South Sudan Response
16 August-06 September 2014

5.8 M IN NEED OF HEALTH ASSISTANCE
1.3 M INTERNALLY DISPLACED
3.1M TARGETED FOR HEALTH
242,900 REFUGEES*
7018 INJURED*

Highlights

- Following the ongoing Ebola outbreaks in West Africa and in the Democratic Republic of Congo, partners have stepped up preparedness plans in the event that the disease is reported in South Sudan.
- The number of cholera cases has significantly reduced across all three states that reported confirmed cases.
- A total of 2,452,796 medical interventions have been conducted by health cluster partners since the start of the crisis in December 2013.

Notes:
* This number has received assistance
** Since 15 December 2013
****Population data: OCHA, 31 August 2014
*****Refugee data: UNCHR, 31 August 2014
RH data last updated on 04 September 2014
Situation Update

- Following reports of Ebola outbreak in West African and the Democratic Republic of Congo, and the declaration by WHO of the disease as a Public Health Emergency of International concern, partners in South Sudan have stepped up preparedness efforts. Screening has been initiated at Juba International airport and other border entry points namely; Nimule and Nadapal, Eastern Equatoria State, Ezo, Western Equatoria State and Kay, central Equatoria State. Training of health workers and frontline workers like public health officers, clinical officers, nurses, laboratory technicians, statisticians, pharmacists and community mobilizers have been initiated in high risk states of Central Equatoria State, Eastern Equatoria State and Western Equatoria State. As of 30 August 2014, a total of 7,908 passengers have been screened at Juba International Airport and 66 health workers oriented and trained on Ebola response at the airport.

- The response to the cholera outbreak continues with partners strengthening response efforts to interrupt the transmission in the affected states. As of 02 September 2013, a total of 6,060 cases and 139 deaths had been reported from Central Equatoria State, Eastern Equatoria State, Upper Nile, Jonglei and Western Equatoria. In this reporting period, Ikotos, Torit, and Juba continued reporting new cases. No new cases were reported from Wau Shiluk and Malakal.

Public health risks, needs and gaps

- The rainy season coupled with flooding in some parts of South Sudan increases the risk of water borne diseases like cholera and water-related diseases like malaria. Over the past few weeks, flooding has been reported in Bentiu, Malakal and Tongping Protection of Civilian camps. In parts of Mingkaman, (Yalkot) and Warrap, (Man-Awan) flooding is limiting mobile clinic teams from reaching the displaced population in these areas.

- Reports of suspected measles cases continue to be reported from different IDP settings. In week 35 a total of 14 suspected measles cases were reported from Bentiu (7) and Awerial (7). This is a public health concern especially in internally displaced persons camps. Integrated polio-measles campaigns are underway in the three emergency states of Unity, Jonglei and Upper Nile that were missed out in the integrated campaign in April due to insecurity.

Gaps

Critical health response gaps include:

- Gaps in HIV, TB diagnosis and treatment in all PoC clinics (no partner on the ground). This needs strengthening.
- Advocate for the re-opening of and for service provision in Bentiu and Malakal hospitals and, advocate for secondary health care services at Bor State hospital.
- Mobile clinics are unable to reach communities in Yalkot due to heavy rains and floods to provide the much needed health assistance.

Health Cluster Action

Health Cluster Coordination

- Health cluster coordination meetings were conducted at the central and state levels during this period. At the national level, health cluster partners were briefed on the status of cholera and other diseases in the IDP camps. Health partners were reminded to provide information that will facilitate the updating of secondary care and surgical capacity of health facilities that they support.

- In Mingkaman, MSF, CCM and IMC met to plan a vaccination campaign in the cattle camps. MSF will continue vaccinating children in Dor Payam and Awerial center, CCM in Bunagok and Abuyong, and IMC will vaccinate in Marik and Wunthao. A meeting was also held with Mentor Initiative in Mingkaman to discuss malaria prevention and control measures in the camp. It was agreed that a quick assessment on the availability and utilization and promotion of Insecticide Treated Nets in the camp, antimalarial drug stocks, larviciding of stagnant water be conducted.
Health service delivery

- Since 15 December 2013, a total of 2,452,796 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. As of 05 September 2014, these include;
  - 1,143,957 consultations and treatments, [including 13,078 reported inside the IDP sites this week].
  - 468,953 children vaccinated against measles,
  - 363,105 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

Measles

- Since the start of the year until week 35 a total of 357 measles cases have been confirmed by investigation (62 - laboratory confirmed, 42 EPI link and 253 compatibles). The trends of measles cases continued to decline with the incidence of 48.6/1000,000 in week 34 compared to 46.9/100000 in week 35.

- There is ongoing integrated measles campaign in Malakal, Upper Nile and Bor in Jonglei. So far 23,570 children 6 months to 15 years have been vaccinated against measles while 23,826 0-59 months against polio in Malakal; in Bor 9,344 against measles and 1044 against polio. The campaign is implemented by county as access gets better in counties affected by conflict.


Polio

- Seven new AFP cases were identified in the reporting week; One from Central Equatoria, (Yei), one from Eastern Equatoria (Kapoeta East), one from Jonglei (Uror) one from, Lakes (Rumbek center), two from Warrap (Tonj East, Tonj South), one from Western Equatoria (Tambura). So far the cumulative number of reported AFP Cases in 2014 is 170. All surveillance indicators are at optimal level, NPAFP rate is 3.07/100,000 and stool adequacy is at 91%

Routine Immunization

- In July South Sudan introduced pentavalent vaccine replacing the traditional DPT vaccine, however routine immunization coverage has been low. As of the end of July DPT-3 coverage stood at 22% as compared to the same period in the last two years. Nevertheless, in an effort to improve coverage WHO has positioned 104,000 USD from GAVI funds to support accelerated defaulter tracing. States micro plans are being reviewed and compiled for implementation by 15th September.
Support to health service delivery (capacity building)

- Following the ongoing outbreak of Ebola in West Africa and in the Democratic Republic of Congo, health partners have started training medical personnel in Ebola control and case management as part of preparedness. So far a total of 112 health personnel have been trained in Yambio in Western Equatoria, Nimule and Torit in Eastern Equatoria and Juba, Central Equatoria State.

Training schedule table

<table>
<thead>
<tr>
<th>State</th>
<th>Planned training</th>
<th>Trainings conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Equatoria</td>
<td>Juba Teaching Hospital Ebola ward, Juba International Airport [JIA] screening desk, Yei, Morobo, &amp; Lainya counties</td>
<td>Juba</td>
</tr>
<tr>
<td>Eastern Equatoria</td>
<td>Greater Ikotos</td>
<td>Torit</td>
</tr>
<tr>
<td>Western Equatoria</td>
<td>Yambio Maridi, Tambura, Ezo, Nzara, and Iba</td>
<td></td>
</tr>
</tbody>
</table>

- To support the roll out of the pentavalent vaccine in the States, a training of trainers was organized in Northern Bahr El Ghazal, Eastern Equatoria and Warrap States. WHO in collaboration with the Ministry of Health trained 20 participants in Northern Bahr El Ghazal, 66 participants in Eastern Equatoria State and 28 participants in Warrap for two days. Those trained include; EPI supervisors, Social mobilizers, Cold chain assistants and NGO representative from each county. These trainings will be cascaded to the county and facility level.

- In an effort to strengthen the overall response to sexual violence in South Sudan, a training programme in the Clinical Management of Rape (CMR) was launched during this period. Rape is a public health problem that needs to be addressed. The first training took place in Mingkaman, Awerial during which 20 health workers from various organizations were trained on signs and symptoms of sexual violence. The trainings were organized with twofold objective to increase access and utilization of Crude Mortality Rates services and to train health workers to engage in community mobilization and sensitization. Health workers learned how to look for signs of physical and psychological trauma, as well as how to collect forensic evidence, which will help survivors pursue legal action if they choose to do so. Trainings have also been planned for Malakal, and Malut. In total the programme aims to reach at least sixty participants.

> “One of the big issues in South Sudan is that communities are not aware of health services offered in the area of clinical management of rape and the importance of seeking timely medical services. If someone seeks health care within 72 hours of an incident then it is possible to prevent pregnancy and STIs, including HIV”, UNFPA

Referral to psychosocial services and case management are critical in South Sudan, where so many women and girls are suffering from severe depression and Post Traumatic Stress Disorder (PTSD) as a result of gender based violence. Often women will be shunned by their husbands and communities if word gets out that they have been raped. As result they feel they are not valued anymore and some become suicidal.

- Partners continue to respond to the ongoing cholera outbreak in areas that are reporting cases. A team from the State Ministry of Health in Eastern Equatoria, conducted on job training as part of support supervision in Lafon Primary Health Care Centre (PHCC). The training targeted data clerks and EPI vaccinators.

Surveillance and communicable disease control (IDP/Protection of Civilian Sites)

- Malaria, Acute Respiratory Infection (ARI), and Acute Watery Diarrhea (AWD) continue to account for the highest proportion of the disease burden among IDPs (see Figure 1). In week 35, Malaria had the highest proportionate morbidity and incidence of 26.5% and 62 cases per 10,000 respectively. The proportionate morbidity for malaria, AWD, ARI, and ABD decreased in week 35 when compared to week 34.
Overall, the malaria trend has been on the increase since week 25 with a significant increase observed 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 Mingkamam, partners are promoting ITN use, larviciding of stagnant water is ongoing, and ACT stock levels are being reviewed.

Corresponding IDSR data from populations living outside the IDP camps shows that three states (Lakes, Northern Bahr el Ghazal, and Warrap) exceeded the malaria epidemic threshold levels during the following months of 2014: Lakes (March, May, & June); Northern Bahr el Ghazal (March, May, June, & July); and Warrap (January, February, March, May, June, & July). In response to these trends, ACT stock levels are being enhanced in the affected states and a communication strategy has been developed to promote ITN use and timely care seeking.

Kala-azar cases are on the increase as the seasonal peak draws close. Since the beginning of the year, 2,658 new cases and 77 deaths have been reported from endemic areas in Upper Nile, Jonglei, and Unity. The majority of the cases have been reported from Lankien (1,558), Chuil (563), Malakal (251), Melut (75), Old Fangak (43), Nasir (37), Rom (31), Yuai (21), and Bentiu (17). The escalation is attributed to several factors including displacement of non-immune populations to endemic areas, malnutrition, poor housing, and late detection and diagnosis of cases. Interventions are being hampered by insecurity in endemic areas. WHO is supporting implementing partners with case management supplies and adequate stockpiles have been assembled in endemic states.

Five new HEV cases were reported in week 35, bringing total cases to 100. Partners continue efforts to reduce the CFR among the cases that are reporting at facility level, which remain at four (CFR 4.2%). To avert further spread, WASH partners are monitoring water quality at different levels.

During week 35; the under-five mortality was below the emergency threshold for the four camps. The under-five mortality for Bentiu was 0.704 deaths per 10,000 per day; 0.824 deaths per 10,000 per day in Juba 3. The major causes of death in under-fives were pneumonia and malaria. Crude Mortality Rate (CMR) also remained below the emergency threshold in all the four IDP camps. The under five mortality rates have been rising in Juba 3 IDP camp in the last four weeks with most deaths 5 (86%) being perinatal. This highlights the need to review antenatal, maternity, and postnatal services in the camp.

### Reproductive Health

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with ANC services</td>
<td>58,416</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>10,101</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>1,016</td>
</tr>
<tr>
<td>Women and girls provided with dignity kits</td>
<td>4,036</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>56,945</td>
</tr>
</tbody>
</table>

### Resource Mobilization

About 81% (USD 62,245,787) of the cluster’s requirements have been funded to date as shown in the financial tracking system.
**Plans for future response**

- Continue supporting the Ministry of Health with preparedness and response plans for Ebola through training of health workers, community mobilization, sensitization and surveillance.
- Continue integrated vaccination campaigns in Upper Nile, Jonglei and Unity
- In collaboration with other clusters, deploy rapid response teams to selected priority locations
- Continue advocating for the health service provision in Malakal, Bentiu and Bor hospital.
- Continue prepositioning drugs and medical supplies.

**Health Cluster Partners**

**Partners supporting the response in South Sudan include the following:**

1. Federal 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, UNKREA, 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

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