South Sudan Response
01 - 30 April 2015

6.4 M IN NEED OF HEALTH ASSISTANCE
1.5 M INTERNALLY DISPLACED...
3.4M TARGETED FOR HEALTH

528,540 REFUGEES...
161 INJURED...

Prepositioning of emergency medicines has helped partners to implement effective health interventions in hard to reach areas and during floods. Photo: WHO/A. Mpairwe.

Health Cluster Bulletin # 38
30April 2015

Highlights

1. In response to the measles outbreak in Unity State, partners embarked on an integrated measles and polio campaign vaccination campaign.

2. Renewed fighting in Malakal has led to a spike in injuries. Consequently, partners have updated their mass casualty plans and were preoccupied with attending to the wounded in April.

3. The Health Cluster’s funding situation is dire, with only 9% of the US$90 million having been received in the first four months. Consequently the capacity of partners to meet critical health needs has been hampered.

Notes:
* This number has received assistance.
** Coverage of children in Jonglei, Unity and Upper Nile states since December 2014.
*** UNHCR, South Sudan Update 59, 27 April 2015.
RH data last updated in April 2015.
The security situation in South Sudan is fluid, particularly in the states of Unity and Upper Nile.

Tension in Malakal led to increased population movement to the Protection of Civilians (PoC) sites. About 1,500 new arrivals were recorded at Malakal PoC at the end of April due to fighting. In light of this influx, health partners immediately intensified disease surveillance and undertook an assessment to establish and meet the needs of the displaced.

Further, increased fighting, inter-tribal clashes and cattle raids prompted partners in affected states to update their mass casualty plans in order to meet the needs of the wounded.

Reports of three missing World Food Programme (WFP) workers following inter-tribal clashes also raised concerns about the safety of aid workers and prompted the Humanitarian Country Team (HCT) to suspend operations in Fashoda and Akoka Counties until further notice. All operations are suspended, except minimal health interventions and the provision of water.

Consequently, the movement of aid agencies and humanitarians was restricted to PoC sites in both Bentiu and Malakal.

Bombings in Aweil North and West, Northern Bahr El Ghazal from 8 to 9 April also resulted in the deaths and injury of civilians.

Consequently, partners were preoccupied with mass casualty management. The prepositioning of trauma kits in affected states enabled partners to respond quickly to the increasing number of casualties.

Public health risks, needs and gaps

Threats:

- Measles cases continue to be reported in Bentiu PoC after a measles outbreak was confirmed in the PoC in week 12. In response to the outbreak, a reactive measles vaccination campaign was conducted in week 15 reaching 91% of children aged 6 months to 15 years.
- An outbreak of scabies was reported at Wau prison, Western Bahr El Ghazal. Investigations by partners revealed that, the disease had affected more than 150 prisoners in the last two months.

WHO provided Benzile Benzolate solution to the prison Primary Health Care Unit (PHCU) while partners embarked on hygiene promotion.

Gaps

- Access to the affected population was an increasing challenge due to the spate of violence in Unity and Upper Nile states, which resulted in restricted movement for partners.
- As of 30 April, lack of funding was the cluster’s most pressing challenge with only 9% of the required $90 million having been received, leaving a 91% gap.
- The challenge of finding partners who can take over and sustain health interventions after the initial response in some locations continues.

Health Cluster Action

- Cluster partners in Northern Bahr El Ghazal met to plan for the malaria peak season. Activities included reviewing the availability of antimalarial drugs and supplies among partners in order to project needs as well as identify and fill gaps based on cases for the last two years. Partners also discussed prevention, including awareness raising and assessing the availability of mosquito nets.
- In Western Equatoria State WHO conducted an inventory drug stocks, followed by a donation of lifesaving drugs to the State Ministry of Health (SMOH) as part of propositioning plan in preparation for the rainy season. The donation will prioritize remote health facilities that may face access constraints during the rainy season.
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The provision of HIV services was a long-standing gap in the emergency response. However, efforts are being made to address the gap and two HIV specialists are supporting the Cluster. In April 2015, partners in Western Equatoria State visited Tambura hospital HIV clinic for clinical mentorship with the SMOH HIV Coordinator and Counsellor; transported 12 remaining cartons of drugs containing ARVs and other consumable to Tambura and Soure Yubu; supplied 500 HIV test kits which will support the VCT and TB testing sites; provided mentoring in various areas, especially data management, drug storage, clinical decisions on treatment failure; developed targets for the second quarter; set up the early infant diagnosis care point in the HIV clinic and went through with the team on how to manage the HIV exposed infants; and mentored the team on how to make the monthly report using the new reporting format. Partners also received test kits from WHO support to be distributed to the HIV and PMTCT sites in the state.

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 14 April and discussed key issues such as mental health services, reproductive health and modalities of medical evacuations among other pertinent issues.
- Following intense fighting in Malakal, the sub-cluster held daily extraordinary Health Cluster meetings to coordinate partners' response to mass casualties. Key actions agreed on and implemented included updating the contingency plan to ensure preparedness for mass casualties, establishing hot lines, ensuring adequate staff 24 hours a day and availing adequate drugs in the triages; providing 24 hour access to ambulance services; the status of drug stocks by agency and county; availability of blood for emergency surgery; and the establishment of a technical group to spearhead the response.
- The Reproductive Health Working Group of the Health cluster continued to meet bi-monthly.

Health service delivery

- By 30 April 2015, a total of 1,477,718 medical interventions had been conducted since the start of the year. These include the following:
  - 1,348,036 consultations and treatment, within and outside the IDP camps countrywide;
  - 1,593,686 children (0-15 years) vaccinated against polio;
  - 46,046 women provided Antenatal Care (ANC) services;
  - 6,659 women had assisted deliveries;
  - 671 women had caesarean sections;
  - 73,031 people reached with gender-based violence (GBV) prevention messages.

Vaccination

- **Africa Vaccination Week**: South Sudan joined the rest of the continent to mark Africa Vaccination Week (AVW) and World Immunisation Week from 24 to 30 April. WHO and UNICEF supported State Ministries of Health in conducting activities for the week. Support included the provision of funding for immunisation campaigns to take place in Protection of Civilians (PoC) of Bentiu, Malakal, Bor and Juba.
- **Measles Vaccination Campaigns**: During the first quarter of 2015, an integrated measles campaign was conducted in Nyirol County, Jonglei State. A total of 33,759 children aged six months to 15 years were vaccinated, covering 90% of the target.
- **Integrated Campaign in Rubkona**: In response to the measles outbreak in Unity State, partners conducted an integrated measles and polio vaccination exercise in Rubkona from 7 to 9 April. Altogether 13,321 children aged 6 months to 15 years were vaccinated against measles representing 56.7% of the targeted 23,500 children; 14,770 children aged zero to 15 years received the Oral Polio Vaccine (OPV) representing 60% of the targeted 24,500; and 6,417 children aged 6 to 59 months received Vitamin A supplementation, representing 67% of the targeted 9,500.

1 Vaccination, Children (0-15 years) protected against polio through Round 3 SAID in 3 conflict affected areas.
**National Immunization Days:** The second round of vaccinations took place in parts of Jonglei State from 28 to 30 April, during which 134,687 children under-5 years were vaccinated. The campaign covered Bor South, Duk, Twic East, the PoC, Pibor and Pochalla counties.

**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.

**Acute Flaccid Paralysis:** Since January, 135 AFP cases have been reported. All states except Unity, Upper Nile, and Jonglei have attained the targeted NPAFP rate of ≥2 per 100,000 children 0-14 years. Stool adequacy stands at 96%, a rate that is higher than the target of ≥80%.

**cVDPV:** The type 2 circulating Vaccine Derived Poliovirus (cVDPV2) cases remained two and SIAD activities are being conducted in the accessible counties of Jonglei, Unity and Upper Nile states.

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>cVDPV2</td>
<td>0</td>
</tr>
<tr>
<td>Pending for Lab culture</td>
<td>21</td>
</tr>
<tr>
<td>Pending for ITD</td>
<td>0</td>
</tr>
<tr>
<td>Pending for ERC</td>
<td>0</td>
</tr>
<tr>
<td>Discarded as NPAFP</td>
<td>114</td>
</tr>
<tr>
<td>113/135 Index cases with at least three contacts</td>
<td>84%</td>
</tr>
</tbody>
</table>

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

**RRT Training:** WHO conducted Rapid Response Team (RRT) training for 31 people in Yambio from 9 to 13 April. Participants comprised Medical Doctors, Clinical Officers, Qualified Nurses, Laboratory Technicians and Surveillance Officers from State level and the five Western counties of Yambio, Nzara, Ezo, Tambura and Nagero.

Similar training for 25 RRT members was conducted at Maridi town from the five Eastern counties of Ibba, Maridi, Mundri West, Mundri East and Mvolo from 15 to 19 April.

**Nutritional Inpatient Care Training:** UNICEF, in collaboration with the SMOH for Western Bahr El Ghazal trained 20 participants from Wau Teaching Hospital on Nutritional Inpatient Care from 7 to 11 March.

**Mentoring:** Coaching, mentoring, on-the-job training during field visits and supportive supervision are being continuously done.

**Assessments and investigations**

**Rapid Needs Assessment in Malakal:** Following the arrival of 1,500 newly displaced people at Malakal PoC, partners did a rapid assessment of their health needs. Plans are underway for two rounds of a measles-OPV vaccination campaign with the first round targeting new arrivals aged 15 years and below, followed by a second round for all children under-5.

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

The five leading causes of morbidity among Internally Displaced People (IDP) remained the same, with Acute Respiratory tract Infections (ARI) being at the top, followed by malaria, Acute Watery Diarrhoea (AWD), Acute Bloody Diarrhoea (ABD) and suspected measles. This is similar to the trend reported during the same period of 2014.
The proportionate morbidity for ARI, malaria, ABD, and measles increased while AWD decreased in week 18 of 2015 when compared to the week 17 of 2015. During week 18 of 2015, ARI registered the highest proportionate morbidity of 18.4%, which is higher when compared to the corresponding period of 2014 (Figure 1).

Figure 1: Priority Disease Proportionate Morbidity for Week 51 of 2013 to Week 18 of 2015

- **Measles:** During week 18 of 2015, measles registered the fifth highest proportionate morbidity of 0.129%. In the corresponding week of 2014, measles had a comparatively lower proportionate morbidity of 0.09%. The measles proportionate morbidity in week 18 of 2015 is slightly higher when compared to week 17 of 2015 and week 18 of 2014. A total of 275 measles cases including five deaths (CFR 1.8%) have been registered in Bentiu PoC since the beginning of 2015.

- **Acute Jaundice Syndrome:** Hepatitis E Virus remains a major public health challenge among IDPs and has been confirmed in two out of eight IDP sites where Acute Jaundice Syndrome (AJS) cases have been reported. In week 18 of 2015, two new HEV cases including one death were reported from Mingkaman, while Bentiu PoC reported no case. Hence the cumulative for HEV is 56 cases including seven deaths (CFR 4.8%) in Mingkaman. Probable HEV cases have been reported from Lankien, with a cumulative of 14 probable HEV cases being reported since the beginning of 2015.

- **Cholera Update:** No new suspected cholera cases have been reported since February 2015. As the rainy season for 2015 starts, states and health partners in PoC sites are updating contingency plans for enhanced cholera preparedness and response.

- **Visceral Leishmaniasis (Kala-azar) Update:** From week 1 to date, a total of 1,619 Visceral Leishmaniasis cases and 52 deaths (CFR3.2%) have been reported from 16 treatment centres, of which 1,306 were new cases, 313 relapses/PKDL and 29 defaults. There is a notable increase compared to the same period in 2014 when 1,450 cases 41 deaths (CFR 2.8%) were reported from 15 treatment centres comprising 1,297 new cases, 153 relapses/PKDL and 108 defaults. More than half of the cases in 2015 have been from Lankien, which has reported 829 cases, which represents 51% of total cases. Other centres reporting a high number cases are Walgak (194), Ulang (106), Chuil (107); Melut IDP (71) and Narus (76).

Males are the most affected gender with 833 cases making (54.5%) of the total cases and females with 736 (45.5%) of the total cases. Patients aged ≥15years constitute 680 cases (42%) followed by those aged 5-14years with 679 cases (41.9%) and the least affected are those <5years with 264 cases (16.3%).

- **Viral Haemorrhagic Fever:** Although six alerts have been investigated since 2014, no Ebola virus disease cases have been confirmed in South Sudan.

- **Mortality Update:** Since the onset of the crisis, at least 1,652 deaths have been reported from the IDP sites. Children under-5 years account for 767 (46%) of the deaths. Most of the deaths occurred in Bentiu,
Malakal, Tongping, Mingkaman and Juba 3 PoC sites. The top causes of mortality during the period include AWD, severe pneumonia, TB/HIV/AIDS and malnutrition. The under-5 and crude mortality rates remain below the emergency threshold in all camps.

**Reproductive Health**

Figure 2: 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.

**Feature** OVCi Helps Family to Cope with Epilepsy

Nil Akow, a 10-year-old girl with epilepsy, has experienced a phenomenal improvement in her health following assistance from health partners. Before the intervention by OVCi Community Based Rehabilitation (CBR), Nil, who lives in Mahad IDP camp with her parents and three older siblings, was having more than one seizure every day. She could not go out and play with other children, or help with household chores. She used to spend most of her time sleeping, was often weak and had started developing other health problems such as skin rashes as she could not take care of her personal hygiene.

Following a referral to OVCi by a CBR worker, Nil underwent screening and was referred to Usratuna Epilepsy Unit. Within two months of CBR intervention, Nil’s health improved greatly. The number of fits reduced from once a day to once or twice per month. She started playing with other children, going in the Child Friendly Space (CFS) and participating in household chores. Her mother accompanies her to Usratuna to collect her drugs on every month. Now the family is happy and has gained confidence in the services that can be provided through official medicine. Since the situation is improving and tension reducing, Nil’s family will probably be able to finally go back to their home village. Notwithstanding the terrible condition of being an IDP, Nil’s family would probably never have had a chance to know that a remedy for epilepsy exists.

OVCi has been working in Juba since 1983, helping children with disability. Currently, the organization has various projects in different areas such as epilepsy and mental health. OVCi focuses on vulnerable children, promoting development and autonomy of the people, with particular attention to integrating those with disabilities.
**Resource Mobilization**

- The Health Cluster’s request of $90 million in the 2015 Strategic Response Plan (SRP) was 9% funded at $8.1 million as of 30 April.
- Advocacy continues with donors, partners and SMOH on support for the impending stock out of drugs procured through the Emergency Medicines Fund (EMF).

**Plans for future response**

- Advocate for funding to cover the health needs in the SRP.
- Advocate for the revival of secondary health services in Malakal, Bentiu and Bor hospitals.
- Continue to support SIADs in three conflict-affected states.

**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, Government of Japan, Government of Denmark

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