South Sudan Response
01 - 20 November 2014

5.8 M
IN NEED OF HEALTH ASSISTANCE

1.44 M
INTERNALLY DISPLACED....

3.1M
TARGETED FOR HEALTH

478,109
REFUGEES...

7,122
INJURED...

5.8 M
IN NEED OF HEALTH ASSISTANCE

1.44 M
INTERNALLY DISPLACED....

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478,109
REFUGEES...

7,122
INJURED...

Highlight

- Eight suspected Guinea Worm Disease cases were reported in Malakal PoC in the last two months and are being investigated.
- A cumulative total of 274 Acute Flaccid Paralysis (AFP) cases have been reported since January 2014.
- Visceral Leishmaniasis (kala-azar) cases and deaths rose to 6,854 and 190 (CFR 2.8%) respectively.
- Cholera cases increased by 55 to 6,315 and deaths by four to 161 (CFR 2.55%) in November following a resurgence that was reported in Ikotos and Kapoeta South counties, Eastern Equatoria State.
- To date health partners have conducted 3,701,968 medical interventions since December 2013.

Notes:
* This number has received assistance.
** Since 15 December 2013.
*** UNHCR, South Sudan portal 21 November 2014
**** OCHA Situation Report 14 November 2014

UNFPA South Sudan Representative Mr. Barnabas Yisa (left) hands over a new ambulance to Health Minister Dr. Riek Gai Kok (right) and Lakes State Governor, Major General Matur Chut Dhuol for the community in Mingkaman. Photo: WHO/M. Moyo.

Health Sector

AMERICAN UNIVERSITY IN CAIRO

South Sudan

COVID-19 update

Cluster Bulletin # 33
20 November 2014

UNFPA South Sudan Representative Mr. Barnabas Yisa (left) hands over a new ambulance to Health Minister Dr. Riek Gai Kok (right) and Lakes State Governor, Major General Matur Chut Dhuol for the community in Mingkaman. Photo: WHO/M. Moyo.

Health Sector

56*** HEALTH CLUSTER PARTNERS

PEOPLE REACHED WITH HEALTH SERVICES**

3,701,968
MEDICAL INTERVENTIONS

HEALTH FACILITIES

184
DAMAGED/LOOTED/NON FUNCTIONING

CONSULTATIONS**

2,095,567
CONSULTATIONS

13,716
ANC

1,392
CAESERIAN SECTIONS

7,122
INJURIES (GUNSHOT WOUNDS)

422
MEDICAL EVACUATIONS

32
SENTINEL SITES

VACCINATION

945,619 CHILDREN VACCINATED AGAINST MEASLES**

927,584 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

68,278,877
89% FUNDED

77,000,000 US$ REQUESTED
Public health risks, needs and gaps

- **Vaccine derived polio virus (VDPV):** On 31 October 2014, South Sudan was informed by the polio laboratory in Uganda Virological Reference Institute (UVRI) of the presence of Vaccine Derived Polio Virus (VDPV) in the stool specimens of two children that were sent for testing for polio. The two children were identified and reported from PoC sites 1 and 5 in Bentiu of Rubkona County, Unity State in September 2014. In response to the two cases, a national Task force was formed, met and planned for immediate response activities. A Team headed by an epidemiologist from the national level was sent to the area and conducted detailed investigations and search for other probable cases. No additional suspected cases were found. The team facilitated a rapid vaccination in Bentiu PoC and around 20,000 children aged 0 to 15 years received the Oral Polio Vaccine (OPV).

- **Cholera:** Sporadic recurring outbreaks remain a concern and reflect the need for sustained prevention and control activities while addressing the underlying causes by ensuring consistent access to clean water.

- **Floods:** Following recent floods in Northern Bahr El Ghazal, Unity and Warrap states, partners continue to monitor possible consequences such as disease outbreaks.

- **Poor waste disposal:** Poor medical waste management and disposal by private clinics remains a health concern, particularly in Bentiu and Mingkaman. Partners are working with private practitioners to address the situation.

- **Mass casualties/Gunshot wounds:** Continued fighting in Jonglei, Unity and Upper Nile states has led to an increase in gunshot and weapon-related injuries. An upsurge in gunshot wounds and mass casualties is anticipated in those areas and this may further strain the already fragile health facilities.

- **Ebola threat:** No rumours or alerts of Ebola Virus Disease (EVD) have been reported in South Sudan since 26 October. In addition, the country has not recorded any cases in the current outbreak that has affected mostly West Africa. Partners continue to support the Ministry of Health (MOH) with prevention activities and to enhance its capacity to respond in the event of an outbreak. The national Ebola Task Force is coordinating and implementing the Ebola contingency plan. A training of trainers’ workshop on Ebola for 30 participants from the four high risk states of Central, Eastern Equatoria and Western Equatoria as well as Western Bahr El Ghazal took place from 4 to 8 November of 2014. Meanwhile, community sensitization on Ebola prevention and control continues through the print and broadcast media as well as the distribution of information, education and communication (IEC) materials.
**Gaps**

- In Lakes State, referral remains a challenge due to the poor condition of the road to Yirol. In addition, a shortage of staff and essential drugs, especially antibiotics at some clinics, hinders optimal service delivery.
- In Central Equatoria State getting daily vaccination data from the field is a challenge due to very poor or no network coverage in most bomas.
- Insecurity and inaccessibility hamper kala-azar interventions in the endemic areas of Jonglei, Unity and Upper Nile.
- Continued insecurity is likely to worsen the situation in a context where 184 health facilities are already non-functional in the conflict-affected states of Jonglei, Unity and Upper Nile.

**Health Cluster Action**

- In Awerial County, Lakes State IMC has started static health services in site 3 and will no longer be offering services there on mobile.
- UNICEF provided assorted supplies including long lasting insecticide treated nets (LLITN), antimalarial drugs, vaccines and other supplies to CCM. The supplies are available for other health partners to use.
- Health Link South Sudan has stopped all services in site zero and is currently offering all services in site 1 hospital while continuing with the site 2 facility. Recruitment of staff to strengthen services at the site 1 hospital is ongoing.
- CCM is increasing staff numbers in order to improve services at the PHCC in Mingkaman. Recruitment of additional staff is ongoing.
- In Western Equatoria State, IBBA PHCC launched an HIV treatment centre during which 10 clients were enrolled on chronic care. Assorted supplies of drugs, test kits and monitoring tools were delivered to IBBA ART site.
- UNFPA on 14 November officially handed over a new ambulance to Mingkaman, Awerial County in Lakes States. The ambulance was officially received by the Minister of Health Dr. Riek Gai Kok and Lakes State Governor, Major General Matur Chut Dhol. It will be used by health partners operating in Mingkaman and its surrounds. The ambulance will be particularly useful for the referral of pregnant women who require emergency obstetric care.

**Health Cluster Coordination**

- Health Cluster meetings continue at both national and state level. The cluster meeting at national level took place on 11 November, during which partners were commended for improved timeliness of reporting from below 50% to 90%. This will help to ensure quicker identification and response to health issues as they arise. Partners discussed how best to assist about 30,000 people who were displaced by floods in New Fangak. In addition, the meeting was appraised of the schedule of Rapid Response Missions (RRM) and deliberated on challenges affecting activities, such as fuel shortages and insecurity, which had resulted in a reduction in missions in October and November. As the festive season approaches, partners were encouraged to ensure adequate staff to respond to health-related emergencies.
- At sub-national level, in Malakal, partners discussed the high incidence of malaria in the PoC and developed a strategy for urgent implementation. They also agreed to seek support to get an obstetrician recruited for Malakal by any of the health partners in order to plug the gap caused by the departure of the incumbent one. In Mingkaman, the health cluster meeting on 17 November noted a marked increase in both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) among children screened for nutrition status in November. The cluster is assessing the trends with a view to developing appropriate interventions. It is however important to note that the sample, which is usually children seeking services in health facilities, is not representative of the general population and a standardized monitoring and assessment of relief and transitions (SMART) survey would be necessary to ascertain the actual magnitude of malnutrition in the area.
Table 1: Children Screened for Nutrition Status in Mingkaman in November 2014

<table>
<thead>
<tr>
<th>Week</th>
<th>Children Screened</th>
<th>SAM</th>
<th>MAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>372</td>
<td>26 (7%)</td>
<td>94 (25.3%)</td>
</tr>
<tr>
<td>2</td>
<td>204</td>
<td>2 (1%)</td>
<td>25 (12%)</td>
</tr>
<tr>
<td>1</td>
<td>231</td>
<td>3 (1%)</td>
<td>14 (6%)</td>
</tr>
</tbody>
</table>

- Partners in Mingkaman also discussed various solutions to the challenge of medical waste disposal while waiting for the construction of an incinerator. They advised the County Health Department (CHD) to ensure that all clinics demonstrate the capacity for waste management and share their plan before new licences are issued or old ones renewed.
- In response to poor medical waste management and disposal by private clinics in Bentiu, partners are conducting training and have provided safety boxes for use by private practitioners in the PoCs. These will be collected regularly for incineration of the waste.

Health service delivery

- Altogether 3,701,968 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations since 15 December 2013. These include:
  - 2,095,567 consultations and treatment, within and outside the IDP camps countrywide;
  - 945,619 children vaccinated against measles;
  - 927,584 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

A cumulative of 274 AFP cases has been reported since January 2014. The annualised non-Polio AFP (NPAFP) rate is 3.77 cases per 100,000 population of children 0-14 years (target ≥2 per 100,000 children 0-14 years). All states except Jonglei, Unity and Upper Nile 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) is 15%, which is above the global threshold of ≥10%. Stool adequacy is 93%, a rate that is higher than the global target of ≥80%.

- Partners, in support of MOH, in early November completed the third round of the nationwide polio immunization campaign targeting over 3.2 million children in all 10 states. The campaign took place from 4 to 8 November in the seven stable states of Lakes, Central, Eastern and Western Equatoria, Northern and Western Bahr El Ghazal and Warrap, while plans are at an advanced stage to start the campaign in the three conflict-affected states of Jonglei, Unity and Upper Nile using a hit and run strategy as access is gained or improved. The campaign is the third of four rounds that take place annually, with the fourth one scheduled for December. About 20,000 volunteers moved from house to house, vaccinating children between 0 and 59 months against polio.
- In efforts to improve data quality of the campaign and lay the ground for the introduction and implementation of the accountability framework for PEI in South Sudan, WHO has launched a pilot project of the Lot Quality Assurance sampling survey (LQAS) in three counties of Juba, Kapoeta
East and Rumbek Centre. The sampling will be done alongside the regular Post Campaign Evaluation (PCE).

- AFP surveillance including case search at both facility and community level is ongoing.

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>28</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 NP AFP</td>
<td>251</td>
</tr>
<tr>
<td>210 of 238 Index cases with at least three contacts</td>
<td>88%</td>
</tr>
</tbody>
</table>

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

- In response to the two cases of circulating Vaccine Derived Polio Virus (cVDPV) reported in Bentiu in early November, partners conducted an investigation. A team comprised of UNICEF and WHO visited the affected child in PoC 5 and from the history given by the mother and clinical examination, concluded that paralytic poliomyelitis was unlikely but coincidental in the context of cVDPV. On 8 November the team facilitated pentavalent training for health workers from the five health facilities in the PoC and on 9 November, training was conducted for a quick oral polio vaccine (OPV) coverage survey which took place on 10 and 11 November. Training of vaccinator teams and social mobilizers was conducted on 10 November, followed by pre-campaign social mobilization on 11 and 12 November. Vaccination took place from 13 to 15 November, followed by a mop up exercise on 16 November. Following concerns by health partners about the low immunization coverage in the PoC, it was agreed that the knowledge of community volunteers on immunization be strengthened to enable them to raise awareness on the importance of immunization among the PoC community.
- Training of health workers on basic and emergency obstetrical and neonatal care continued at Wau Teaching Hospital in Western Bahr El Ghazal State.
- Two training sessions on the management of malaria in pregnancy and caesarean sections was conducted. A total of 14 and 15 participants respectively attended the trainings.
- A combined team of WHO and the national MOH conducted a monitoring visit to Ikotos and Kapoeta South to support ongoing efforts in the cholera response. Sixty community health workers, comprising 30 from each county, were trained and a community surveillance network was established to enhance the existing surveillance activities. WHO provided 120,000 South Sudanese Pounds (SSP) to support community surveillance of cholera in the state.

**Assessments and investigations**

- A team comprised of the Global Fund, UNDP and WHO are carrying out a data verification exercise in Maridi, Yambio, Nzara, Ezo and Tambura ART sites. Results will be shared when the exercise has been completed.

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

- Malaria, Acute Respiratory Infections (ARI), and Acute Watery Diarrhoea (AWD) have remained the top causes of morbidity among IDPs.
- **Visceral Leishmaniasis (Kala-azar)** cases are on the increase as the disease is in its peak season, which normally occurs from September to November but may extend into January of the following year because of the incubation period of two to six months. Since the beginning of the year altogether 6,854 cases and 190 deaths (CFR 2.8%) have been reported. Of these, 6,259 were new cases and 595 relapses or Post Kala-azar Dermal Leishmaniasis (PKDL), while 221 were defaulters. In comparison, 3,541 cases and 74 deaths were reported during the same period in 2013, of which 3,252 were new cases, 199 relapses/PKDL, and 39 defaulters. Lankien, Chuil and Walgak are worst affected, with Lankien accounting for 4,054 of the cases, while Chuil and Walgak account for 1,166 and Walgak 727 respectively. The spike is attributed to the displacement of non-immune populations to endemic areas, malnutrition, poor housing, as well as late detection and diagnosis of cases, among other factors. WHO is supporting implementing partners with case management supplies, which have been stocked in endemic states. Training of health workers in case management, prevention, and control is underway. Treatment centers increased from 15 to 17 in November this year, but remain less than the 22 in 2014.

- A total of 124 **Hepatitis E Virus (HEV)** cases and four deaths (CFR 3.23%) have been reported in Mingkaman.

- As of week 46, **Cholera** cases stand at 6,315 and deaths at 161 (CFR 2.55%) following a resurgence that was reported in parts of Eastern Equatoria State. Partners conducted a supportive visit during which health workers were trained in order to strengthen the surveillance system. Hygiene and sanitation promotion through house-to-house health education and distribution of chlorine tablets and soap continue, together with surveillance.

- **PHCC** in Malakal PoC reported up to eight suspected **Guinea Worm Disease** cases in the past two months. The Guinea Worm Eradication Program is carrying out investigations to verify the reports. Concurrent orientation of frontline health workers on Guinea worm case definition is ongoing.

### Reproductive Health

**Feature: Detecting Pregnancy-Related Complications Early with Partographs**

Eight midwives in Juba PoCs were this month trained on how to properly plot partographs so that pregnancy-related complications can be flagged early on, putting midwives in a better position to save lives of both mothers and babies.

A partograph is a simple, inexpensive tool that helps to identify women who are not likely to have a normal delivery and who will need medical assistance.

“It is a chart that tracks all of the vital signs during the initial stages of labour,” says professional midwife Olive Makuwira, one of the trainers. The plotting looks at factors including cervical dilation, foetal heart rate
and strength of contractions. By observing these and other trends, the midwife is able to predict whether or not the woman will need to be referred to a hospital.

The partograph can help prevent life threatening situations because it identifies the signs of obstructed and prolonged labour early enough to find life-saving help. In South Sudan, this is especially critical as emergency management facilities are often not readily available and obstructed and prolonged labour are the most common causes of pregnancy related complications, especially haemorrhaging, infections and obstetric fistulae - all of which can lead to maternal death.

At many of the health clinics in South Sudan, community midwives have been taught how to fill in the partographs but are still not in the habit of doing it or they fill them in but there is variation in the methods. The idea is to standardize the plotting and make this simple tool a regular part of reproductive health services.

“These things need to be done by hand,” says Makuwira. “Anywhere you go in the world, measuring things like the palpating and the contractions needs to be done with a pen and paper,” she adds.

She hands out a red pen to each midwife in the training. These are used to record high blood pressure indicating a condition like preeclampsia. Red is a sign of danger, she says, and sends a signal to next person who attends to the woman in labour. This is an example of why standardizing the plotting of the graphs is so important.

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with ANC services</td>
<td>82,484</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>13,716</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>1,392</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>146,600</td>
</tr>
</tbody>
</table>

### Other interventions:
Up to 13,313 women of reproductive age were vaccinated during Tetanus Toxoid (TT) campaign in Awerial County. The coverage was low at 34.4% of the target for the county. There are plans to do a mop up or target those missed during the next round of vaccination. Vaccination was not done in Dor and Magok payams due to security concerns.

### Resource Mobilization
The Health Cluster request of $77 million is 89 per cent funded at $68,278,877 leaving a gap of $ 8,721,123.

### Plans for future response
- The 2015 Strategic Response Plan (SRP) has been finalised and will guide cluster activities in the coming year. It replaces the Crisis Response Plan (CRP).
- Carry out fourth and final round of National Immunisation Days (NID) throughout the country in December.
- Continue with the integrated vaccination campaign in the three crisis-affected states of Jonglei, Upper Nile and Unity.
- 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.
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:
CERF, CHF, CIDA, DFID, ECHO, EU, FINNISH, OFDA, USAID

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