



South Sudan Response

01 - 28 February 2015

 **6.4 M**
IN NEED OF HEALTH
ASSISTANCE

 **1.5 M**
INTERNALLY
DISPLACED....

 **3.4M**
TARGETED
FOR HEALTH

 **506,563**
REFUGEES...

 **39**
INJURED*

A surgeon performs a cataract operation during a month-long mission in Pibor, Jonglei State. The 73 year old patient walked more than four kilometres for the operation. Photo: WHO/M. Moyo.

Highlights

1. A new cholera outbreak was reported in Ikotos Country, Eastern Equatoria State with 43 cases and three deaths (CFR 7%) being reported between 11 and 19 February. Health partners swiftly contained the outbreak.
2. Health partners conducted the first round of National Immunisation Days (NID) targeting 3.35 million children below 5 years.
3. A total of 105 deaths have been reported at internally displaced persons (IDP) camps since 1 January 2015 - less than a third of the 390 deaths reported at the same time in 2014.

HEALTH SECTOR

56*** HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES**



636,798

MEDICAL INTERVENTIONS

HEALTH FACILITIES



184

DAMAGED/LOOTED/NON
FUNCTIONING

1,350

CONSULTATIONS**



541,076

CONSULTATIONS

24,891

ANC

3,380

ASSISTED DELIVERIES

380

CAESERIAN SECTIONS

39

INJURIES (GUNSHOT

WOUNDS)

0

MEDICAL

EVACUATIONS

EWARN

49

SENTINEL

SITES



VACCINATION

844,483 CHILDREN VACCINATED AGAINST POLIO**

FUNDING



7,000,000

8% FUNDED

90,000,000

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 27 February 2015

****OCHA Situation Report 26 February 2015

RH data last updated in February 2015

Situation Update

- The security situation remains calm with pockets of insecurity mostly in Lakes, Unity and Upper Nile states. Tribal clashes were reported in Baliet, Manyo and Renk Counties, Upper Nile State, Pacong and Mayath payams, as well as Cueibet County in Lakes State, resulting in two fatalities and 13 injuries. Humanitarian access remains constrained outside the Protection of Civilians (PoC) sites, particularly in sections of the three states where shelling has been reported in Bentiu. About 1.5 million people remain displaced, of whom an estimated 10% are in the PoC areas. Further, about 2.5 million are facing food insecurity in the first quarter of 2015, which may have a bearing on their nutrition status and subsequently affect their health. The risk of abduction of humanitarian workers in Malakal is of concern and has resulted in limited movement. However, the health situation seems to be stabilizing in most PoC sites, with a few reported public health issues.

Public health risks, needs and gaps

- **Threats:** A notable increase in Acute Watery Diarrhoea (AWD) cases reported in some PoCs, measles and the approaching meningitis season are the main public health concerns among partners. The trend is being monitored closely while Cary Blair, Trans Isolate (TI) Media, cholera rapid tests and Diarrhoeal Disease Kits (DDK) have been prepositioned at some health facilities that are reporting a high number of cases.

Gaps

- **Services:** Limited and in some cases lack of Mental Health and HIV-related services remain a challenge across the country. HIV test kit and antiretroviral (ARV) drug stock outs have also been reported.
- **Accessibility:** Difficulties in accessing specific locations for rapid response interventions due to the fluid movements of populations in remote areas.
- **Supplies:** Lack of supplies in some hard to reach places due to poor access.
- **Unavailability of Partners:** A continued challenge of finding partners who can take over and sustain health interventions after the initial response in some locations.
- **Funding:** The Health Cluster has a gap of 92% in funding. The cluster's requirement in the 2015 Strategic Response Plan (SRP) is \$90 million. So far US\$7, or 8%, has been allocated from the Common Humanitarian Fund (CHF).

Health Cluster Action

- Health partners are implementing the Short Interval Additional Dose (SIAD) campaign in the three conflict-affected states of Jonglei, Unity and Upper Nile.

Rapid Response Missions (RRM):

- IOM, IRC, MEDAIR, UNICEF and partners provided short rapid impact health responses in Udier, Pulturuk, Chuil, Gorwai, Renk, Nyanapol, Jazeera, Minemi, Leer, Kandak, Wai and Kurwai.
- UNICEF conducted a follow up mission to Wai payam in Ayod County, Jonglei State from 5 to 9 February 2015, after the initial mission from 16 to 27 January. The purpose of the mission was to ensure continued treatment of children with severe acute malnutrition (SAM) and to establish an outpatient (OTP) site for the partners' response. In agreement with local authorities, an OTP site was identified and a tent was set up adjacent to the temporary health structure created by IOM during their two week RRT response from 26 January to 9 February 2015. During the intervention, all children aged 6-59 months who went to the site for nutrition/health consultations were screened for malnutrition. More than 50 children with referral slips from initial screening received continued SAM treatment. Children who visiting the health facility for follow-up treatment received another two weeks' treatment of ready to use therapeutic food (RUTF). In addition, nine moderate acute malnutrition (MAM) cases were treated. Following the initial RRM, capacity building was provided for five local community health workers on the IM-SAM protocol using job aids. They were also oriented on the main OTP programme features and received practical on-the job training. UNICEF also provided key OTP materials, guidelines and anthropometric equipment.

Table 1: People Reached During the Rapid Response Mission

Male	Female	Total	
3,777	5,275	9,052	Children 6 months - 15 years vaccinated against measles
5,889	4,480	10,369	Children under 15 years vaccinated against polio
		N	Households reached with at least 1 insecticide treated net (ITN)
9	116	2	Primary health care consultations for children under 5 years
4	9	1	Primary health care consultation for people over 5 years
		3,505	Women of reproductive age (15-49) vaccinated against TT
		1,060	Pregnant women who received a clean delivery kit

Source of information: RRM Team

- While the RRM's aim to have quick impact interventions, some of the long staying partners with interventions up to three months in a location have worked with partners on ground to build capacities and used exit strategies that point towards continuity of health presence in the locations of response. Three months after Medair's intervention in the Udier Primary Health Care Unit, using the rapid response strategy, services were handed over to Relief International as the health systems strengthening partner funded by IMA/World Bank for implementation of PHCU in Longochuk County. The intervention met more than 80% of the indicators established in the Terms of Reference. This is evidenced by an improvement in quality of services and treatment, overall improvement of correct treatment for malaria, pneumonia and acute watery diarrhoea in children under 5 and an improved score on the Ministry of Health (MOH) quantified supervisor checklist from an initial 12% to 70% by the last visit.

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 10 and 24 February 2015 and focused on Monitoring and Reporting of Common Humanitarian Fund allocations, Epidemiological updates, the status of the distribution of Emergency medicines and who is doing what, where, when and for whom (5W) matrix for implementation.
- During the cluster meeting in Upper Nile State on 12 February, partners agreed to conduct an investigation to identify the cause of relatively high Neonatal Sepsis incidence rate during epidemiological weeks 4 to 6 at the PoC in Malakal. The meeting also agreed to include psycho-social components in the daily active hospital surveillance system.
- Health cluster meetings in the states were focused on preparations for the National Immunisation Days (NID) that took place from 24 to 27 February 2015.

Health service delivery

- By 28 February 2015, a total of 636,798 medical interventions had been conducted since the start of the year. These include the following:
 - 541,076 consultations and treatment, within and outside the IDP camps countrywide;
 - 844,483¹ children (0-15 years) vaccinated against polio;
 - 24,891 women provided antenatal care (ANC) services;
 - 3,680 women had assisted deliveries;
 - 380 women had caesarean sections;
 - 29,016 people reached with gender-based violence (GBV) prevention messages.

Vaccination

- National Immunization Days:** The first round of the NIDs, a countrywide campaign to vaccinate nearly 3.35 million children against polio took place from 24 to 27 February in South Sudan. The campaign covered all parts of the country, including the conflict areas where over 1.2 million children remain

¹ Vaccination, Children (0-15 years) protected against polio through Round 3 SAID in 3 conflict affected areas.

unimmunized and vulnerable to wild polio virus infection. More than 19,000 volunteers and 1,500 social mobilizers nation-wide went from house to house to reach the children at a cost of \$3.8 million.

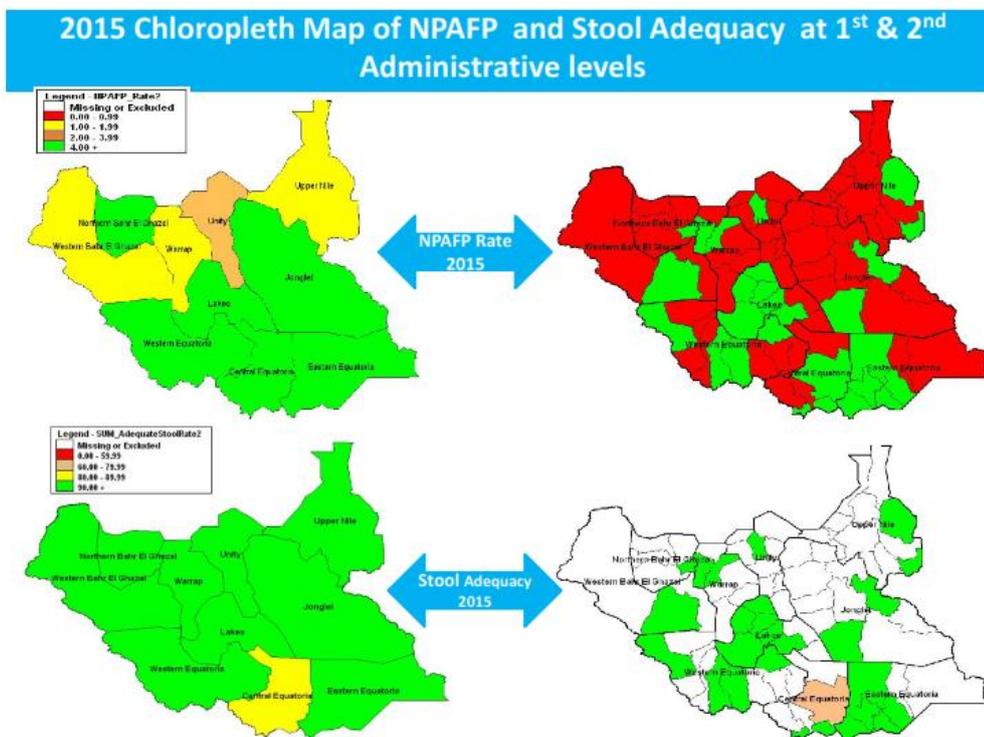
- **SIAD:** Partners continued with the SIAD campaign in the three conflict-affected states of Jonglei, Unity and Upper Nile with trivalent oral polio vaccine (tOPV) targeting 2.5 million children aged 0 to 15 years for each round. The campaign, which began on 2 December 2014, will continue until all the 32 counties have been reached with three rounds of immunisation. 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 their respective counties of coverage.

Table 2: Children and Counties Reached with SIAD

SIAD Rounds	Total No. of Children reached with OPV	Total number of counties reached per round out of 32 counties (+3PoCs)
Round 1	844,483	27 (+3PoCs)
Round 2	421,276	14 (+3PoCs)
Round 3	297,455	9 (+3PoCs)

- **Renk County 2nd Round Immunisation:** Partners conducted the second round of the immunisation in Renk County, Upper Nile State from 29 January to 8 February 2015. Activities included refresher training of vaccinators and social mobilisation of the community, in addition to vaccinating all children aged 0 month to 15 years against Polio and deworming all children from 1 year to 15 years against intestinal worms to reduce illness and death related to helminthic infestation. Altogether 25,942 children were vaccinated against polio and 14,753 were dewormed in the Renk Town, Chemudi, Gerger and Jalhak payams. Partners involved in the intervention included the County Health Department (CHD), IOM, IMA, Medair, UNICEF and WHO.
- **Acute Flaccid Paralysis:** A total of 51 AFP cases have been reported, of which nine new AFP cases were reported in week 09. The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) is 3.0 per 100,000 population of children 0-14 years (target 2 per 100,000 children 0-14 years).

Figure 1: 2015 Chloropleth Map of NPAFP and Stool Adequacy at 1st & 2nd Levels



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

Table 3: Details by Classification

Status of samples collected	Number of samples
cVDPV2	0
Pending for Lab culture	16
Pending for ITD	0
Pending for ERC	0
Discarded as NPAFP	26
34/42 Index cases with at least three contacts	85%

Support to health service delivery (capacity building)

- Kala-azar Training:** WHO trained 16 health workers on Kala-azar management and diagnosis in Kapoeta South County, Eastern Equatoria State from 10 to 14 February. Focus was on various diagnostic tests for visceral leishmaniasis and their sensitivity, the different drugs and their efficacy as well as supportive measures and precautions during treatment. The specific needs of special groups such as pregnant women, people with malnutrition, defaulters and those with other infections were also discussed. Consequently, a management strategy for such groups was designed and shared. Participants comprised medical doctors, clinical officer, nurses, laboratory technicians, Community Health Workers (CHW), nutritionists and pharmacists trained. Kala-azar guidelines were also shared to ensure standardization of services.

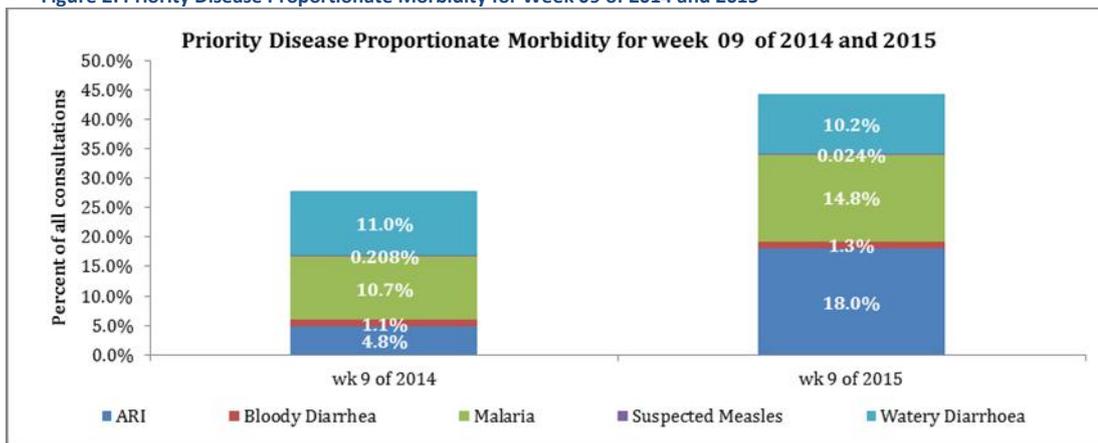
Assessments and investigations

- Initial Rapid Needs Assessments (IRNA):** Partners conducted an IRNA to Jalle Payam, Bor South County, Jonglei State on 10 February 2015 to establish the needs of the community following inter-tribal clashes this month. Key findings concerning health were that Jalle PHCC, is currently providing free curative health services to the community. Staff include a nurse, a medical assistant, three vaccinators, a maternal child health worker (MCHW) and a CHW. Leading causes of morbidity in the payam are ARI, suspected malaria and diarrheal diseases. Five patients who were seriously injured were referred to Bor Hospital. Antibiotics, oral rehydration salts (ORS), anti-malaria, antipyretics and dressing materials are available in the PHCC. One round of NIDs and three rounds of SIAD campaigns were conducted in November and December 2014. The PHCC does not have medical laboratory services. Although the PHCC does not have midwives, the nurse and MCHWs run the maternity service. Routine immunization is not taking place regularly since the refrigerator is not functional. Lack of essential drugs such as ciprofloxacin and other antibiotics was reported.
- In light of the availability of functional health facilities, the assessment established that no new interventions are necessary. However, there is the need to strengthen and revitalize health services, particularly regarding the provision of medicines and medical supplies. Provision of vaccines, maintenance for refrigerator and solar panel with batteries to strengthen EPI department and to restart routine EPI are required. Refresher training for health workers was also recommended. Deployment of midwives, nurses, public health officer, pharmacy and medical laboratory technicians is required to improve service quality. Provision of bicycles and motor cycles will help to strengthen disease surveillance.

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

- Acute Respiratory Infection (ARI) remains the top cause of morbidity among IDPs, followed by malaria, Acute Watery Diarrhoea (AWD), Acute Bloody Diarrhoea (ABD) and suspected measles. Trends for ARI, ABD and measles have been stable since the beginning of the year, while the malaria trend has stabilised over the past four weeks.

Figure 2: Priority Disease Proportionate Morbidity for Week 09 of 2014 and 2015



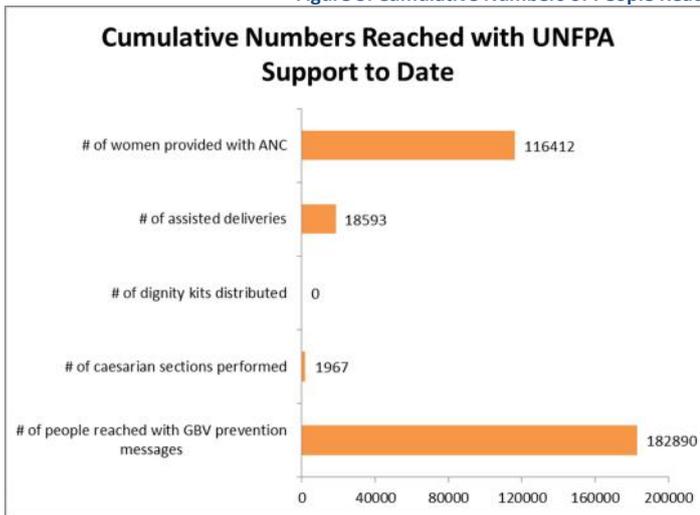
- **Measles:** During week 09 of 2015, four suspect measles cases were reported from Bentiu (3 cases) and Melut (1 case).
- **Acute Jaundice Syndrome:** AJS is increasingly becoming a major cause of morbidity among IDPs. Hepatitis E Virus (HEV) has been confirmed as the cause of AJS in Bentiu. Following the recent confirmation of HEV in Bentiu, one additional case was reported in week 09. A total of 32 HEV cases with no deaths have been reported in Bentiu since the 25th week of 2014.
- One new HEV case was reported from Mingkaman in week 09 of 2015 hence the cumulative for HEV in Mingkaman is 137 cases including six deaths (CFR 4.4%). Three (50%) deaths occurred among pregnant women. Seventy (52.6%) of the HEV cases in Mingkaman occurred in females, particularly in the 10-14 and 15-44 year age groups. Most of the 131 HEV cases in Mingkaman with age recorded were 15-44 years old 54 (40.6%).
- **Cholera Outbreak:** A new cholera outbreak was confirmed in Ikotos County, Eastern Equatoria State after *Vibrio cholera, inaba* was isolated from two of the four samples tested at the National Public Health Laboratory in Juba. A total of 43 cases and three deaths (CFR 7%) were reported in the outbreak that started on 11 February, 2015. Most - 27 – representing 64% of the reported cases occurred on the first day of the outbreak, which suggests a point source exposure to a contaminated open water source, since open defecation is widely practiced. The National Epidemic Preparedness and Response (EPR) committee, state and county rapid response teams were immediately activated and responded with support from WHO and partners. Cholera treatment kits have been prepositioned at county and state level to support treatment of cases. Water Sanitation and Hygiene (WASH) supplies such as water purification tablets, soap and hygiene promotion and awareness materials are being distributed.
- **Visceral Leishmaniasis (Kala-azar) Update:** Since the beginning of 2015, a total of 928² Kala-azar cases and 28 deaths (CFR 3.02%) have been reported from 16 treatment centres. Of these, 768 were new cases, 160 relapses or PKDL, and 17 were defaulters. In comparison, 931 cases and 17 deaths were reported during the same period in 2014, of which 854 were new cases, 77 relapses/PKDL and 90 defaulters.
- **Meningitis:** One new suspect meningitis case was reported from Lankien during week 09 of 2015.
- **Mortality Update:** Altogether 105 deaths had been reported at IDP camps by the end of week 9 of 2015 compared to 390 during the same period in 2014. The mortality threshold remains below the emergency level in all camps.

Reproductive Health

- UNFPA trained 15 participants on Minimal Initial Service Provision (MISP) over a three-day period in Bentiu. The participants were drawn from CARE, IRC, IOM and SMoH.

² Figures may change after data cleaning.

Figure 3: Cumulative Numbers of People Reached with UNFPA Services since December 2013



Health partners continue to provide reproductive health services. The graph (left) 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 8% funded with \$7 million so far allocated from the Common Humanitarian Fund (CHF). The lack of funding is a major gap, which is affecting the health response. It is essential that funding be availed urgently to allow prepositioning of critical emergency medicines before the rainy season when roads become inaccessible. Funds are also required for a timely response to emerging needs.
- Advocacy continues with donors, partners and SMOH on support for the impending stock out of drugs procured through the Emergency Medicines Fund (EMF). Following ongoing discussions and presentations by the SMOH on the status of the pharmaceutical procurements, there are concerns that delays in procurement will leave a drug supply gap from September to November. Further, the procurement will only cater for three months and supply county and teaching hospitals. Secondly delays in the SMOH budgeting cycle mean the shortages will extend beyond February for a possible four months. Existing buffer stocks are unlikely to meet the demand for the said period.

Plans for future response

- 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.
- Advocate 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.
- Follow up on donor engagements for advocacy on impending shortage of EMF drugs.

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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