



South Sudan Response

01 - 30 January 2015

A patient has blood drawn for a test. Health partners continue to provide a gamut of services to the most vulnerable people. Photo: WHO/M. Moyo.



6.4 M
IN NEED OF HEALTH
ASSISTANCE



1.5 M
INTERNALLY
DISPLACED....



3.4M
TARGETED
FOR HEALTH



499,393
REFUGEES...



26
INJURED*

Highlights

1. About 2.5 million people are expected to be food insecure in the first quarter of 2015.
2. A total of 651 Visceral Leishmaniasis (Kala-azar) cases and 13 deaths (CFR1.99) have been reported. The cumulative is 8,543 cases and 229 deaths (CFR 2.68%) since the onset of the crisis.
3. Health partners have conducted 240,222 medical interventions since the beginning of 2015.
4. A total of 62 deaths have been reported at internally displaced persons (IDP) camps since 1 January 2015. The mortality threshold remains below the emergency level in all camps.

HEALTH SECTOR

56*** HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES**



240,222

MEDICAL INTERVENTIONS

HEALTH FACILITIES



184

1,350

DAMAGED/LOOTED/NON
FUNCTIONING

CONSULTATIONS**



213,965

10,956

1,587

162

26

0

49

CONSULTATIONS

ANC

ASSISTED DELIVERIES

CAESERIAN SECTIONS

INJURIES (GUNSHOT

WOUNDS)

MEDICAL

EVACUATIONS

SENTINEL

SITES

EWARN



VACCINATION



613,919 CHILDREN VACCINATED AGAINST
MEASLES**

424,182 CHILDREN VACCINATED AGAINST POLIO**

FUNDING



0

90,000,000

0% FUNDED

US\$ REQUESTED

Notes:

* This number has received assistance.

** Coverage of children in Jonglei, Unity and Upper Nile states since December 2014.

*** UNHCR, South Sudan portal 26 January 2015

****OCHA Situation Report 29 January 2015

RH data last updated in January 2015

Situation Update

- Tranquillity prevailed in most of South Sudan, although skirmishes were reported in parts of Lakes, Western Bahr el Ghazal and Upper Nile states, resulting in deaths. No casualties were reported.
- Insecurity in the three states affected by conflict, Jonglei, Unity and Upper Nile continues to affect humanitarian operations, including surveillance activities for various outbreak-prone diseases, placing communities at risk of outbreaks.
- At least 2.5 million people in South Sudan face food insecurity in the first quarter of 2015, according to the South Sudan Integrated Phase Classification on Food Security (IPC) Technical Working Group (TWG). Affected areas include Greater Upper Nile, the three conflict-affected states of Jonglei, Unity and Upper Nile, Lakes and Warrap states. Key contributing factors to the country's food insecurity are conflict-related population displacement, disruptions in livestock and crop-based production, high staple food prices and high malnutrition. Recent nutrition assessments show that the malnutrition situation remains above the emergency threshold (GAM>15%), especially in the conflict-affected states. However, malnutrition is likely to remain critical in January to March. In light of the implications of food insecurity and nutrition status on health, partners will continue to respond accordingly.

Public health risks, needs and gaps

- **Threats:** Measles and Acute Jaundice Syndrome (AJS) cases continue to be reported in several Internally Displaced Person (IDP) sites. However, health partners remain vigilant and have maintained surveillance and response interventions for outbreak-prone diseases.
- **Ebola Virus Disease (EVD):** The EVD outbreak affecting parts of West Africa remains a threat with a high likelihood of importation. Health partners in South Sudan continue to support the Ministry of Health (MOH) to ensure adequate preparedness capacity. Since August 2014, altogether 94,921 passengers have been screened for Ebola at Juba International Airport (JIA), which receives an average of 4,000 passengers per week. From January to date no alerts have been received for further investigation. Screening is continuing with support from WHO, UNICEF and South Sudan Red Cross (SSRC).
- **Acute Watery Diarrhoea (AWD):** Tambura Hospital in Western Equatoria State attended to 301 AWD cases reported over the period from week 1 to 5 of 2015. All cases occurred among children under-5 years and the majority of the cases presented with diarrhoea, vomiting and fever. Three stool samples tested negative for cholera on rapid diagnostic tests (RDT) but 40% of the blood slides tested positive on RDT for malaria. The State Rapid Response Team (RRT) investigated the event and follow up investigations by the national RRT are underway to establish the diagnosis. Adequate stockpiles of medicines and other emergency supplies are available at state level.

Gaps

- Currently, the most critical health need is expansion of primary health care services beyond the PoC areas to reach at least 80% of the more than one million unreached IDPs. Measles remains a major health risk in this crisis and although most of the camps in the PoC areas have now been covered, there is need for vaccination of the host communities and the other IDPs outside the PoC areas. Water-related diseases such as cholera and Hepatitis E Virus remain potential threats to the IDPs and host communities. Secondary health services especially surgical, reproductive and mental health care are in short supply in the conflict affected areas. Furthermore, an effective referral system especially for the war wounded and pregnancies requiring Emergency Obstetric Care (EMOC) is urgently required. Strengthening epidemic preparedness and response including strengthening and expansion of disease surveillance and early warning system and pre-positioning of life saving supplies is also required.

Health Cluster Action

- Health partners, including CARE, IRC, GOAL, IOM, UNIDO, WR, IMA, MedAir and COSV are implementing the Short Interval Additional Dose (SIAD) campaign in the three conflict-affected states of Jonglei, Unity and Upper Nile.
- Health Cluster support teams conducted field visits to Bor and Mingkaman humanitarian hubs during the reporting period to strengthen the coordination of partners in the health sector. Through consultative discussions with stakeholders, the team also sought to improve information sharing, identify gaps and find ways to address them.
- Partners in Aweil, Northern Bahr El Ghazal, conducted the first round of the Maternal Neonatal Tetanus

Elimination (MNTE1) campaign from 8 to 14 January. A total of 226,484 women aged 15 to 49 years were reached, representing 86.5% of the targeted 261,926.

- The State Ministry of Health, in collaboration with UNICEF, WHO and partners conducted the third round of the Maternal Neonatal Tetanus Elimination (MNTE3) vaccination campaign in six counties of Gogrial East, Gogrial West, Tonj East, Tonj South, Twic in Warrap State, including Abyei Area Administration from 13 to 19 January. Altogether 243,907 women were vaccinated, representing 72% coverage. The campaign was initially scheduled for December 2014 but was postponed to January.
- UNICEF donated 45 PHCU and eight PHCC kits to partners in January.
- Altogether 42 metric tons of drugs, medical supplies and equipment have been pre-positioned by WHO in seven of the 10 states as part of emergency preparedness and response in the health sector. Two remaining states are to receive their supplies in February, whilst Central Equatoria will access the stocks in Juba.

Rapid Response Missions

- Deployment of health teams took place in Kotdalok, Wai, Kurwai, Menime, and Renk during the reporting period to provide general consultations, reproductive health services and capacity building.
- During RRM missions by UNICEF to Wai, Kandak and Menime between 16 and 30 January 2015, a total of 17,526 children 6 months to 15 years were vaccinated against measles; 19,587 children 0-15y were vaccinated against polio (OPV); 8,083 women aged 15-49 years were vaccinated against tetanus; 1,364 outpatient department (OPD) consultations took place including 639 children under-5; 1,280 long-lasting insecticide treated nets (LLITN) were distributed to households; 100 clean delivery kits were distributed to pregnant women; more than 100 health volunteers were trained for the mass immunization campaign; three PHCU kits were donated and 1,440 LLITNs were donated to the PHCU for pregnant women and malnourished children.

Health Cluster Coordination

- Cluster meetings continue to take place bi-monthly at national and weekly at sub-national level.
- National level cluster meetings took place on 13 and 27 January 2015. At the meeting on 13 January partners were encouraged to assist in conducting vaccination campaigns and discussed ways to support HIV in IDP settings. On 27 January, partners discussed the Cluster Performance Review (CPR) with focus on achievements, challenges and recommendations to improve future performance. Among the recommendations were that the cluster should regularly perform a consolidated gap analysis, hold frequent assessments and conduct monitoring support more often.
- In Lakes State the sub-cluster met on 19 January and highlighted the challenge of funding, which may result in the closure of some NGOs' operations in the area. Plans were also discussed to provide Vitamin A Supplementation and deworming during the biometric registration at the IDP site.
- The sub-cluster in Upper Nile State met on 15 and 29 January. On 15 January partners were informed that antiretroviral therapy (ART) centre at Malakal Teaching Hospital is now operational and newly diagnosed HIV cases should be referred there following MOH guidelines. The SMOH Prevention of Mother to Child Transmission (PMTCT) HIV coordinator will visit facilities to provide support, including Ministry guidelines and reporting among other services. The subsequent meeting on 29 January discussed plans for training and budgets for the pentavalent campaign in Makal, Fashoda, Akoka and Panyikang, implementation coordination for the SIAD campaign in Renk and progress on restarting services in Renk Civil Hospital.

Health service delivery

- By the end of January 2015, a total of 240,222 medical interventions had been conducted since the start of the year. These include consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations as follows:
 - 213,865 consultations and treatment, within and outside the IDP camps countrywide;
 - 613,919 children (0-15 years) vaccinated against polio;
 - 424,182 children against measles.

Vaccination

- Eighteen Acute Flaccid Paralysis (AFP) cases were reported with date of onset in 2015. Four (40%) states (Central Equatoria, Eastern Equatoria, Lakes, and Western Equatoria) have attained the targeted NPAFP rate of 2 per 100,000 children 0-14 years. The non-Polio Enterovirus (NPEV) isolation rate (a measure of the quality of the specimen cold chain) was not calculated since the culture results for the 18 stool samples are still pending. Stool adequacy stands at 100%, a rate that is higher than the target of 80% .
- The type 2 circulating Vaccine Derived Poliovirus (cVDPV2) cases remained two and SIAD activities are being conducted in the accessible counties of Jonglei, Upper Nile and Unity States. However, active surveillance stalled due to the continued insecurity in these three states.
- SIAD:** The Short Interval Additional Dose (SIAD) campaign is ongoing in the three conflict-affected states of Jonglei, Unity and Upper Nile, and with trivalent oral polio vaccine (tOPV) targeting 2.5 million children 0 – 15 years for each round. The campaign began on 2 December 2014 and will continue until all the 32 counties are reached with three rounds of immunisation. Data received in January are from Akoka, Baliet, Fashoda, Melut, Maban, Malakal and Malakal PoC. Key partners involved are MOH, UNICEF and WHO. NGOs, including CARE, IRC, GOAL, IOM, UNIDO, WR, IMA, MedAir and COSV are implementing the campaign in the respective counties they work in.

Table 1: Summary of counties reached and children vaccinated through SIAD

SIAD	No of children reached	No of counties reached out of 32
Round 1	613,919	22
Round 2	191,165	13
Round 3	178,013	5

- Samples for AFP were collected and sent for further investigations as summarized below.

Table 2: Details by Classification

Status of samples collected	Number of samples
cVDPV2	0
Pending for Lab culture	15
Pending for ITD	0
Pending for ERC	0
Discarded as NPAFP	12
22/30 Index cases with at least three contacts	88%

Support to health service delivery (capacity building)

- WHO, UNICEF, UNFPA, the Malakal County Health Department (CHD) and IMA visited six facilities (functional and non-functional) in Malakal County, Upper Nile State, to assess the status of the facility infrastructure especially physical structure, equipment and supplies in preparation for re-opening of facilities as more people return to their original homes; The team also assessed presence of people in the facilities catchment areas. Facilities visited were Bam PHCU, Asusa PHCU, Episcopal church PHCU, Haislam PHCU, Luakart PHCC and Malakia PHCC. All the facilities will require some renovation (some major) and provision of equipment and supplies. All Expanded Programme on Immunisation (EPI) refrigerators for the cold chain in the visited facilities were looted. The County Health Department (CHD) and partners were tasked to develop a preparedness plan for restoring the functionality of the facilities as population increases.

Assessments and investigations

- Initial Rapid Needs Assessments (IRNA):** These were conducted in six locations in Ayod County, Jonglei State between 5 and 8 January 2015. These included Kurwai, Kotdalok, Wai, Nyanapol, Menime

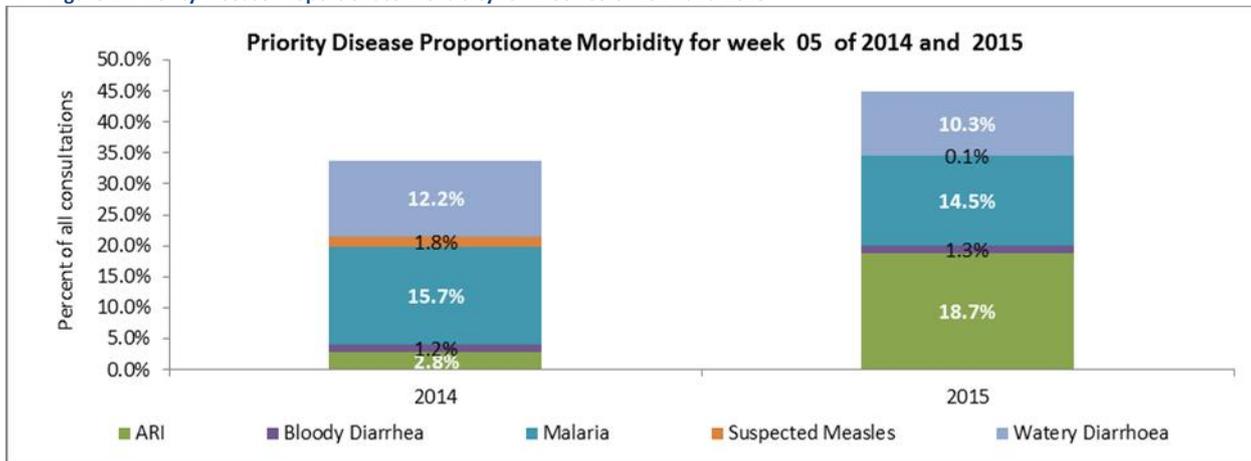
and Kandak. Key findings in the area of health across the six areas were that there is very low or no access to medical services within the bomas, with the nearest facility ranging from four hours to two days' walking distance. Health facilities lack supplies of medicines for malaria, suspected pneumonia, AWD and delivery kits. There is also a severe shortage of adequately trained human resources. The majority of women deliver at home, reporting overall critically low levels of skilled attendance at birth. Isolation and floods, food insecurity, livestock diseases, sub-optimal infant feeding patterns, very low knowledge of basic hygiene and unsafe drinking water contribute to exacerbate the vulnerability of local communities and displaced groups recently moved to that area. There is also low immunisation coverage among children under-5 years, with some never having been immunised before. Priorities for immediate humanitarian action include: Pipeline support for gaps in supplies of medicines for malaria, suspected pneumonia, AWD; Provision of delivery kits based on estimates, mobilizing human and financial resources (including capacity building) to restore community outreach service; Accelerating implementation of the basic package of health services that entails the management of malaria, pneumonia and diarrhoea by community-based health workers, including professional midwifery care; and Ensuring coverage for polio vaccination and measles.

- **Acute Watery Diarrhoea (AWD) Assessment:** The SMOH and County Rapid Response Teams (RRT) in Aweil North County, Northern Bahr El Ghazal conducted an assessment on 13 and 14 January following reports of an increase in cases of AWD. The investigation sought to establish whether the reported increase in AWD was likely to be a cholera outbreak. An analysis compared weekly reports from Gokmachar, Majak-Kar, Majak-Baai and War-Apei PHCCs over the last two years. The assessment established that there was no increase in cases of AWD but recommended continued surveillance, improvement in the provision of water, sanitation and hygiene (WASH), as well as educating the community on the benefits of seeking health services during such incidents. Aweil North County experienced a cholera outbreak in 2008 hence the concern by partners.

Surveillance and communicable disease control (update on surveillance in IDP/Protection of Civilian sites)

- During week starting 26 January 2015, Acute Respiratory Infections (ARI), were the leading cause of morbidity among IDPs, followed by malaria, Acute Watery Diarrhoea (AWD), Acute Bloody Diarrhoea (ABD) and suspect measles (Figure 1).

Figure 1: Priority Disease Proportionate Morbidity for Week 05 of 2014 and 2015



- **Hepatitis E Virus (HEV):** One new HEV case was reported from Mingkaman in the week starting 26 January 2015 hence the cumulative is 133 cases, including six deaths (CFR 4.5%). Three (50%) deaths occurred among pregnant women.
- Over the same period, six new AJS cases were reported from Bentiu (5 cases) and Lankien (1 case). Overall, 175 AJS cases have been reported from the various IDP sites. WHO is working with implementing partners to investigate and confirm all new cases of AJS. Enhancing sanitation and hygiene promotion remains a priority in all IDP sites.

- Key interventions including supportive case management, targeted preventive interventions during antenatal visits, soap distribution, shock chlorination of boreholes, as well as house-to-house hygiene and sanitation promotion visits are being conducted by partners in response to the HEV trends.
- **Cholera:** No new cholera cases have been confirmed over the last two months. The cumulative number of cholera cases in South Sudan is 6,421 cases including 167 deaths (CFR 2.60%) from 16 counties in five states.
- **Acute Flaccid Paralysis (AFP):** A total of 18 AFP cases with date of onset in 2015 have been reported. The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) was 2.30 compared to 4.14 for 2014 (target 2 per 100,000 children 0-14 years).
- **Visceral Leishmaniasis (Kala-azar):** Since the beginning of 2015, a total of 651 Kala-azar cases and 13 deaths (CFR 1.99%) have been reported from 15 treatment centres. Of these, 581 were new cases, 66 relapses or post kala-azar dermal leishmaniasis (PKDL) and 10 were defaulters. In comparison, 527 cases and 11 deaths were reported during the same period in 2014, of which 490 were new cases, 37 relapses/PKDL and 61 defaulters. This trend is consistent with a decline since the end of 2014. However, the cases reported in week 05 of 2015 are comparable to those reported during the corresponding period in 2014. Most of the cases reported so far in 2015 have been from Lankien (191 cases), Ulang (183), Walgak (59) and Chuil (45 cases). WHO continues to support implementing partners with healthcare worker training, diagnostics, and medicines for enhanced surveillance and case management.
- **Mortality:** During the week starting 26 January 2015, six deaths were reported from Juba 3, Malakal, Melut and Mingkaman. This is lower when compared to the 87 deaths for the corresponding week of 2014. Since week 1 of 2015, a total of 62 deaths have been reported from the IDP sites, compared to 263 over the corresponding period in 2014. The under-5 and crude mortality rates have remained below the emergency threshold in all the sites since week 1 of 2015.

Table 4: A Comparison of Deaths in the 1st 5 Weeks of 2014 and 2015

	2015	2014
Week 5	6	87
Week 4	11	91
Week 3	25	39
Week 2	12	27
Week 1	8	19
Total	62	263

Reproductive Health



Nyanakim Apet Abui (CCM) with her mother Mary Nyarach during a CCM team visit to their home in Bunagok village. Photo:CCM.

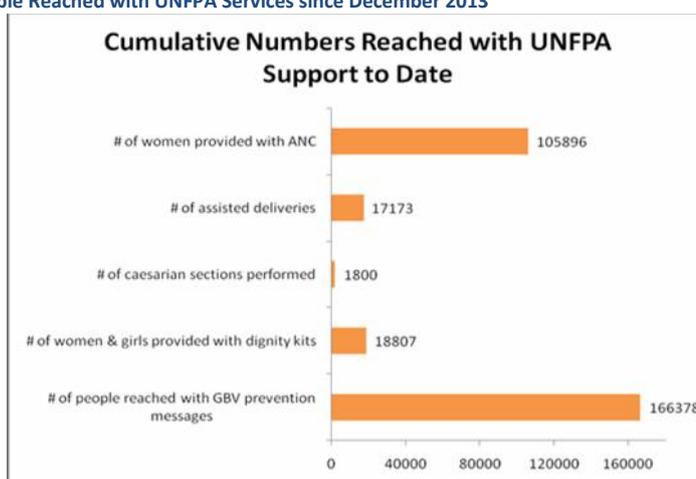
Feature: CCM Enhances Access to Reproductive Health Services for Women at Community Level

When the 26 years old Mary Nyarach Bunagok Payam, Awerial County, joined the Bunagok PHCC about three years ago, she had been childless for two years, a situation that was causing social and cultural challenges for her. She eventually conceived and was elated until she went into labour at midnight. On admitting Mary into the maternity, health workers realized that she had complications. CCM immediately facilitated her transfer to Yirol Referral Hospital the same night, where she delivered a baby girl. She named her daughter Nyanakim Apet Abui and nicknamed her 'CCM', after the Awerial CHD's implementing partner – to remind herself of how the organisation helped her to deliver her first born. Mary has since given birth for the second time, to a set of twins, while 'CCM' is expected to start school soon.

The CCM team recently visited Mary at her home to congratulate her on the birth of her second born twins in January. During the visit, 'CCM' was at her usual jovial mood helping her mother take care of her new sisters. Mary hopes 'CCM' will work hard and become a doctor someday, so she can help mothers and children in the community.

Figure 2: Cumulative Numbers of People Reached with UNFPA Services since December 2013

Health partners continue to provide reproductive health services. The graph (right) shows the cumulative number of people reached with UNFPA support since the crisis began in December 2013.



Resource Mobilization

- The Health Cluster's request of \$90 million in the 2015 Strategic Response Plan (SRP) is currently 0% funded. An allocation of \$7 million has been made to the cluster from the Common Humanitarian Fund (CHF)'s first round standard allocation. It is critical that funding be availed soon to support the response to the health needs in the crisis affecting the vulnerable South Sudanese communities.
- The \$77 million in the 2014 Crisis Response Plan (CRP) ended the year with 99% funding at \$76,300,431.

Plans for future response

- Conduct National Immunisation Days (NID)
- Continue to support SIADS in three conflict-affected states.
- Continue to support the MOH and National Ebola Task Force with preparedness for the early detection and timely response to Ebola cases.
- Continue advocacy for the revival of secondary health services in Malakal, Bentiu and Bor hospitals.
- Follow up on finalization of the national TB strategy in emergencies.
- Finalize action plan for HIV interventions in IDP settings.

Health Cluster Partners

Partners supporting the response in South Sudan include the following:

1. National and State Ministries of Health:
2. International Organisations: ICRC, IOM
3. International NGOs: AAHI, AHA, AMREF, ARC, Brac, CARE, Catholic Medical Mission Board, Caritas South Sudan, CCM, CMA, Concern, COSV, CUAMM, Dorcas, GOAL, Healthnet TPO, IMA, IMC, IRC, Johanniter, Magna, Malteser, Medair, Mentor Initiative, Merlin, MSF-B, MSF-CH, MSF-F, MSF-H, MSF-Spain, PIN, RI, Save the Children, Sign of Hope, World Relief, World Vision
4. National NGOs: HLSS, MRDA, Nile Hope, NPA, RUDI, SMC, SSRC, SSUHA, THESO, UNKEA, UNIDO
5. UN Agencies: UNHCR, UNFPA, UNICEF, UNAIDS, UNMISS and WHO.

The following donors are supporting the response:

CERF, CHF, CIDA, DFID, ECHO, EU, FINNISH, OFDA, USAID

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