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Specialized nutritional services in South Sudan; case of Al Sabbah Children Hospital Stabilization Center

Background

Al-Sabbah Children's Hospital is the only specialized pediatric referral hospital in South Sudan, serving children from birth to 18 years, including those from Juba, displaced populations, and referrals from across the country. Within the hospital, the Stabilization Center (SC) provides life-saving care for children with severe acute malnutrition (SAM) and related medical complications, admitting on average more than 100 children per month, with caseloads often exceeding 200 during the lean season.

To improve the quality of care, the World Health Organization (WHO) with support from ECHO recently procured and delivered 50 pediatric beds with mattresses, 50 SAM kits, and 50 oxygen concentrators with spare parts.

These investments have strengthened service delivery, expanded treatment capacity, and improved patient comfort. WHO also conducted supportive supervision to better understand the locations where the cases are coming into the SC in Al Sabbah. The findings reveal the locations in which the cases are coming from.

However, despite these efforts, the SC continues to face staff shortages, and seasonal surges in admissions, which keep mortality rates above international standards. Sustained donor support remains critical to consolidate gains and reduce preventable child deaths.

This factsheet presents an overview of the Stabilization Center (SC) at Al-Sabbah Children's Hospital in South Sudan, the country's main pediatric referral facility. It summarizes recent investments made through the support of the World Health Organization (WHO) and ECHO to strengthen service delivery, expand treatment capacity, and improve child survival outcomes. The document also highlights findings from recent supportive supervision visits and outlines persistent challenges and priority actions required to sustain progress and further reduce preventable child deaths.

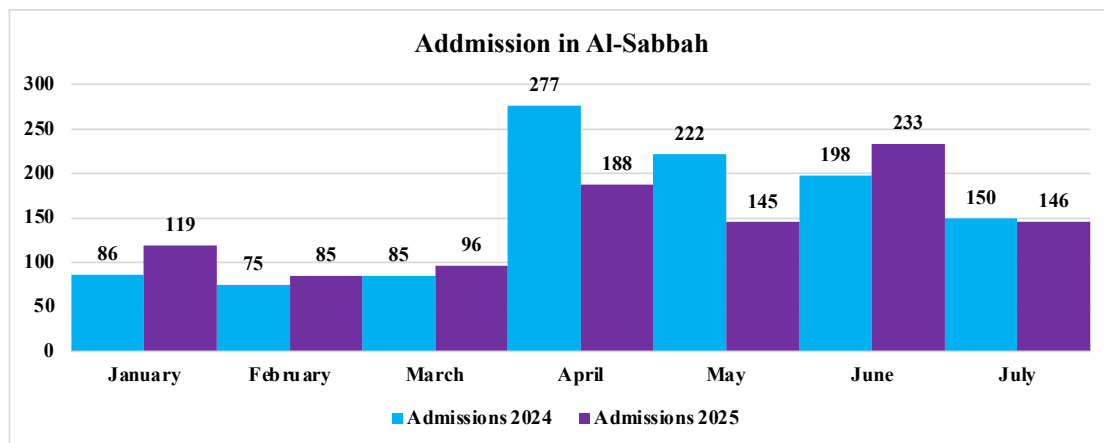
Key Statistics

Table 1: Al Sabbah Facility-level performance (Jan-July 2025 Data). This information is extracted from Al Sabbah Hospital Pediatric Death Audit conducted monthly

Indicator	Value/Description
Average Monthly Admissions	Over 100 children are admitted to the Stabilization Center per month
Total Deaths	172
Total Discharges	851
Overall, Death Rate	20.2%
Death Rate (July)	30.1%
Cure Rate	70%
Defaulter Rate	10%

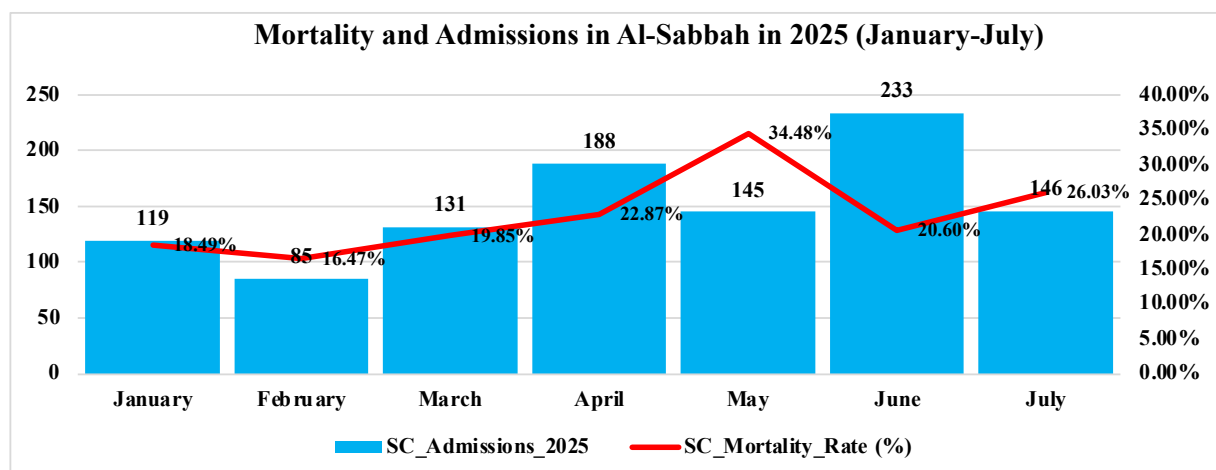
Table 2: Common Causes of Death in Al Sabbah Hospital

Cause of Death	Notes: The register reveals that many of the children who died at the stabilization center were admitted into the SC with these underlying medical complications, besides being severely malnourished.
Hypovolemic shock	Often secondary to severe dehydration
Severe dehydration	Frequently associated with vomiting and diarrheal illness
Severe pneumonia	Common among children with co-existing SAM
Severe anemia	Often linked to malaria and nutritional deficiencies
Severe Malaria	Many caregivers first seek traditional or informal treatment, leading to late presentation when the disease is already advanced



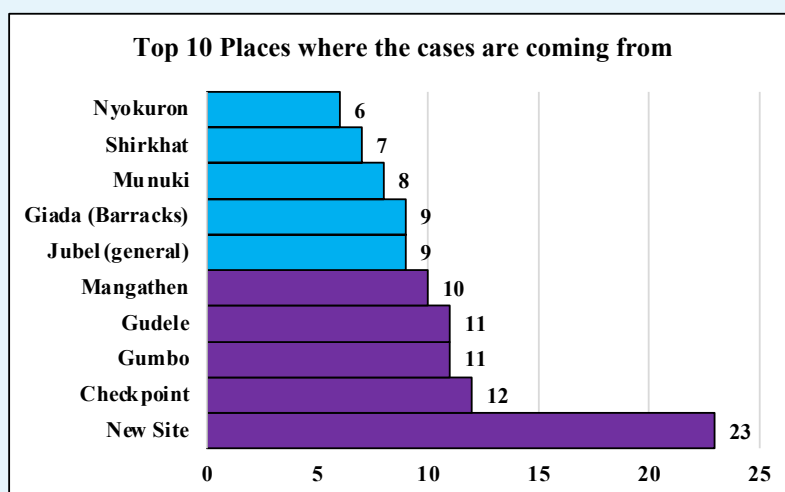
Admissions for severe acute malnutrition in Al-Sabbah have generally increased in 2025 compared to the same months in 2024. While the first quarter shows relatively stable admissions, the second quarter reflects a clear rise, with the highest levels occurring around mid-year before declining slightly in July. This pattern suggests seasonal variation or changes in detection and reporting practices.

Mortality rates in 2025 remain above the recommended threshold throughout the reporting period. The rates fluctuate, reaching their highest point around May, then decreasing somewhat in June before rising again in July. Despite improvements during the peak admission month, mortality remains elevated, indicating ongoing challenges in treatment outcomes and the need for strengthened clinical management and timely referrals.



Following the findings from Al-Sabah Stabilization Centre, WHO, UNICEF, and partners conducted an inter-agency assessment of the Outpatient Therapeutic Programmes (OTPs) operating in Juba to determine whether the reported deaths were linked to OTP referrals. The assessment, however, revealed that the cases were not referred from OTPs but were instead self-referrals, originating from the following geographical areas:

Geographical Location of death cases:



WHO Key interventions to Al Sabbah

Development of Quality-of-Care Improvement Tool for Stabilization Centers: The tool was jointly reviewed and validated by experts from the Ministry of Health's Department of Child Health and Nutrition, partners, and WHO South Sudan, with technical support from the WHO Regional Office, following evidence of high mortality at the Al Sabbah Children's Hospital stabilization center. As an interim step, the tool was piloted at Al Sabbah and scaled up to Yambio Stabilization Center in Western Equatoria State and Torit Hospital in Eastern Equatoria State, reaching out to 50 healthcare workers. These sites were selected based on the high mortality rates reported in both Central and Eastern Equatoria States.

Development of an action plan to guide pediatricians and allied health staff working in stabilization centers. The plan sets out practical steps to strengthen clinical practice, improve adherence to treatment protocols, and enhance supportive care, with the overarching goal of reducing mortality and sustaining improvements in quality of care.



Validation workshop for Quality-of-care tool

Analysis

Access

Access to stabilization care at Al-Sabbah Children's Hospital is limited by geographic and systemic barriers. Most admissions come from overcrowded urban settlements with poor infrastructure and limited primary health services. The majority are self-referrals, pointing to gaps in early detection and referral systems. During seasonal peaks, caseloads exceed bed capacity, causing congestion and straining staff. Strengthening referral coordination, outreach, and transport mechanisms is essential to improve timely access.

Quality

Despite recent investments in beds, SAM kits, and oxygen concentrators, mortality rates remain above international standards. Studies indicate that high mortality in stabilization centers is often associated with late presentation, severe comorbidities, and gaps in adherence to treatment protocols (Aly et al., 2023). These factors mirror challenges at Al-Sabbah, where children frequently arrive with advanced complications such as pneumonia, anemia, and malaria. WHO's Quality of Care training has improved staff competence, but sustained mentorship and supervision are needed. Hygiene and sanitation gaps persist, with poorly maintained facilities contributing to infection risks. Addressing these issues is critical to improving survival outcomes and maintaining care standards.

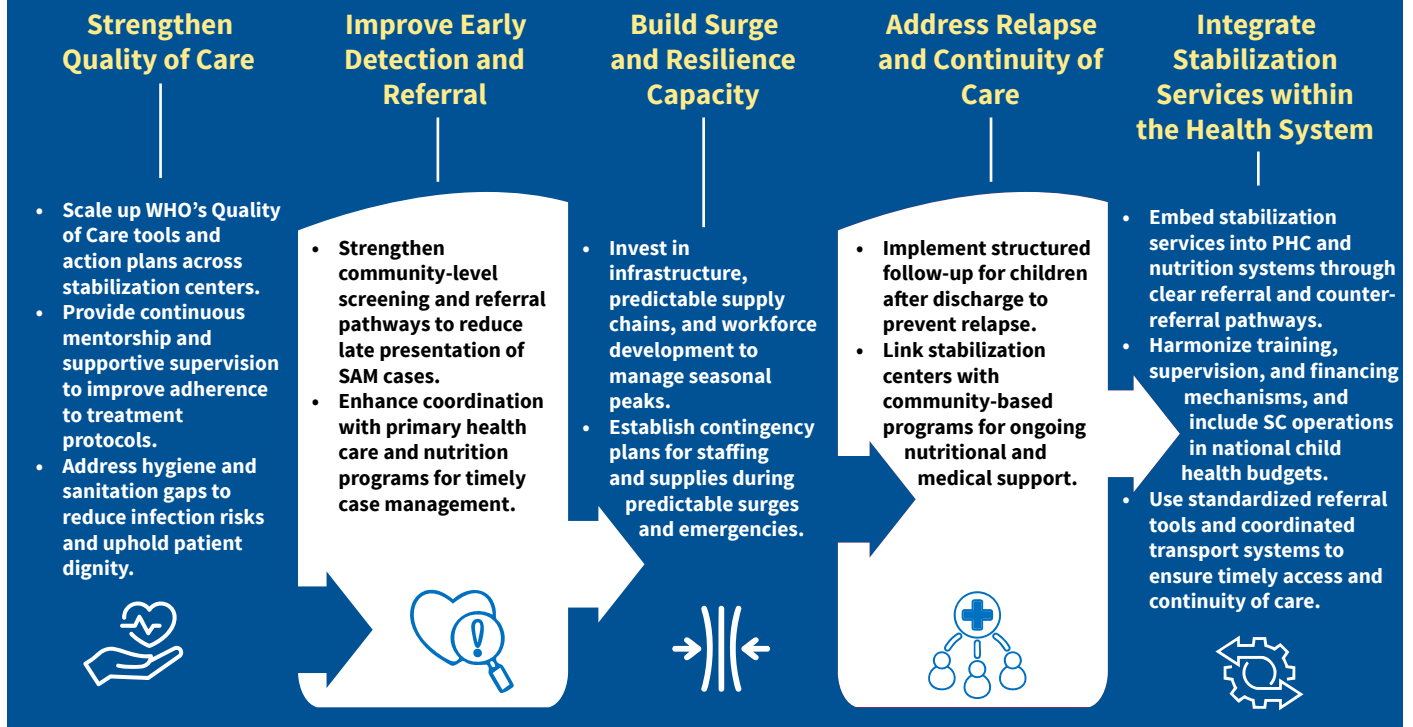
Demand

Community demand for stabilization services rises sharply during the lean and rainy seasons when malnutrition and infections increase. Children admitted for severe acute malnutrition often present with serious complications, and high case fatality rates are linked to late care-seeking. Evidence shows that children discharged from inpatient care remain at high risk of relapse, particularly when follow-up and community-level support are inadequate (Aly et al., 2023). This cycle of readmissions places additional strain on stabilization services during seasonal peaks and underscores the need for stronger continuity of care beyond discharge.

Resilience

The ability of Al-Sabbah's stabilization center to maintain services during seasonal surges remains fragile. Chronic staff shortages, limited surge capacity, and unpredictable financing affect continuity of care. Building resilience requires sustained donor support, integration of stabilization services into national child health plans, and investments in infrastructure, supply chains, and workforce development to ensure uninterrupted care during predictable seasonal and humanitarian shocks.

Call to Action



WHO hands over SAM Kits to Al Sabbah Children Hospital

Reference

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