South Sudan Response
04 - 15 August 2014

5.8 M IN NEED OF HEALTH ASSISTANCE
1.3 M INTERNALLY DISPLACED
3.1M TARGETED FOR HEALTH
242,702 REFUGEES*
7,066 INJURED+

Health partners are supporting the Ministry of Health with preparedness in Ebola case detection and management. Health partners have reported a decline in both cholera cases and deaths.

By 11 August 5,697 cases and 123 deaths (CFR 2.16%) had been reported since April 2014.

As of 11 August, altogether 5,697 cholera cases and 123 deaths (CFR 2.16%) have been recorded in South Sudan since the outbreak began on 23 April 2014.

A total of 2,111,743 medical interventions have been conducted by health cluster partners since 15 December 2013.

Notes:
* This number has received assistance
** Since 15 December 2013
****Refugee data: UNHCR, South Sudan portal 10 August 2014
*****Population data: OCHA, 31 July 2014
RH data last updated on 13 August 2014

Health Sector
56*** HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES**
2,111,743 MEDICAL INTERVENTIONS

HEALTH FACILITIES
127
1,338
DAMAGED/LOOTED/NON FUNCTIONING

CONSULTATIONS**
967,579
CONSULTATIONS
52,288
ANC
9,056
ASSISTED DELIVERIES
905
CAESERIAN SECTIONS
7066
INJURIES (GUNSHOT WOUNDS)
422
MEDICAL EVACUATIONS
32
SENTINEL SITES

VACCINATION
400,272 CHILDREN VACCINATED AGAINST MEASLES**
297,547 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
$54,966,506
57% FUNDED
$77,000,000
$77,000,000
US$ REQUESTED

As part of preparedness activities, WHO and MoH are training key health workers to screen for Ebola at ports of entry. Photo: WHO/M. Moyo.
As of 11 August 2014, a total of 5,697 cholera cases including 123 deaths (CFR 2.16%) had been reported in South Sudan. Overall new cholera cases reduced from 825 in week 28 to 121 in week 32. Torit, Juba, Lopa-Lafon, Malakal and Magwi reported the highest number of cholera cases in week 32. Eastern Equatoria State accounts for the majority of cases – 2,404 of the total. Although the outbreak is beginning to plummet, there is need to scale up coverage of social mobilization and water, sanitation and hygiene (WASH) interventions in the parts of Eastern Equatoria State that persistently report a high number of cases.

The food security situation remains precarious in most of South Sudan and continues to deteriorate, with severe malnutrition already being observed in some areas, while the threat of famine looms. Severe Acute Malnutrition (SAM) was the major cause of death among children under-5 in week 32.

The Ebola Viral Disease (EVD) outbreak affecting four countries in West Africa, is of public health concern and has prompted partners to engage in preparedness activities. Health partners are supporting the Ministry of Health through an inter-disciplinary Task Force that has been established and comprises key government ministries and humanitarian partners.

Insecurity in some states, namely Nassir in Upper Nile, continues to impede access to communities in need of health care.

Public health risks, needs and gaps

- Despite declining cases and deaths, the Cholera outbreak remains a public health concern as underlying causes such as limited access to potable water and limited sanitation facilities have not been fully addressed, while practices like open defecation continue.
- Heavy rains and subsequent floods further increase the risk of waterborne diseases. Alerts continue to be received, with the latest being from Bor, Jonglei State and Ikotos, Eastern Equatoria State. Partners continue to carry out surveillance, verification of alerts and response.
- An increase in reported cases of Acute Jaundice Syndrome (AJS) and Hepatitis E Virus (HEV) in the last two weeks has reinforced the need to strengthen public health measures to curb the upward trend in cases.
- The Ebola Viral Disease (EVD) outbreak affecting four countries in West Africa, is of public health concern and has prompted partners to engage in preparedness activities in support of the Ministry of Health.
- Guinea Worm cases continue to be reported. By the end of July 2014 a total of 43 cases had been reported countrywide, of which 19 were verified by laboratory tests and 24 are undergoing tests.
- Two pneumococcal meningitis cases were admitted at the MSF clinic in Malakal, Upper Nile State.

Gaps

Critical health response gaps include:

- Heavy rains and flooding reported in some areas, increase the risk of diarrheal diseases, while impeding access to people in need.
- Gaps in the provision of HIV services within Protection of Civilians (PoC) sites remain a challenge. UNICEF will provide a team to carry out Prevention of Mother to Child Transmission (PMTCT) activities at the PoC in Bor once a month, while WHO has initiated the recruitment of staff to support HIV in emergencies. The officers, who will rotate between Mingkaman, Bor, Malakal, Bentiu and Renk, will conduct assessments; support and work with partners as part of capacity building; monitor and report on the HIV response; and link HIV clients to services. This follows assessments by WHO, UNAIDS, UNICEF, UNDP, MoH and NGO partners on the HIV response in the current humanitarian crisis response, which established that there were gaps in capacity and health provider numbers to respond to HIV elements. Among these were lack of health promotion and prevention services including access to condoms, community awareness, Voluntary Counselling and Testing (VCT), Antiretroviral Therapy (ART), safe blood, Post Exposure Prophylaxis (PEP), lack of drugs and commodities for the
management of Sexually Transmitted Illnesses (STI) and Opportunistic Infections (OI) and diagnostics like the CD4 count.

- The lack of psycho-social services for internally displaced persons (IDP) and absence of potential implementing partners was among the gaps identified in the assessments and needs to be addressed.
- Continued insecurity in some areas makes active case searching outside main hubs such as Bor difficult, while hindering access to populations in need of health services.
- The absence of secondary health care from the hospitals in Bentiu and Malakal due to looting and damage to the facilities remains a critical challenge. Bor Hospital is beginning to provide more health services.

**Health Cluster Action**

- Partners participated in a Radio Jonglei live talk show on cholera. Issues covered included a broad discussion on the situation within the state and nationwide, as well as basic information about cholera prevention.
- The State Ministry of Health (SMoH) in Western Bahr El Ghazal and health partners under Health Pool Fund (HPF) conducted a State Health Planning meeting in which County Health Departments (CHDs) of the three counties with their supporting health agency developed plans for 2015.
- WHO visited five private health clinics in Bor town and sensitized clinicians on active case search of Acute Flaccid Paralysis (AFP) and suspected measles cases.

**Health Cluster Coordination**

**Health service delivery**

- Since 15 December 2013, a total of 2,111,743 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. To date these include:
  - 967,579 consultations and treatment, within and outside the IDP camps countrywide;
  - 400,272 children vaccinated against measles;
  - 297,547 children vaccinated against polio; and
  - 120,176 persons have been fully vaccinated against cholera using two doses in Tongping, Juba III, Malakal, Bor, Bentiu and Mingkaman IDP camps.

**Vaccination**

- Various states are engaged in preparations for the integrated measles campaign.
- Ten staff at the Protection of Civilians (PoC) IRC clinic in Bor were trained on how to register vaccinated children, strengthen routine immunization services and active case finding of AFP.
- Partners, working with the SMoH, UNICEF and WHO, held a preparatory meeting for the integrated measles campaign planned for three counties of Bor South, Duk and Twic East, including the PoC and targeting all children under 15 years from 18 to 24 August 2014.
- WHO and UNICEF staff facilitated at a training of trainers (ToT) for 18 health workers on pentavalent as well as Vitamin A, de-worming and middle-upper arm circumference (MUAC) measurements in Malakal. The participants were also trained on campaign management skills and supervision of vaccinators.
- A ToT on pentavalent was conducted for 15 participants from three counties of Jur River, Raga and Wau in preparation for the rollout of the immunisation campaign.
- Following reports of suspected measles cases from cattle camps in the Lakes State, MSF-CH in collaboration with WHO and CCM initiated a mop up campaign. A total of 1,419 children were vaccinated against measles at two cattle camps. The mop up campaign is ongoing.
- The ongoing response by Goal, supported by WHO, in Mellut County has reached 20,396 children below 15 years with Oral Polio Vaccine (OPV); 19,861 aged between six months and 15 years have received measles; and 7,591 between six and 59 months have received Vitamin A.
- Plans have been finalised by Medair and Goal in collaboration with MoH, WHO and UNICEF to conduct a measles vaccination campaign in Longecuk following reports of suspected measles cases in the county. Since January 2014 a total of 161 AFP cases have been identified. In week 32, nine cases were
identified in Eastern Equatoria (Magwi-1, Torit-1), Northern Bahr El Ghazal (Aweil South-1), Warrap (Tonj East-2, Gogrial East-1) and Western Equatoria States (Ezo-1, Nagero-1, Maridi-1, Mundri West-1). The annualized non-polio acute flaccid paralysis (NPAFP) rate is 3.18 per 100,000 children under 15 years and the stool adequacy rate is 90%. Early detection within seven days of onset of cases in 2014 is 82%. In efforts to enhance surveillance in the insecure states of Jonglei, Unity and Upper Nile, the WHO Polio Eradication Initiative (PEI) has deployed staff to IDP camps to conduct case search alongside other emergency support. AFP Surveillance, including case search at both facility and community level, continues in collaboration with NGO partners.

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

<table>
<thead>
<tr>
<th>Status of samples collected</th>
<th>Number of samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending for Lab culture</td>
<td>23</td>
</tr>
<tr>
<td>Pending for ITD</td>
<td>0</td>
</tr>
<tr>
<td>Pending for ERC</td>
<td>2</td>
</tr>
<tr>
<td>Discarded as NPAFP</td>
<td>136</td>
</tr>
<tr>
<td>142*/161 Index cases with at least three contacts</td>
<td>88%</td>
</tr>
</tbody>
</table>

Support to health service delivery (capacity building)

- A joint supervisory team comprised of MCHIP, WHO and MoH technical officers coached staff at Gurie, Muniki and Nyakuron Primary Health Care Centres (PHCC) on IDSR, the Expanded Programme on Immunization (EPI) and emergency preparedness. Laboratory staff in Juba were also trained on sample collection and rapid diagnostic tests.
- Health partners are supporting the MoH with preparedness for the early detection and timely response to any identified VHF cases. While no cases have been reported in the country, WHO is providing technical support in infection prevention and control as well as health education.
- Following reports of Kala-Azar also known as Visceral Leishmanaisis, the MoH and partners met to discuss preparedness, faster case detection and response action. It was agreed that WHO will supply drugs for treatment up to December 2014 or January 2015. Two rapid response teams comprising MoH and humanitarian partners are being established and trained to detect and respond to Kala Azar cases. WHO, MoH, IMA and MSF-H will support the training.
- Warrap State MoH received technical support in the form of capacity building for 30 health workers on prevention and management of Post Partum Haemorrhage (PPH), counselling of couples on danger signs during pregnancy, child birth and immediate post partum organized by the Health Pooled Fund (HPF) project with support from WHO. Those trained were from the counties within the state.

Assessments and investigations

- The Health and Nutrition cluster team in Upper Nile State conducted a rapid assessment in Wau Shilluk on 5 August. The results will be shared once available.
- Health partners participated in a multi-sector coordinated assessment mission to Baliet County, south east of Malakal in Upper Nile State, on 1 and 2 August 2014. Below are the findings
  - The assessment established that while there had been no functional health facility, Goal is re-establishing and supporting the health units in the area.
  - There is no Cold Chain facility in Baliet, Adong and Riang Num health facilities as result there is no activity under the Expanded Program for Immunisation (EPI).
  - Accommodation for INGO staff is needed in order to provide supervision and on the job training so as to achieve required quality service.
  - There was a drug stock-out in the health facilities of Baliet and Adong.

Following the assessment, Goal/CHD delivered basic essential drugs for a period of two weeks to Baliet, Riang Num and Adong PHCCs. Goal has started transferring the temporary clinic located at Baliet Secondary School to the main health facility block with support of the community leaders.
Recommendations:
- There is need to sustain supply of drugs to WHO and UNICEF to avail two PHCC and one PHCU kits Riang Num Primary Health Care Unit (PHCU), Baliet and Adong PHCC.
- OCHA to facilitate accommodation arrangements for Goal international and relocatable local staff required in Malakal to support health interventions in Baliet County.
- UNICEF to operationalise the cold chain by providing a solar fridge in Baliet in order to start EPI services.
- Goal to enhance community health education awareness in order to address prevention of malaria, and other preventable diseases in addition to resume its activities of infant and young child feeding (IYCF), screening and treatment.

Feature

Community Mobilisers Encourage Safe Births in Tongping PoC

Staff members in the reproductive health clinic in Tongping PoC are training community mobilisers to encourage women and girls to give birth in the clinic instead of at home. The mobilisers, many of them traditional birth attendants, are taught how to convince community members to consider coming to the clinic where midwives and clinical officers can help save the lives of women and their babies. This past reporting period saw eight safe births that were assisted in the clinic.

There are various reasons why women are reluctant to come to the clinic, say professional midwives who work in the camps. Cultural beliefs are very influential, along with fear about what will happen to them in the unfamiliar environment. Most women say they feel more comfortable giving birth at home, with the help of a traditional birth attendant. The problem is when challenges arise such as prolonged or obstructed labour, then they do not have the skills to deal with them successfully.

Women and girls need to know that they can feel comfortable and cared for once they come to the clinic. Staff in the clinic are working to create a safe space that is conducive not only for pregnant women and girls but to other members of the community, especially the youth. The midwives have tea sessions and invite community members to come and socialize.

"If everyone becomes comfortable with the clinic and the people who staff it, then it is much more likely they will make the effort to come when it is time to deliver," says Catherine Makumi, a professional midwife working in the camp.

Mobilisers are taught how to engage in door to door outreach activities inside the camp. They approach women and men together and explain the benefits of using the resources available to them in the clinic, as well as the importance of having a trained midwife present during labour. They tell them about available services at the clinic, for instance, that they will receive medicine for malaria, vitamins such as iron and ferrous, tetanus shots and de-worming pills.

It is estimated that by December 2014, there will be 1.225 million women and girls of reproductive age (15-49 years). With a pre-crisis total fertility rate of 6.7 per woman, it is estimated that the number of pregnant women requiring care could reach close to
Surveillance and communicable disease control (update on surveillance in IDPs/Protection of Civilian sites)

Malaria, Acute Respiratory Infections (ARI) and Acute Watery Diarrhoea (AWD) continue to account for the highest proportion of the disease burden among IDPs. In week 32, malaria had the highest proportionate morbidity and incidence. The incidence for malaria increased while ABD, AWD and measles decreased compared to week 31, as illustrated in Figure 1.

Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 32, 2014

- **Hepatitis E Virus (HEV):** HEV cases in Mingkaman increased by seven (9.5%), bringing cumulative cases to 81, although deaths remain four. The CFR is 4.9%.
- **Acute Jaundice Syndrome (AJS):** During weeks 4 to 29 of 2014, seven AJS cases and two deaths were reported in Bor, Bentiu, Juba, Lul and Malakal. However, these have not been investigated through laboratory tests. Partners are urged to investigate all new AJS cases and submit samples for laboratory testing in order to strengthen interventions.
- Enhancing water, sanitation and hygiene standards should be prioritised in all camps alongside the cholera response.
- It is important to improve antenatal care (ANC) for pregnant mothers, including hygiene and sanitation promotion as well as enhance the capacity for Obstetric and Neonatal Care (EMNoC).
- There is also need to strengthen public health prevention and control measures for ABD, ARI, AWD, cholera, HEV and malaria.
- A decline in under-5 mortality rates was observed in all IDP camps except from weeks 21 to 26 in Bentiu. During week 32, the under-5 mortality for Bentiu was 0.53 deaths per 10,000 per day, which is lower than the emergency threshold of 2 deaths per 10,000 per day. The major cause of death in under-5 year olds in week 32 was Severe Acute Malnutrition (SAM).

Reproductive Health

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

- To date, US$54,966,506 has been contributed to the Health Cluster, representing 71% of the $77 million funding requirement, according to the financial tracking system (FTS).

Plans for future response

- Continue preparations for integrated vaccination campaign in the three crisis affected states of Jonglei, Upper Nile and Unity.
- Support the Ministry of Health with preparedness for the early detection and timely response to VHF cases.
- Continue to support the response to the cholera outbreak through provision of supplies, training of health workers, community mobilization, sensitization and surveillance.
- 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, SSSR, 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

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with ANC services</td>
<td>52,288</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>9,056</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>905</td>
</tr>
<tr>
<td>Women and girls provided with dignity kits</td>
<td>5,284</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>49,926</td>
</tr>
</tbody>
</table>

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