South Sudan Response
21 November - 21 December 2014

5.8 M IN NEED OF HEALTH ASSISTANCE
1.4 M INTERNALLY DISPLACED
3.1M TARGETED FOR HEALTH

488,558 REFUGEES
7,177 INJURED

Highlights

1. Fighting in Cueibet County, Lakes State resulted in 21 deaths and 55 casualties. Humanitarian partners are treating the wounded.

2. Seven suspected meningitis deaths were reported in Longochuk County, Upper Nile State in November. A verification exercise was conducted.

3. Visceral Leishmaniasis (kala-azar) cases and deaths rose to 7,204 and 199 (CFR2.76%) respectively.

4. To date health partners have conducted 4,056,047 medical interventions since December 2013.

Notes:
* This number has received assistance.
** Since 15 December 2013.
*** UNHCR, South Sudan portal 19 December 2014
**** OCHA Situation Report 19 December 2014
RH data last updated in December 2014

A doctor from Health Link attends to a patient at the clinic in Mingkaman. The clinic serves internally displaced persons (IDP). Photo: WHO/M. Moyo.
Situation Update

Most of South Sudan remains relatively calm. However, renewed fighting in conflict-affected areas is a growing concern. The situation in the states of Upper Nile, Jonglei and Nile remains fluid and is being closely monitored.

Fighting between Duong and Abiriu Payams in Cueibet County, Lakes State on 13 December resulted in 21 deaths and 55 casualties. Health partners are treating the wounded. However, while 32 casualties have been admitted in Cueibet, Abiriu and 10 referred to Rumbek Hospital, there is nowhere to refer those from Duony, according to partners in the field.

Clashes in New Fangak, Fangak County, Jonglei State has resulted in displacements with civilians fleeing to Ayod County. There were also clashes around Nasir but no casualties reported.

An interagency assessment team was dispatched in response to requests for support by local authorities in Bentiu following an influx of about 1,000 displaced persons.

Public health risks, needs and gaps

- **Vaccine derived polio virus:** In light of the threat posed by the two cases of circulating Vaccine Derived Polio Virus type 2 (cVDPV2) in Bentiu, Unity State an analysis by the Ministry of Health (MOH) and partners shows that over 350,000 children under-5 years risk being infected in the three conflict-affected states of Unity, Jonglei and Upper Nile. The wider risk is the high likelihood of spread into the seven safe states due to the large population movements. Evidence from other countries points to the fact that a cVDPV2 outbreak provides suitable conditions for a wide outbreak of Wild Polio Virus (WPV) if imported. The outbreak occurs because a large population of children has not been vaccinated or is under-immunised.

- **Meningitis:** Suspected meningitis deaths were reported in Chotbora Payam, Longochuk County, Upper Nile State in November. A verification exercise was conducted but there were no additional cases during the assessment to allow laboratory confirmation. There have been no new suspected cases.

- **Cholera:** Although no new cholera cases were reported from week 47 to date, partners remain vigilant. There is need for sustained prevention and control activities, while addressing the underlying causes by ensuring consistent access to clean water.

- **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 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 national Ebola contingency plan, while sensitising the community through social mobilisation.

Gaps

- Lack of comprehensive TB and HIV/AIDS services remains a challenge in PoC sites and IDP camps. Partners are providing limited services and more needs to be done considering that many of the adult deaths in the last four weeks have been attributed to TB or HIV/AIDS.

- In Bentiu, Unity State, the shortage of syphilis test kits still remains a great worry as one of the basic requirements of routine antenatal care (ANC) services. Facilities have also indicated that they are running out of stock of malaria rapid diagnostic tests (RDT).

- There is need for mental health services in Malakal PoC and Mingkaman IDP camp. Reported incidence of patients with Mental Health problems in the present setting is 30% to 50% of total outpatient consultations. There are also concerns that there may be under-reporting of Mental Health Patients.
- Blood and blood products remain a challenge at Wau Teaching Hospital in Western Bahr El Ghazal. There is need to step up campaigns encouraging voluntary, non-remunerated blood donations by the public.
- Some communities such as Marol village at Wattnom and Rodit, Aweirial County in Lakes State refused to have their children vaccinated during the National Immunisation Days. The County Health Department (CHD) has since been advised to mobilize these families through the chiefs and other local authorities.
- Additional centres for diagnosis and treatment of Kala-azar are needed in light of the sharp increase in cases compared to 2013.

### Health Cluster Action

- UNFPA and WAHA provided fistula Surgery to 42 women in Northern Bahr El Ghazal from 1 to 12 December.
- On 3 December, MOH with support from WHO and partners launched the Cash Reward programme for the reporting of Guinea Worm Disease, and the implementation of community directed treatment of Onchocerciasis (river blindness) in Wulu County, Lakes State.
- Emergency response capacity for surgeries and emergency obstetric care are available in nine PoC and field locations in the conflict-affected states.
- Emergency Medicine Funds /JSI-Deliver worked with the health partners for distribution of the quarterly medicines supply in Jonglei, Unity and Upper Nile states.
- Anti-malaria kits were also distributed to Warrap and Northern Bahr El Ghazal.

### Rapid Response Missions

- IOM conducted a Rapid Response Mission (RRM) to Gorwai Village Pajiek Payam in Ayod County in Jonglei State from 20 November to 2 December. IOM provided short-term support to COSV in Gorwai by providing health/general consultation and nutrition screening to the community. The mission conducted 1,496 consultations during the two weeks of which 936 were children under-5 years, 412 were over-5 years and 148 received antenatal care (ANC) services. Out of 298 children who had their nutrition status screened, 32 had Severe Acute Malnutrition (SAM) and 106 had Moderate Acute Malnutrition (MAM). During the RRM, UNICEF supported COSV to establish a PHCU using a tent and supplies in Gorwai offering general consultation and nutrition screening / OTP which is managed solely by CHWs. Copies of the report are available on request.
- IOM conducted an RRM to in Renk County, Upper Nile State from 4 to 10 December, during which a vaccination campaign took place. The campaign targeted children aged 15 years and below and was done from 8 to 10 December. In total 29,135 children aged 0 to 15 years were vaccinated against polio, while 27,195 children aged six months to 15 years were immunised against measles and 13,752 children aged six month to 5 years received Vitamin A supplementation. The activity was in response to reports of suspected measles cases.

### Health Cluster Coordination

- Weekly cluster meetings continue at sub-national level.
- The last cluster meeting for 2014 at national level took place on 16 of December, during which partners discussed concerns over the number of peri-natal deaths among children under-5 and HIV/TB/AIDS deaths among the adult population. UNAIDS is looking at how best partners can improve services in the PoCs. As the festive season approaches, partners were encouraged to ensure the availability of adequate staff to respond to health-related emergencies. The next meeting will be January 2015.
- The Health Resource Availability Mapping System (HeRAMS) tool has been updated and the central data base and analysis template is being adapted through support from WHO HQ. Preliminary analysis shows that the proportion of functional health facilities in the last quarter of 2014 increased to 61.3% from 56.6% [(223 out of 364), information is not available from 56 health facilities].
- At sub-national level, a common issue in the Health Cluster meetings that took place was concern about the number of TB and HIV cases, reinforcing the need to enhance TB/HIV/AIDS services in PoCs and IDP settings.
Health service delivery

- Altogether 4,056,047 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations since January 2014. These include:
  - 2,420,694 consultations and treatment, within and outside the IDP camps countrywide;
  - 945,619 children vaccinated against measles\(^1\);
  - 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

The fourth and final round of National Immunisation Days (NID) throughout the country was conducted from 2 to 5 December. It targeted 2.16 million children under-5 years in the seven stable states of Lakes, Central, Eastern and Western Equatoria, Northern and Western Bahr El Ghazal and Warrap. Preliminary results indicate that the campaign surpassed its target by 8.7%, reaching 2,350,151 children (109%). This builds on the recently completed third round of NIDs held in early November, which targeted 3.2 million children aged between 0 and 59 months in all 10 states. The campaign, which took place from 4 to 8 November, reached 3,431,592 children in the seven stable states and parts of Jonglei and Unity states. Areas reached in Jonglei were Bor South, Duk, Twic East and Pochalla, as well as Bentiu in Unity State. WHO trained about 20,000 volunteers who used the house to house strategy to vaccinate children 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 the Polio Eradication Initiative (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). The Lot Quality Assurance Survey conducted in Juba County, Central Equatoria State, to validate the quality of the recent polio NIDs result indicates 96% in IDP camps while in other places it is 95%.

- In order to interrupt the cVDPV2 outbreak reported in Bentiu, three rounds of Polio campaigns are required in the three conflict-affected states using the Short Interval Additional Dose (SIAD) and Expanded Age Group approach. An outbreak response plan is being implemented to cover 1.9 million children under-15 years in 32 counties in the three states. The first round started the week of 5 to 8 December, while subsequent rounds are planned for 19 to 22 December and 20 to 23 January 2015.

- By week 48\(^2\), a cumulative of 287 AFP had been reported cases since the beginning of 2014. The annualized non-Polio AFP (NPAFP) rate is 3.78 cases per 100,000 population 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 17%, which is above the global threshold of ≥10%. Stool adequacy is 93%, a rate that is higher than the global target of ≥80%. Insecurity in the three conflict-affected states continues to hamper active surveillance.

- 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.

---

\(^1\) Measles and polio vaccination data was last updated on 6 November 2014, while the cholera vaccine was administered once at the beginning of the year.

\(^2\) Data on AFP was last received in week 48.
Support to health service delivery (capacity building)

Assessments and investigations

- In Mingkaman, Lakes State, WHO supported the County Health Department (CHD) to verify rumours of measles deaths in Abuyong payam. A team has been constituted to visit the area for outreach and further verification of the incidents.
- MEDAIR conducted a health and nutrition assessment in Pulturuk, Nyirol County, Jonglei State. There is a need for regular provision of medical supply and establishment of nutritional support.
- In Chotbora, MEDAIR conducted verification exercise following reports of seven deaths due to suspected meningitis. The verification team led by MedAir, with support from WHO, showed that seven deaths occurred from 7 October to 18 November 2014. The age range was 1.5 to 19 years with a median age of seven years. The majority - five (71%) were male and three (43%) of the suspected cases originated from Kuiguiy village in Chotbora Payam. Based on the complaints from the cases, possible differential diagnoses include meningitis, severe malaria and pneumonia. However, no new cases or deaths have been reported in the area since 18 November 2014. In response, six healthcare workers at Chotbora PHCC were trained on meningitis case detection and management, while drug stocks from EMF and other sources were replenished. During the dry season, there is a heightened risk of meningitis outbreaks.

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

- Acute Respiratory Infection (ARI), Malaria and Acute Watery Diarrhea (AWD) continue to account for the highest proportion of the disease burden among IDPs.
- In week 50, malaria had the highest proportionate morbidity of 16.1. Similarly, the malaria incidence (cases per 10,000) increased from 49 in week 49, to 51 in week 50.

**Priority Disease Proportionate Morbidity - for Week 1 – 50, 2014**

- Since the beginning of the year altogether 7,204 Visceral Leishmaniasis (Kala-azar) cases and 199 deaths (CFR 2.76%) have been reported from 19 treatment centres. Of these 6,738 were new cases.
and 446 relapses or Post Kala-azar Dermal Leishmaniasis (PKDL), while 228 were defaulters. In comparison, 2,992 cases and 88 deaths were reported during the same period in 2013, of which 2,772 were new cases, 220 relapses/PKDL and 42 defaulters. Lankien, Chuil and Walgak are worst affected, with Lankien accounting for 4,282 of the cases, while Chuil and Walgak account for 1,239 and Walgak 648 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.

- No new cholera cases or deaths have been reported since week 47. Cumulative cases stand at 6,421 cholera cases including 167 deaths (CFR 2.6%) from 16 counties in South Sudan since May 2014. Surveillance, cholera prevention and control should be sustained in light of recent sporadic cases.
- By week 50, altogether 128 Hepatitis E Virus (HEV) cases and four deaths (CFR 3.13%) had been reported in Mingkaman since March 2014.

Reproductive Health

Feature:

Mobile Clinic Provides Vital Service to the IDP Population in Mingkaman

A mobile clinic that started out as a temporary service for the IDP population in Mingkaman has proved so successful it has been decided to keep it running at least through December 2014. The Bor State Hospital Outreach Reproductive Health Clinic, opened in March and is providing life-saving services for about 100,000 displaced people who currently live in Mingkaman. The project was planned with the expectation that the staff would return to Bor Hospital as the IDPs returned to Bor. However, as most of the displaced people still live in Mingkaman the clinic will remain to serve the needs of the most vulnerable.

The now fully operational clinic is carrying out routine antenatal care (ANC) including the monitoring of vital signs and weight, fetal growth, provision of FeSo4, TPI, and LLITNs, TT injection, nutrition counselling, birth planning, routine VCT for HIV, assisted deliveries by skilled professionals, post-natal care, treatment of STIs and Family Planning, and referrals to Bor State Hospital for tertiary care.

So far the clinic has provided ANC to 1,429 women and 640 of these women have returned for follow up visits. Skilled health professionals have facilitated 328 deliveries.

Of particular note is the success that has been seen in terms of HIV testing and counselling. The clinic has made HIV counselling and testing a routine component of its ANC and 100% of the women coming for antenatal care have been tested and counselled for HIV, a number far above the norm in South Sudan. To date 13 women have tested HIV positive and with support from Bor hospital the clinic has been able to provide ART to the nine women that accepted.

The number of first ANC visits to the clinic has varied significantly from month to month, with an average of 250 patients per month. Taking the population of Mingkaman into consideration, this represents nearly 90% coverage, which is three times the national average.

<table>
<thead>
<tr>
<th>Services</th>
<th>Number reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with ANC services</td>
<td>90,684</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>14,849</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>1,529</td>
</tr>
<tr>
<td>Women and girls provided with dignity kits</td>
<td>11,955</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>145,204</td>
</tr>
</tbody>
</table>
Resource Mobilization

- The Health Cluster’s request of $77 million is currently funded at 91 per cent funded at $69,767,355 leaving a gap of $7,232,645.
- The Health Cluster has been allocated $7 million from the Common Humanitarian Fund (CHF). The funds will support 19 projects covering frontline, pipeline and rapid response activities. Funds are expected to be released in early January.

Plans for future response

- Continue to support SIADS in three conflict-affected states.
- Work with partners to finalize the CHF application process.
- 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

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 Officer  
Email: matilda.moyo@gmail.com  
Mobile: +211 955073955