



A woman's blood pressure is checked as part of the integrated health services by partners. Photo: WHO/M. Moyo.

## South Sudan Response

01 - 31 October 2014



**5.8 M**  
IN NEED OF HEALTH  
ASSISTANCE



**1.4 M**  
INTERNALLY  
DISPLACED....



**3.1M**  
TARGETED  
FOR HEALTH



**470,012**  
REFUGEES...



**7,110**  
INJURED\*

### Highlights

- Cholera resurfaced in Lopa-Lafon County where new cases and deaths were reported, raising the cumulative number to 6,260 cases and 157 deaths (CFR 2.6%).
- Visceral Leishmaniasis (kala-azar) cases and deaths rose to 5,713 and 163 (CFR 2.9%) respectively since May 2014.
- Altogether 113 Hepatitis E Virus (HEV) cases have been reported in Mingkaman.
- To date health partners have conducted 3,412,049 medical interventions since December 2013.

### HEALTH SECTOR

56\*\*\* HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES\*\*



3,412,049 MEDICAL INTERVENTIONS

HEALTH FACILITIES



184 DAMAGED/LOOTED/NON  
1,350 FUNCTIONING

CONSULTATIONS\*\*



1,814,402 CONSULTATIONS  
75,037 ANC  
12,545 ASSISTED DELIVERIES  
1,256 CAESERIAN SECTIONS  
7,110 INJURIES (GUNSHOT  
WOUNDS)  
422 MEDICAL  
EVACUATIONS  
SENTINEL  
SITES

EWARN

32

VACCINATION



694,314 CHILDREN VACCINATED AGAINST  
MEASLES\*\*  
622,405 CHILDREN VACCINATED AGAINST POLIO\*\*  
32,681 VACCINATED AGAINST MENINGITIS IN  
MINGKAMAN  
120,176 PEOPLE VACCINATED AGAINST CHOLERA,  
ROUND 2 IN TONGPING, JUBA III, MALAKAL, BOR,  
MINGKAMAN AND BENTIU

FUNDING



62,245,787 81% FUNDED  
77,000,000 US\$ REQUESTED

#### Notes:

\* This number has received assistance.

\*\* Since 15 December 2013.

\*\*\* UNHCR, South Sudan portal 28 October 2014

\*\*\*\*Population data: OCHA, October 2014

RH data last updated in October 2014

## Situation Update

Reports of clashes in Bentiu and Rumbek, in Unity State, as well as Malakal, Upper Nile State, increased insecurity and raised concerns about the delivery of health services, in areas that already face access challenges. However, most of the country was calm. Operations in conflict-affected areas remain a challenge that impedes delivery of health services to communities in need. These include limited access to services following the temporary closure of health facilities, immunization and delivery of medicines.

## Public health risks, needs and gaps

- The resurgence of cholera in Lopa-Lafon is of concern and a stark reminder of the need to maintain interventions while continuing to enhance prevention efforts.
- The confirmation of a case of Marburg Virus Disease (MVD) in neighbouring Uganda raises concerns, particularly given the country's proximity to South Sudan. This is in addition to the Ebola Virus Disease (EVD) outbreak currently affecting multiple countries, mostly in West Africa. Although no cases of either EVD or MVD have been reported in South Sudan, partners remain vigilant and are investigating all rumours and alerts. Since August 2014, five alerts have been investigated, one each in Ezo, Nzara, Terekeka and two in Juba - all of which tested negative. WHO and partners continue to support the Ministry of Health (MOH) to enhance prevention and preparedness efforts at national and state level. Surveillance, prevention and preparedness activities continue.
- The effects of floods continue to pose a health hazard. Health service providers are on high alert for early detection and investigation of any suspected cases of waterborne and sanitation related diseases in Bentiu, following the collapse of over 40 latrines due to flooding, according to field reports. Fresh floods have also been reported in Northern Bahr El Ghazal.
- Kala-azar cases continue on a steady increase and are more than double those reported at the same time last year, a situation largely attributed to the movement of non-immune populations to endemic areas.

## Gaps

Critical health response gaps include:

- BOR: Partners have reported a shortage of kits for syphilis tests.
- BENTIU: Although partners are trying to address challenges caused by floods, this remains a challenge in the PoC.
- KALA AZAR: Insecurity remains a challenge for partners responding to kala-azar, coupled with late reporting.

## Health Cluster Action

- Health partners are responding to the resurgence of cholera cases in Central and Eastern Equatoria states. The three hot spots are Lobonok in Central Equatoria, as well as Ikotos and Lopa-Lafon in Eastern Equatoria. In Lopa-Lafon County, SCUUK is supporting the County Health Department (CHD) with case management. In Ikotos AVSI and Caritas Swiss, are working with the CHD and supporting the response through the distribution of soap and chlorine, coupled with awareness raising.
- MSF-Holland has provided emergency surgery for recent casualties of the resumption of fighting in Bentiu.
- Partners are working together to resolve the issue of flooding in Bentiu PoC. Activities include constructing an access road to the MSF facility.
- In response to reports of poor disposal of medical waste, particularly needles and injections by private practitioners at Bor PoC, partners provided safety boxes. These will be collected for incineration at intervals.
- Health Cluster partners continue with kala-azar response activities, including diagnosis and treatment of the disease. Drugs and test kits have also been prepositioned in endemic states of Upper Nile,

Jonglei, Unity and Eastern Equatoria. In addition, weekly meetings are taking place at national level. In coordination with MoH, WHO and a new kala-azar consortium (KalaCORE), UNICEF has agreed to support the response to the kala-azar outbreak through the provision of plumpy-nut, distribution of long lasting insecticide treated bed nets (LLITN) and support for social mobilisation. To date, UNICEF has provided 5,000 LLITNs to MSF-H in Lankien, as well as 4,500 sachets of plumpynut and 3,350 LLITNs to GOAL in Rom. UNICEF is also supporting the MoH with the mapping of kala-azar services in affected areas. The aim is to support partners to scale-up and establish kala-azar treatment centres in endemic areas that are not currently served by primary health care services. As these new areas are identified, UNICEF will continue to provide primary health care, nutrition and social mobilisation support.

- At state level, the emergency preparedness and response meeting on 23 October in Bor discussed the status of kala-azar, Ebola and Hepatitis E at both national and state level. Factors affecting mortality and morbidity, prevention and current measures being undertaken to control the diseases were also discussed. The meeting agreed to meet weekly to discuss the three diseases.
- Partners continue to support prevention and preparedness activities against both Ebola and Marburg virus diseases. South Sudan Red Cross (SSRC) volunteers continue to support the Ebola screening process at Juba International Airport as part of preparedness activities. Partners are also engaged in Ebola/Marburg Preparedness Task Forces at both national and state level.
- UNICEF is actively supporting the MOH in the National Ebola Preparedness and Response activities. This includes the provision of hand washing facilities and infection control at Juba Airport for screening of new arrivals; technical support for the Training of Trainers workshop scheduled for 27 October; and as the lead agency supporting MOH in communication and social mobilisation activities.
- WHO continues to support partners with drugs and test kits for handling cases.

## UN Family Unites to Mark UN Day By Serving the Community in Kapuri



Some of the community members who benefited from the integrated services offered by UN agencies to mark UN Day. Photo: UNFPA/J. Jacques.

To mark UN Day, UN agencies provided integrated health services to the community in Kapuri, within Juba in Central Equatoria State.

Services included a mobile Reproductive Health clinic and gender based violence (GBV) counselling clinic, attended to by midwives and social workers, as well as HIV testing and counselling. A child health clinic provided immunisation against measles and polio, Vitamin A supplementation and deworming, while mothers also received the tetanus injection. Malaria testing and treatment were also provided, complimented with the distribution of LLITNs to households.

Although UN Day falls on 24 October, events at Kapuri took place on 25 October, thereby affording staff a chance to volunteer their services.

The event provided an excellent opportunity to serve members of the population that lives outside the PoCs, and was successful at reaching those in need.

A total of 50 antenatal mothers were seen and two were referred to the hospital (one case of anaemia and one for HCG testing). Twenty people (16 females and four males) came for Family Planning services and health education talks covered the importance of antenatal and postnatal care, nutrition during pregnancy, Family Planning services offered and the importance of Family Planning.

“I came here because I heard that there would be people who could tell me whether my pregnancy is healthy or not,” said 24 year old Mary Sandy. “I did not know anything about the UN and wanted to understand what the UN does and what kinds of services they can offer us,” she added.

Another tent was used for HIV testing and counseling as well as GBV counseling. A total of 60 people were reached with counseling (22 males and 38 females). Nestor came with his three friends, all in their early twenties to get HIV tests for the first time. “I think it is better to know my status than not to,” he said, adding that “I am not nervous, I feel strong.”

After being tested, the four young men asked for family planning counseling, as they want to make sure that they properly space the number of children they have, so they can be in a better financial situation and have a happier family life.

“The fact that we had the HIV testing and counseling services in the same tent resulted in many of the men who came for HIV testing receiving GBV counseling as well,” said Grace Chirewa, a GBV specialist working in the clinic. “It is not often that we see this many men coming for counseling, and it is a very positive step,” she added.

Altogether 1,240 children were immunised against measles and polio, 600 children received Vitamin A supplementation and 700 got deworming tablets. A total of 1,145 women received the TT injection. Eighteen people – three women and 15 children - were tested for malaria, of whom seven – two women and five children - tested positive and received immediate treatment. Households received LLITNs for every child or adult vaccinated. In addition, all women, children and other community members received T-shirts and caps. About 500 flyers on Ebola prevention were disseminated within the community and at the WHO Information Desk.

Barnaba Yisa, country representative of the UN Population Fund (UNFPA), lauded the fact that the occasion allowed UN agencies to use an integrated approach in addressing different health needs of the community. These health services were offered in tandem with the volunteer construction of a primary school, as the children in Kapuri have up until now been learning under a tree. “Without health, the school cannot function,” Mr. Yisa said. “Without health, the mothers cannot give birth to the children that will attend the school.”

## **Rapid Response Update**

In October, Rapid Response teams intervened in various locations with expanded services including the distribution of LLITNs, reproductive health clean delivery kits, training and capacity building for health response on sexually transmitted infections (STI), urinary tract infections (UTI) and acute respiratory infections (ARI) and emergency response. Indicators are constantly being refined to ensure a quality driven response. Reviews are ongoing to include TT vaccinations for women of reproductive age as well as GBV basic package include clinical management of rape and psychosocial support. However, recent insecurities and fuel shortages have resulted in the postponement of some deployments.

Figure 1: Map of Areas of Coverage by RRM

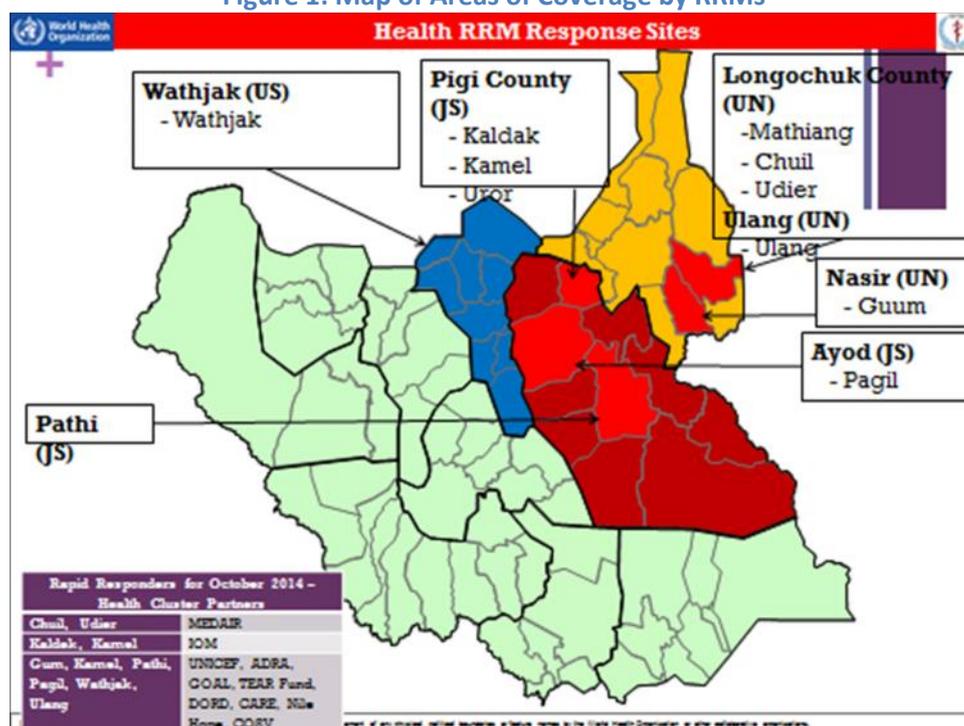


Table 1: RRM Conducted in September and October 2014

TARGETS	INDICATORS	Cumulative Beneficiaries		
		Male	Female	TOTAL
EPI	Measles - N° children vaccinated 6m-15yrs	2,813	10,183	12,996
	Polio - N° children vaccinated birth - 15yrs	1,293	12,728	14,021
Vitamin A	Children under 5 receiving Vitamin A			1,155
De-worming	Children under 5 receiving De-worming			213
PHCC / PHCU	Number of PHC consultations	606	598	1,204
MALARIA	N° of households given at least one LLITN			2,737
Reproductive Health	N° of pregnant women who receive a clean delivery kit			0
	N° of women of reproductive age (15yr - 49) receiving TT			0
Training and Capacity Building	N° of healthcare staff trained on ARI / STI / UTI /Emergency Response	24	14	38
Gender-based Violence	N° of GBV with first visit for exam / counselling			0
	N° of GBV provided Rape Kit			0
<b>TOTAL BENEFICIARIES</b>			<b>23,523</b>	<b>32,364</b>

### Health Cluster Coordination

- Health Cluster meetings continue at both national and state level. Two national meetings took place during the reporting period, on 14 and 28 October. At sub-national level, cluster meetings continue to take place on a weekly basis.
- The meeting in Bor discussed the global threat of Ebola and South Sudan's level of preparedness. In addition, partners discussed kala-azar, cholera and AFP surveillance.
- In Bentiu, cluster partners discussed the risk caused by flooding. Partners are carrying out an assessment of the current public health risks following flooding at the PoC sites, which resulted in

the collapse of 40 latrines and subsequent discharge of waste. The floods also destroyed a health facility run by IRC and made health facilities inaccessible. The meeting was informed that IOM is conducting breastfeeding classes on a weekly basis in the PoCs. Partners also expressed concern about the increase in STI cases, which warrants monitoring and further discussion, in addition to a shortage of syphilis test kits.

- In Malakal, the last meeting discussed preparations for the National Immunisation Days in the nine counties. Partners will also continue with the integrated campaign in the pending four counties of Lower Manyo, Baliaet, Panyikang and Renk.

### Health service delivery

- Altogether 3,412,049 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations since 15 December 2013. These include:
  - 1,814,402 consultations and treatment, within and outside the IDP camps countrywide;
  - 694,314 children vaccinated against measles;
  - 622,405 children vaccinated against polio; and
  - 120,176 people have been fully vaccinated against cholera using two doses in Tongping, Juba III, Malakal, Bor, Bentiu and Mingkaman IDP camps.

### Vaccination

- Since the beginning of 2014, a cumulative of 254 AFP cases has been reported. The annualised non-Polio AFP (NPAFP) rate is 3.74 cases per 100,000 population children 0-14 years (target  $\geq 2$  per 100,000 children 0-14 years). All states except Jonglei, Upper Nile, and Unity have attained the targeted NPAFP rate. The non-Polio Enterovirus (NPEV) isolation rate (a measure of the quality of the specimen cold chain) is 14.3%, which is above the global threshold of 10%. Stool adequacy is 93%, a rate that is higher than the global target of  $\geq 80\%$ .
- Partners are involved in various initiatives in support of vaccination activities. Preparations for the National Immunisation Days (NID) scheduled for early November are underway.
- Training of Trainers (ToT) on pentavalent for 22 people took place on 29 and 30 October, after which the programme will be launched in Bor, Jonglei State.
- In Western Equatoria State, a ToT on the NIDs was conducted for 23 participants from 21 to 22 October.
- In Northern Bahr El Ghazal 39 vaccinators from Aweil West and North County received four days' training on immunization in practice as part of the introduction to pentavalent.
- AFP surveillance including case search at both facility and community continues.

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
Pending for Lab culture	32
Pending for ITD	0
Pending for ERC	2
Discarded as NPAFP	197
231*/220 Index cases with at least three contacts	71%

### Support to health service delivery (capacity building)

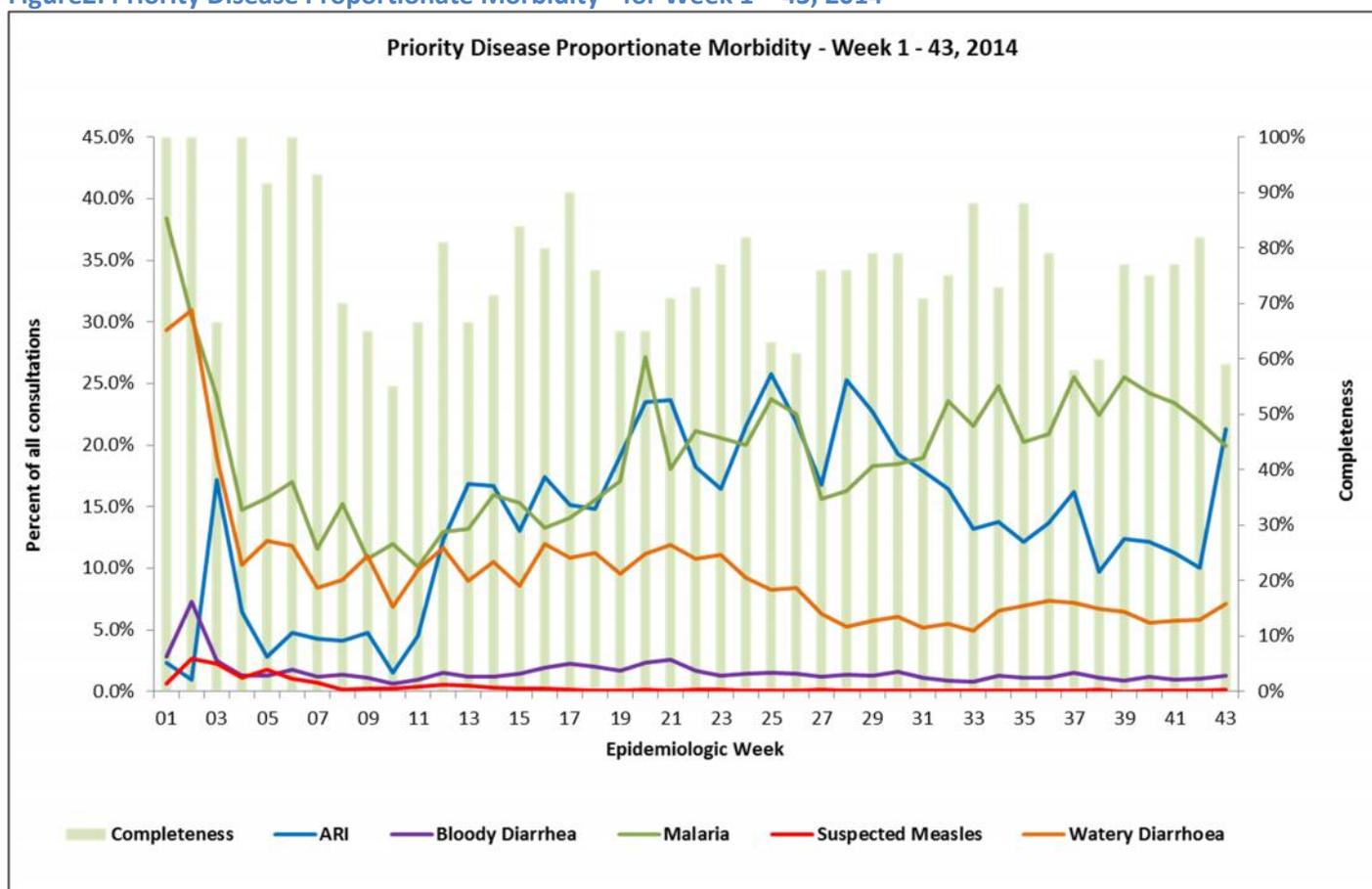
- In Jonglei State onsite orientation on the advantages of antenatal and post-natal care; how to address children for routine EPI; and how to follow up pregnant mothers for ANC was provided to MCH community health workers in Bor. In addition, outpatient department clinicians at Bor State Hospital received onsite orientation provided to on causes, signs, symptoms, management and prevention of Guinea worm disease. The WHO HIV/ AIDS officer conducted mentorship tours to Nzara and Ezo counties.

- In Western Equatoria State, 15 participants were trained on the management of short term family planning methods with focus on the progestogen only pill (POP).
- Supportive supervision and on-the-job training continues at health facilities across the country.
- IMC trained 25 traditional birth attendants in Mingkaman.

## Assessments and investigations

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

Figure2: Priority Disease Proportionate Morbidity - for Week 1 – 43, 2014



- Malaria, Acute Respiratory Infections (ARI), and Acute Watery Diarrhoea (AWD) were the top causes of morbidity among IDPs in week 43. Malaria had the highest proportionate morbidity and incidence when compared to the other top five causes of morbidity among IDPs.
- A total of 113 Hepatitis E Virus (HEV) cases and four deaths (CFR 3.7%) have been reported in Mingkaman.
- Cases of kala-azar continue to increase in light of the disease's peak season. Since the beginning of the year 5,713 cases (5,310 new cases and 403 secondary cases) and 163 deaths have been reported from endemic areas in Upper Nile, Jonglei and Unity states. Most of the cases - 3,410 – were from Lankien. In comparison, during the same period in 2013 a total of 2,137 cases (1,951 new and 186 relapses/PKDL) and 66 deaths.
- A report from IMC PHCCs in Malakal PoC indicates that up to eight suspected Guinea worm cases have been reported in the PoC in the past two months. The report has been relayed to the Guinea worm eradication program for verification.

## Reproductive Health

The table below shows the cumulative number of people reached with reproductive health services

Cumulative numbers reached with UNFPA support to date	
Services	Numbers reached
Provided with ANC services	72,290
Assisted Deliveries	12254
Caesarean sections Performed	1,222
Women and girls provided with dignity kits	10,550
Reached with GBV prevention messages	88,907

## Resource Mobilization

The Health Cluster remains 81% funded at \$62,245,787 – leaving a gap of \$ 14,754,213 out of the \$77 million requirement, according to the Financial Tracking Service (FTS). This figure has been static since mid-September.

## Plans for future response

- Preparations for the 2015 Strategic Response Plan (SRP) are underway. The SRP replaces the Crisis Response Plan (CRP).
- Carry out National Immunisation Days (NID) throughout the country.
- Continue with the integrated vaccination campaign in the three crisis-affected states of Jonglei, Upper Nile and Unity.
- Support the Ministry of Health and the National Ebola Task Force with preparedness for the early detection and timely response to Ebola or Marburg cases.
- Continue advocacy for the revival of secondary health services in Malakal, Bentiu and Bor hospitals.

## 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, SMC, SSRC, SSUHA, THESO, UNKEA, UNIDO
5. UN Agencies: UNHCR, UNFPA, UNICEF, UNAIDS, UNMISS and WHO.

## The following donors are supporting the response:

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

**Dr. Julius Wekesa**  
Health Cluster Coordinator  
**Email:** wekesaj@who.int,  
sshealthcluster@gmail.com  
**Mobile:** +211 954805966

**Dr. Ruth Goehle**  
Health Cluster Co-Coordinator  
International Medical Corps (IMC) South Sudan  
**Email:** sshealthclustercolead@gmail.com  
**Mobile:** +211 954309962

**Ms. Matilda Moyo**  
Communications Consultant  
**Email:** matilda.moyo@gmail.com  
**Mobile :** +211 955873055