## South Sudan Response
07 - 30 September 2014

### Highlights

- Cases of malaria, which is among the top causes of death among internally displaced persons (IDP), continue to increase.

- Visceral Leishmaniasis (kala-azar) cases are on the rise in the endemic states of Jonglei, Unity and Upper Nile.

- The number of cholera cases reported weekly continues to decline, while no new deaths have been reported since 7 September 2014.

- To date health partners have conducted 2,747,260 medical interventions since December 2013.

### Health Sector

<table>
<thead>
<tr>
<th>Category</th>
<th>Figure</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Reached with Health Services**</td>
<td>2,747,260</td>
</tr>
<tr>
<td>Health Facilities</td>
<td>127</td>
</tr>
<tr>
<td>Consultations**</td>
<td>1,311,376</td>
</tr>
<tr>
<td>Ewarn</td>
<td>32</td>
</tr>
<tr>
<td>Vaccination</td>
<td>574,673</td>
</tr>
<tr>
<td>Children vaccinated against measles**</td>
<td>493,931</td>
</tr>
<tr>
<td>Children vaccinated against polio**</td>
<td>32,681</td>
</tr>
<tr>
<td>People vaccinated against meningitis in Mingkaman</td>
<td>120,176</td>
</tr>
<tr>
<td>Funding</td>
<td>62,245,787</td>
</tr>
</tbody>
</table>

### Notes:

* This number has received assistance
** Since 15 December 2013
*** UNHCR, South Sudan portal 30 September 2014
**** Population data: OCHA, September 2014
RH data last updated in September 2014
Situation Update

The latest Integrated Food Security Phase Classification (IPC) analysis for South Sudan, released in September, indicates that food security across the country has begun improving and is expected to continue on a positive trend through December 2014. However, about 1.5 million people are projected to remain food insecure, two thirds of whom are in the greater Upper Nile State. If new shocks occur, their resilience into 2015 may be weakened. Further, by March 2015, more than 2.5 million people might become food insecure if the current situation is not reversed. Partners are preparing an appropriate response in light of the health implications of the findings.

Most of the country was calm. However, operations remain a challenge in areas affected by conflict, which are inaccessible and this has impacted negatively on health services such as immunization and delivery of drugs.

Heavy rains and subsequent stagnant waters have made some areas inaccessible, while creating a conducive environment for mosquitoes to breed, further increasing the population's risk to malaria and other water related and borne diseases. Further, the stagnant water prevents patients from accessing health facilities within affected Protection of Civilians (PoC) sites such as Bentiu.

Public health risks, needs and gaps

- The Ebola Virus Disease (EVD) outbreak in five West African countries and the Democratic Republic of Congo (DRC) remains a concern. Although no cases have been reported in South Sudan, partners remain vigilant and have been investigating any suspicious cases and deaths.
- Although cholera is on the decline, continued sporadic cases in Central and Eastern Equatoria states remain a concern.
- A spike in kala-azar cases has been reported, with cases more than doubling compared to this period in 2013.

Gaps

Critical health response gaps include:

- BENTIU: The flooding and WASH conditions of Bentiu camp remain a serious threat to health for the IDPs.
- KALA AZAR: Food supplements for patients being treated for Kala-azar are required. Although discussions with partners on the provision of food supplements are in process, flooding and insecurity remain challenges.
- Partners have also reported service gaps in the diagnosis and treatment of suspected kala-azar cases. Additional health and nutrition partners are needed to support treatment facilities, while more health workers need training on diagnosis and case management.
- FIELD ACCESS: The delivery of drugs and vaccines is being hampered by insecurity, while threats to plane flights make support for health facilities and deployed Rapid Response teams more difficult. The Cluster is sharing copies of the signed Ground Rules for humanitarian action.

Health Cluster Action

EBOLA PREPAREDNESS:

- Partners are supporting the Ministry of Health with Ebola prevention and preparedness at both national and state level. Ebola case investigation and case management training for 43 health staff took place in Yei and Morobo counties, Central Equatoria State. Monitoring of border crossing points with DRC and Uganda continues. In Warrap State the SMOH and partners conducted Ebola preparedness planning and formed an Ebola Preparedness Task Force at state level. In Western Equatoria State, Health partners hosted a sensitisation meeting on Ebola attended by about 500 people. The community received information on how to prevent and recognise the disease, as well as what action to take if they
suspected a case. Key government sectors such as the police, wild life authorities, immigration and customs departments were also sensitised.

- South Sudan Red Cross (SSRC) volunteers are supporting the Ebola screening process at the airport after completed training.
- A total of 112 medical personnel from the border states of Central, Easter and Western Equatoria have been trained to assess arrivals to South Sudan.

KALA AZAR.
- In light of the peak season for kala-azar, Health Cluster partners are involved in response activities, including diagnosis and treatment of the disease. Drugs and test kits have also been prepositioned in endemic states. Partners also conducted an assessment on the kala-azar situation in Eastern Equatoria State.

Rapid Response Update

"The Emergency and Rapid Response Missions deploy at short notice to provide quick health impact interventions. The modality is varied and assistance can sustain from a week up to three months in a location. Life-saving interventions include rapid health assessments leading to provision of Primary Health Care Services, Medical supplies and epidemics response for vulnerable IDPs, returnees and affected host communities."

The IOM Emergency Response Team examines a pregnant woman who walked for four hours from Kamel to Khorflus, Pigi County, Jonglei to access the health service. Photo: IOM

<table>
<thead>
<tr>
<th>Partner</th>
<th>Intervention Location</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMA, GOAL, Medair &amp; RI</td>
<td>Longochuk County, Unity State</td>
<td>On-going response in nutrition and PHC</td>
</tr>
<tr>
<td>CMA</td>
<td>Chuil, Nyirol County, Jonglei State</td>
<td>On-going assessment.</td>
</tr>
<tr>
<td>Medair</td>
<td>Chuil, Nyirol County.</td>
<td>Joint on-going response in rapid MUAC assessment and primary health care support.</td>
</tr>
<tr>
<td>WHO, UNKEA.</td>
<td>Jikmir Payam Madeng Boma</td>
<td>IRNA assessment and response to PHCC with basic IEHK, malaria modules and ORS.</td>
</tr>
<tr>
<td>WHO, Health Cluster.</td>
<td>Kuertrengke Payam Nyatot Boma</td>
<td>IRNA assessments completed</td>
</tr>
<tr>
<td></td>
<td>Nasir County, Upper Nile</td>
<td></td>
</tr>
</tbody>
</table>

Health Cluster Coordination

Health Cluster meetings took place at both national and state level. The meeting at national level took place on 30 September and discussed preparations for the Strategic Response Plan for 2015, which are currently
underway. Other key developments discussed include the Kala-azar Consortium (KalaCore), which aims to build capacity for surveillance, diagnosis and treatment as well as vector control; the Health Resource Availability Mapping System (HeRAMS) which looks at location, functionality of health facilities and staffing levels in the three conflict-affected states in order to reflect available services and gaps. Partners also discussed efforts being made to address gaps in the area of mental health and psychosocial support.

**Health service delivery**

- Since 15 December 2013, a total of 2,747,260 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. To date these include:
  - 1,311,376 consultations and treatment, within and outside the IDP camps countrywide;
  - 574,673 children vaccinated against measles;
  - 493,931 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**

- Since the beginning of 2014, a cumulative of 199 AFP cases have been reported. The annualised non-Polio AFP (NPAFP) rate is 3.31 cases per 100,000 population children 0-14 years (target ≥2 per 100,000 children 0-14 years). All states with the exception of three (30%) states (Jonglei, Upper Nile, and Unity have not attained the targeted NPAFP rate and are therefore considered to be not adequately reporting AFP cases. The non-Polio Enterovirus (NPEV) isolation rate (a measure of the quality of the specimen cold chain) is 13.4%, which is above the global threshold of ≥10%. Stool adequacy is 91%, a rate that is higher than the global target of ≥80%.
- An integrated polio-measles campaign is underway the three states of Upper Nile, Unity and Jonglei states, with states being at various levels of implementation.
- In Upper Nile State, partners underwent a two-day training for health workers on the integrated measles and polio vaccination campaign, which has started in Renk County.
- A three-day training for 16 health workers in cold chain and vaccine management was conducted in Mingkaman, Lakes State.
- 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>
<thead>
<tr>
<th>Status of samples collected</th>
<th>Number of samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending for Lab culture</td>
<td>29</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>168</td>
</tr>
<tr>
<td>176*1/199 Index cases with at least three contacts</td>
<td>88%</td>
</tr>
</tbody>
</table>

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

- Nine health staff in Mingkaman received training on HIV testing and counselling.
- On-the-job training and supervisory support continues at various health facilities across the country.

**Assessments and investigations**

- The Minister of Health, Dr. Riek Gai Kok visited Mingkaman, in Lakes State to assess the state of health facilities. After touring two facilities run by MSF and CCM, he commended the work being done by partners in providing health services to the camp, which has a population of about 94,000 people.
Partners conducted an assessment in Tonj South County from 9 to 13 September 2014 following reports that most areas in the county had been severely affected by floods, causing damage to homes, crops and roads. The assessment observed that there was no displacement; affected people were accommodated by those who were not flooded; and there was evidence of floods as a result of heavy rain fall and a burst river bank. A concern for health partners was the resultant stagnant water where mosquitoes are breeding, thereby increasing the risk of malaria in the area. It was recommended that the SMOH County Health Department, in collaboration with CCM, preposition medical supplies to Thiet and Jak health facilities before the road is cut off by floods. There is also need to strengthen disease surveillance activities in the area.

Partners undertook an Emergency Visit to Lobonok, Payam, Juba County, Central Equatoria State on 11 September to assess preparedness and response to the cholera outbreak in the area. A cholera outbreak started in Lobonok on 18 August. To date 43 cases with and four deaths have been reported. The assessment established that there was a high risk of disease outbreaks related to lack of safe water, poor sanitation and hygiene, unsafe food, lack of community awareness on how to treat water and widely practiced open defecation. Recommendations were made to improve access to water, sanitation and hygiene at the health facilities serving the area. The assessment team also provided a tent as a second treatment location, Diarrheal Disease Kit, Personal Protective Equipment (PPE), medicine, disinfectants, chlorine and spraying equipment and laboratory testing equipment. The MOH provided an ambulance to respond to the outbreak.

Following reports of deaths with bleeding, investigations were conducted in Western Equatoria and Northern Bahr El Ghazal states. It was established that none of the cases were Ebola.

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

Malaria, Acute Respiratory Infections (ARI), and Acute Watery Diarrhoea (AWD) were the top causes of morbidity among IDPs in week 38. During week 38, malaria had the highest proportionate morbidity and incidence when compared to the other top five causes of morbidity among IDPs. The overall incidence for malaria, ARI, AWD, ABD and suspect measles decreased in week 38 when compared to week 37.

![Graph](image)

**Figure 1: Priority Disease Proportionate Morbidity - for Week 1 – 38, 2014**

Overall, the malaria trend has been on the increase since week 25 with a significant increase in Mingkaman and Malakal PoC. A corresponding increase in mortality due to severe malaria has been observed in Mingkaman IDP camp during week 33 and 34. In response to the escalating malaria...
trend in Mingkaman, partners are promoting ITN use, larviciding of stagnant water is ongoing and ACT stock levels are being reviewed.

- **Acute Jaundice Syndrome (AJS)** cases, first reported in week 10 in Mingkaman, increased to 119 cases by week 38. Laboratory tests have since confirmed HEV in at least seven samples from Mingkaman. These AJS trends highlight the possible spread of HEV to at least four other camps besides Mingkaman.

- To date 108 Hepatitis E Virus (HEV) cases and four deaths (CFR 3.7%) have been reported in Mingkaman. Several interventions including soap distribution, shock chlorination of boreholes and house-to-house visits by hygiene promoters are being implemented by partners in response to the HEV trends.

- Kala-azar cases are on the increase as the disease is in its peak season. Since the beginning of the year 4,582 cases (4,288 new cases and 294 secondary cases) and 141 deaths have been reported from endemic areas in Upper Nile, Jonglei and Unity states. Most of the cases - 2,905 – were from Lankien. The increase in cases is attributed to the displacement of non-immune populations to endemic areas, malnutrition, poor housing, as well as late detection and diagnosis of cases. Interventions are being hampered by insecurity and inaccessibility in endemic areas.

- By the end of week 38, a total of 6,128 cholera cases including 139 deaths (CFR 2.27%) had been reported from five states and 13 counties in South Sudan. Active transmission continues to be reported in Kapoeta North, Magwi, Ikots, Torit and Juba counties. These trends highlight the need to enhance and sustain the recommended interventions for cholera prevention and control.

### Reproductive Health

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

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with ANC services</td>
<td>65,049</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>11,144</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>1,121</td>
</tr>
<tr>
<td>Women and girls provided with dignity kits</td>
<td>10,550</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>65,844</td>
</tr>
</tbody>
</table>

- UNFPA donated assorted beds to IMC, Health Link and the UNFPA clinic at Mingkaman.

### Resource Mobilization

The Health Cluster is 81% funded at $62,245,787 – leaving a gap of $ 14,754,213 out of the $77 million requirement, according to the financial tracking system (FTS).

### Plans for future response

- Preparations for the 2015 Strategic Response Plan (SRP) are underway. The SRP replaces the Crisis Response Plan (CRP).
- 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 cases.
- Provide focused support and response to specific areas that continue to report cholera 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

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