination is likely the most effective campaign approach for wider reach and higher coverage.

In Jonglei State, where floods submerge roads, conflict displaces thousands, and attacks on healthcare facilities cripple services, vaccinations teams must go the extra mile to protect children against vaccine preventable diseases. It is that last mile that makes the difference within communities.

Leaving no one behind

The World Health Organization (WHO) role in last-mile delivery is to ensure that healthcare services and essential medicines reach remote and underserved communities, where access to healthcare is limited. In locations such as Jonglei, WHO does so by addressing logistical challenges and implementing strategies to improve access to healthcare for all.

“Amidst Jonglei’s floods, conflict, and attacks on healthcare, we vaccinated more than 80% of children, including nomads and IDPs, this triumph of partnership and innovation proves no child is beyond reach.” Dr. Humphrey Karamagi, WHO Representative for South Sudan.

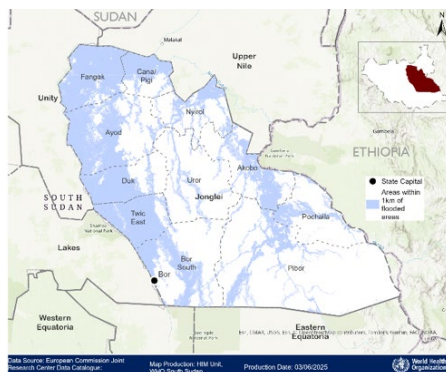
Jonglei is the largest state in South Sudan both in terms of area and population. It covers an area of 122,581 Km² of wetlands, savannas, and floodplains, with the White Nile and Pibor Rivers as major features.



Last mile distribution of Measles vaccines in Twic East islands, Jonglei State



The recent heavy rains in May caused rivers to overflow and spillover vast settlements areas.



A map of Jonglei State showing flooded areas

Affected populations moved to higher ground near their homes with the intent to return once the waters recede. These movements within a complex landscape continue to pose a challenge to immunization and leave vaccinators with no choice but to resort to unusual means to reach their targets.

During the last Measles follow-up campaign launched on 28 April, the Ministry of Health had set the target at 400,011 children to protect them against Measles.

Fixed and temporary vaccination sites were setup to serve in Internally Displaced People (IDP) camps and border areas to reach returnees fleeing Sudan's war.



WHO Consultant Hassan Dakat performing supportive supervision during MFUP Campaign in Bor county.

Meanwhile, vaccination teams navigated flooded villages by canoe to reach Nomadic pastoralists. Within 10 days, more than 350,700 children were



WHO Field supervisor Mr Lotila Ngare briefing the Measles vaccination teams in Pibor County, Jonglei State

reached and vaccinated against Measles with the help of community leaders.

The campaign's adaptive strategies revealed that combining real-time monitoring via dashboard and spot checks in high-risk areas, tracking mobile populations with context-specific logistics in counties with floods are achievable even amid crises.

WHO trained 2,528 vaccination teams who were then deployed by the Ministry of Health with the objective to reach all eligible children between 6 and 59 months. Nyadieng Jal Manyang, a health worker, was assigned to Ayod, one of the nine counties in Jonglei State which spans 13,449 Km².

"In a place where access to health is limited due to floods and conflict, these vaccines must come to them. This tiny pinch could save her life."

Said Manyang. As part of the trained vaccinators, Manyang has pledged to give back to her community by making sure all children in her assigned area are vaccinated against Measles.



A trained Health worker administering the Measles vaccine to children in Jonglei State

For the community, with the community

The measles follow-up campaign in the region prioritized community engagement through chiefs, women, youth & religious leaders to counter hesitancy via door-to-door sensitization, radio spots, and the use of public address systems (PAS)

By leveraging local leaders to address vaccine hesitancy, >80% of initially resistant families opted for vaccination. Local chiefs were instrumental

in dispelling rumors by publicly immunizing their children while grandmothers and pastors vouched for vaccinators within their communities. Rumors that vaccines sterilize children slowly lost credibility, leaving room for trust which is a vaccinator's most vital tool. Testimonies from parents have also helped build trust in vaccines. Nyamar Machot is one of the parents who share their painful experience, and the lessons learnt from it.

"I lost my firstborn to measles years back, this time, I will not let this disease take another. This vaccine is our shield." Said Manyang.

Engaging local leaders as ambassadors, deploying mobile teams via canoes, and negotiating safe access for health workers mitigated risks. Success in crisis demands blending local trust-building with adaptive, context-driven strategies to ensure no child is left unprotected.



Community engagement with local chiefs in Jonglei State.

Call for Action



- Strengthen Cold-Chain Systems in partnership with UNICEF and Gavi, will prioritize deploying solar-powered refrigerators ensuring vaccines remain viable even when roads vanish under water.



- Scaling up its mentorship programs for vaccinators and community leaders, equipping them with tools to combat misinformation and build trust through culturally tailored messaging.



- Document, share lessons and lead post-campaign evaluations to refine strategies for reaching nomadic communities



WHO Field supervisor Mr Machel Mathot with vaccination teams in Fangak during the launch of the Measles Follow up campaign in the county

Measles outbreaks in South Sudan are attributed to accumulation of unvaccinated children due to low routine immunization administrative coverage at 59 per cent. Access to health care across the country is extremely limited with less than 50 per cent of the population estimated to live within a five-kilometer radius of a health facility. As part of the measles control strategy, countrywide measles campaigns targeting children are implemented every two years.