The WHO monthly report summarizes activities carried out by various WHO South Sudan programs and what planned activities the programs plan to conduct the following month.
Introduction
The overall humanitarian situation kept deteriorating in the month of February due to a combination of factors among them, cross border fighting between North and South, escalation of inter-tribal conflicts and Rebel Militia Group related violence; the emergence of a critical food gap with rising malnutrition rates; and the ongoing budget crisis (austerity measures) for the Government of the Republic of Southern Sudan (RSS) was equally eminent. But even with all the difficulties in place, WHO South Sudan office was a beehive of activities for all program areas at both the field and Juba levels. Below is a summary of objectives, activities and results of the programme supported areas during the month of February 2012.

Activities conducted during the month
1. Emergency Humanitarian Action

During the month of February 2012, the Emergency Humanitarian Action programme supported the Ministry of Health at the central and field level to respond to a myriad of emergencies that were reported during the month in focus. With humanitarian situation that kept deteriorating in the states due to the above mentioned factors, the programme stepped in to support the Ministry of Health fill critical gaps that the government and other partners were unable to cover and were challenging. The following are activities conducted by the EHA programme during the month;

From Left to Right in Dr Abdi, Hon. Minister of Health, Dr. Michael, Advisor of the Minister, and Undersecretary launching the HSPD.

WHO staff attending a meeting at Pibor County.
i) Humanitarian response

In collaboration with the MoH/GoSS, State Ministries of Health, UN partners and NGOs, WHO participated in a number of rapid health and needs assessments in the hot spots among them; the interagency assessment mission to Pibor following the inter-tribal conflict, an assessment of Akobo hospital, Bentiu hospital and Pibor Primary Health Care Center to update the surgical capacities in the facilities towards providing surgical interventions, interagency assessment mission in Twic East and Duk Counties following tribal conflicts to help and identify the humanitarian needs for the affected and displaced communities. WHO also participated in the interagency assessment in Terekeka County to identify health gaps of the displaced population and the interagency assessment in Tonj East County following a militia attack on the community of Tonj East County leading to over 3000 people as displaced. During the assessments, WHO assisted in identifying health related needs, critical gaps and subsequently coordinated health partners and local health authorities to ensure the gaps are met.

The programme was instrumental in providing logistic and financial support to the assessment teams to effectively carry out initial rapid health assessments in the mentioned states. In order to ensure a coordinated humanitarian response of various epidemics, the programme supported verification of suspected outbreaks of Khalazar, measles, in all the states, meningitis in Unity, Central Equatorial State (CES) and Eastern Equatorial State (WES) and acute watery diarrhea in EES,CES,Northern Bahr El Ghazal state.

The WHO/EHA programme also supported the ministry of health to coordinate a number of forums for technical discussions and information sharing. Amongst the meetings convened and supported are: the weekly emergency preparedness and response meetings, Health cluster meetings both at national and subnational level and a couple of emergency task forces in selected counties of Maban and Pibor.
ii) Preparedness for potential Emergencies

During the month the programme pre-positioned live-saving medical supplies including; 6 IEH Kits, 6 Trauma Kits and 6 diarrhea kits in high risk states (Jonglei, Unity, Upper Nile, Warrap, Northern Bahergazel, and Lakes state) as part of emergency preparedness. The six high risk states have been reporting high numbers of refugees, returnees, conflict related injuries and internally displaced since the beginning of the year. The prepositioning will ensure rapid access of life saving drug supplies by the state emergency teams and as such the impact on health of the affected population by emergencies will be reduced. This will also ensure swift response to reduce on the avoidable morbidity and mortality in acute emergencies.

To further strengthen the preparedness levels contingency plans for emergency response were revised based on the real time needs. This is a continuous process and is based on the scenarios based on the evolving humanitarian situation in the key states.

iii) Response

In response to inter-tribal attacks in Warrap state by a militia group from the neighboring unity state, WHO donated and supported Maria lo hospital in Tonj North county with one Interagency Emergency Health Kit sufficient to support 10,000 people in a three months period, and one trauma kit sufficient to support 100 critical trauma patients. The support follows the admission of over 53 patients to the hospital and reports of displacement of over 3,000 in the county.

In Jonglei state, six basic medical kits were donated to the county health department in Nyirol following inter-clan fighting in which over hundred households were displaced with mostly women and children being affected.

To further support the Pibor County clashes, WHO supported the Pibor County Health department to strengthen the delivery of health services by supporting the county with logistics to run a mobile clinic to the areas of Longechuk, Gurmuk and the neighboring villages not served by health actors in the county. The programme will continue supporting the clinic for the next three months with emphasis of targeting the displaced populations. As result, 3 921 patients who were initially not being reached with health services are currently receiving the emergency health services.

In CES, WHO provided assorted medicines to ACROSS, a health partners to strengthen the management of common illnesses at the way station in Juba and two way stations in Rumbek.
In Unity State, surgical supplies were delivered to the state hospital of Bentiu to respond to a surge of trauma cases due to a clash that left 41 wounded and in need of surgical intervention. The clashes were reported from the Jau area on the border between the north and south.

As a strategy to prevent outbreaks form Vaccine Preventable Diseases, WHO in collaboration with SMoH, UNICEF and ACROSS supported the State Ministry of Health (SMoH) CES with vaccination of all children under the age of five at the way station in Juba. As a result 362 children were vaccinated during the month.

**iii) Resource Mobilization and advocacy to address the gaps**

During the month, WHO managed to mobilize over US$ 2.0 million raised from the Central Emergency Reserve Fund. These funds are meant to support the health response towards the unmet need of the populations of humanitarian concern in the six emergency states with the main objective of strengthening the core pipeline of the health cluster.

**v. Challenges**

Despite the progress made during the month, the programme faced some challenges that affected it in delivering to full capacity. The challenges faced include:

- Insecurity as result of intertribal clashes and Rebel Militia Group attacks leading to continuous population displacements;
- Funding gaps coupled with a drop in the overall health budget allocation by the Republic of South Sudan (MOH) hence affecting humanitarian health interventions.
- Poor road and communication infrastructure coupled with long distances to service points; and
- Shortage and frequent turnover of qualified and skilled national staff at central, state and county levels.

**VI. Plan for the next month**

Given that the overall humanitarian situation is unpredictable and likely to worsen in 2012, the programme plans focus on the following areas:

- Maintain the health safety net through strengthening the provision of the Basic Package of Health Services;
- Communicable diseases control and prevention, capacity building for emergency preparedness and response;
- Strengthen the capacity of key state hospitals to manage emergencies including trauma and obstetrical cases; and
- Expand access to an essential package of services for mothers and children by up-scaling reproductive health and child survival interventions.

**2. Communicable Disease Surveillance and Response (CDSR)**

**i) Coordination and Technical Missions**

During the month, the CDSR programme supported the MoH-RSS to organize and conduct four (4) epidemic preparedness and response (EP&R) taskforce meetings at the central level. The meetings that were chaired by the MoH – RSS aimed at discussing surveillance data from the previous weeks and
devices ways of improving the data and reporting and any outbreak alerts or investigation conducted by health authorities and partners.

**ii) Training and Capacity Building**

To strengthen surveillance and Integrated Disease Surveillance and Response, the programme supported the ministry of health to organize for five days integrated disease surveillance master training in Juba for 16 public health officers from five SPLA Medical Corp divisions in South Sudan were trained. The training was aimed at improving the knowledge and skills of public health officers in SPLA Medical Corp on integrated disease surveillance, epidemic preparedness and emergency response, detection and management of priority diseases, data management, laboratory support, surveillance information flow, disease surveillance supervision and IDSR reporting and data collection tools. Its hoped that this will improve reporting and data management at the states.

Three days refresher training to enhance surveillance and case management of meningitis and cholera was also conducted in Torit, Eastern Equatoria state. The training was attended to by 40 health personnel including surveillance officers, doctors, nurses and clinical officers from all referral facilities and county health department. The training was organized with the objective sensitizing health personnel on surveillance and case management for meningitis and cholera given the countries volatility of humanitarian emergencies and massive population movement.

**iii) Transport for IDSR Activities**

In the month of February, WHO donated twenty-eight (28) motorcycles to nine states in South Sudan: WES (Mundri West county), EES (Budi and Kapoeta counties), JNG (Pochalla, Pibor and Akobo counties), WRP (Gogrial West/Kuajok, Gogrial East, Tonj East and Tonj South counties), NBeG (Aweil East, Aweil South and Aweil West), WBeG (Wau county), Unity (Leer, Panyijar, Rubkona/Bentiu and Pariang/Ruweng counties), LKS (Yirol West, Cueibet and Rumbek Central counties) and UNS (Malakal, Maiwut and Nasir counties). The 28 motorbikes were meant to be given to six (6) national public health officers in 6 states (UNS, LKS, Unity, WBeG, NBeG and WRP states) and 22 field supervisors across the states. These motorcycles were donated for the purposes of enhancing the movement of the surveillance officer and polio field supervisors when they undertake the IDSR activities (prompt outbreak rumors/alerts investigation, regular supportive supervision visits etc).

**iv) Surveillance and Epidemic Response**

A total of eight (8) outbreak rumors/alerts were reported and investigated by state rapid response teams during the month of February including suspected meningitis cases in Dolo payam , Juba county and Yei county, suspected measles cases in Jur River, Tonj North, Juba, Aweil East, Gogrial West and Budi. Of these rumors, only one measles in Kimatong payam in Budi county (EES) was confirmed as an outbreak, with all others being false alarm. The state rapid response
teams undertook all the outbreak investigations within 3 days of notification.

During the month, only seventeen (17) biological specimens (5 CSF and 12 blood samples) were collected from the various areas in South Sudan and transported from the field to reference laboratories in Nairobi through Juba for advance testing and confirmation. Of these specimens, 6 blood specimens from Budi county were confirmed as positive for measles (measles IgM antibodies), while the rest of CSF and measles specimens were negative.

The proportion of health facilities submitting the weekly surveillance reports to the central level slightly dropped in February 2012 as compared to January 2012, more especially in week eight. Refer to Figure 1 for details. This decrease in the reporting rate may be attributed to the fact that all the state surveillance officers were called to Juba for the DHIS training.

A total of 19,055 cases of Acute Watery Diarrhea (AWD) with 2 deaths (CFR = 0.01%) were recorded across South Sudan in February 2012. There was reduction in the case fatality rate in February 2012 as compared to the month of January 2012 (16,902 cases with 14 deaths; CFR = 0.08%). There were no cases of suspected cholera reported from any health facility or community. As shown in Figure 2, the number of acute watery diarrhea (AWD) reported during the month varied significantly from one state to another. Western Equatorial State (WES) state recorded the highest number of cases followed by Western Bahr El Ghazal (WBeG) and Warrap states compared to the other states. Upper Nile and EES states reported the least AWD cases.

Only fourteen (14) suspected meningitis cases and two (2) deaths were reported in February of 2012 from CES, Unity, Lakes state NBeG, and WBeG States, however none of these suspected cases tested positive for Neisseria Meningococcal bacteria through Pastorex rapid test or culture. The MoH in collaboration with the WHO have planned for a series of trainings for health care workers on meningitis epidemic preparedness with one such training conducted in Torit for health workers in Eastern Equatoria state.

One hundred and twenty two (122) suspected measles cases were reported with no death during the month in focus as compared to January 2012 where 91 suspected measles cases with 3 deaths were reported. Twelve
blood specimens were collected and sent to KEMRI measles reference laboratory in Nairobi for confirmation. Of these, 6 (50%) of the specimens tested positive for Measles IgM antibodies. The specimens that tested positive were all from Budi county in Eastern Equatoria state.

No suspected cases of yellow fever and other types of VHF’s was recorded from across South South in the month of February 2012.

**Acute Jaundice Syndrome (AJS)** is one of the priority disease conditions that is currently included for weekly reporting in the IDSR system. Acute jaundice syndrome is defined as “any person with acute onset of jaundice with or without fever and absence of any precipitating factors”. One of the most common causes of acute jaundice syndrome is viral hepatitis, followed by dengue and yellow fever. South Sudan has experienced a recurrence of hepatitis E outbreak in the past few years, and in February 2012, a total of four (4) suspected cases of AJS with no death were reported from across South Sudan.

A total 69,575 **malaria** cases and 54 deaths (CFR 0.08%) were reported across South Sudan this month. The number of malaria cases reported during the month were slightly lower compared to the number of cases reported in January 2012 (76,990 malaria cases with 62 deaths; a case CFR of 0.08%). Malaria still remains a major public health problem in South Sudan with cases increasing year after year. Health authorities in collaboration with WHO and other key partners plan to respond to the malaria burden by distributing mosquito nets to all returnees and displaced people, and dispatched more anti-malaria drugs and rapid diagnostic kits to all health facilities in high risk areas. More refresher trainings on case management are also planned in other areas where this has not be done.

### 3. Polio Eradication Initiative

South Sudan Polio Eradication initiative has continued the fight towards polio free certification as the lead agenda for the year 2012. Hence all activities were aligned to achieve this goal during the month under review.

During the month the programme participated and supported the ministry of health in the following ways;

#### 3.1 AFP Surveillance

During the month, AFP surveillance activities were carried out with a focus on the active search for cases, investigation and collection of specimen, As a result, by the end of February 2012 (week 9), 38 cases of AFP were identified, investigated and reported. This leaves the annualized non – polio AFP rate at 2.7 with stool adequacy of 93%. The 2011 AFP cases pending for final classification were reviewed and classified as discarded at the Expert Review Meeting held during the month; making a total of 341 Non polio AFP cases for 2011 with no case of wild polio case reported. The annual update for the certification report for 2011 was prepared and submitted to the regional certification committee for consideration.

#### 3.2 Measles Surveillance

Measles case based surveillance activities are steadily improving as the proportion of investigation and lab sample collection are also increasing. Upsurge of suspected measles
cases mainly in areas not yet reached with the Follow-up Campaign were investigated and samples collected for confirmation. The program continued with the analysis of measles surveillance from line lists and compiled and encoded data into the database. Since January 2011, a total of 120 suspected cases of measles have been reported throughout the country out of which 38 specimens were taken for laboratory analysis.

### 3.3 Routine EPI

The EPI coverage survey training was held in Greater Bahr El Ghazal during this month. The Polio eradication initiative in collaboration with IMA provided technical assistance to Upper Nile and Jonglei SMoH on Reaching Every County approaches during coordination meetings to launch mobile and outreach immunization sessions in all the counties during the current dry season.

The programme also supported the provision of prompt immunization of returnees and refugee children under five year of age with measles and OPV, mainly at entry points or during registration exercise in collaboration with IOM and SSRRC in Upper Nile and Central Equatoria States.

### 3.4 Supplemental immunization activities

The first round of 2012 House to house Polio SIAs was conducted in the month of February 2012, covering all the ten states of South Sudan with an estimated 3 200 000 children less than 5 years vaccinated with oral polio vaccine nationwide.

In Jonglei State, special adjustments of Vaccination teams’ allocation allowed reaching most of children during the first NIDs round (Feb 27-Marc 1st, 2012) in areas from where populations where expelled due to inter-communal clashes, to the areas of temporary settlements around major towns.

During the reporting period, the roll over Measles follow-up campaign was initiated in two remaining states; Eastern and Western Equatoria. So far 1,308,315 children of 6-59 months have been vaccinated in others 8 states of South Sudan since August 2011.

### 3.5 Monitoring and supervision

Five Technical monitoring and supervisory visits were carried out in two states by the national level team to provide technical direction to the program activities (Eastern Equatoria).

The EPI Director from the MoH-RSS together with the WHO team member attended the Technical Advisory Group and Horn of Africa meetings in Nairobi. During the meeting, the EPI-Polio six month plan was reviewed; recommendations for 2 NIDs rounds for 1st semester of 2012 made and, the continuation of stool specimens sampling from continuation of community children in South Sudan and emphasis of inter-country
cooperation through cross border immunization and surveillance activities agreed on.

### 3.6 Challenges

The programme was faced with the challenge of:

- Inter-communal violence faced in late 2011 and early January 2012, particularly in some parts of Jonglei Upper Nile States
- Influx of refugees due to conflicts in South Kordofan and Blue Nile States (in the Republic of Sudan)
- The vast land area with lack of effective communication in most counties makes information flow very difficult.

### 3.7 Plan for next month

- To continued with the EPI Coverage verification survey in the Greater Bahr El Ghazal
- Conduct Support supervision on the implementation of REC approaches (Routine EPI) and surveillance activities;
- Continue with the provision of prompt immunization to returnees and refugees children under five year of age with measles and OPV;
- Completion of Measles follow – up campaign: Eastern and Western Equatoria;
- Conduct Integrated Disease Surveillance and Response training;
- Conduct an EPI Technical Retreat;
- Conduct the cross-border meeting with Uganda & Ethiopia;
- Orientation session for Central and NIDs Supervisors in-process; and

### 5. Guinea Worm Eradication Programme

The South Sudan guinea worm transmission season has not started however 6 guinea worm cases have so far been reported in the country this year. Two cases were reported in January compared to 6 in the same period in 2011. In February 2012, 4 cases of guinea worm disease were reported compared to 60 during the same time in 2011. All the 6 cases were detected and reported from Eastern Equatoria state. The state has been known for early transmission dynamics over the last four years, however this year the number is lower compared to the same period last year (2011). Thirty five (35) guinea worm rumors were registered in February 2012, all investigated with no case detected.

During the month, training was conducted between for 40 state and county surveillance officers from Western Equatoria, Central Equatoria, Jonglei and Upper Nile states plus the two GWEP state field coordinators from Eastern Equatoria and Jonglei states. The training was aimed at to conduct a training of trainer in preparation to roll out of health workers training the above states. Participants were given files for documentation of all their reports and trainings activities.

The programme in collaboration with the MoH, conducted an assessment mission to Pibor. This was based on the recommendation made during the 2011 annual review meeting (The SSGWEP should assess all of Wuror, Nyrol, Ayod, and Pibor Counties to ascertain if GW is endemic). The assessment was also conducted to attempted missions to set up surveillance activities and train health workers in Pibor county in 2011. During the assessment mission, the team was able to;
Provide a motorbike to the county surveillance officers to support surveillance in the county;

Deliver all reporting tools to the country. These include; the rumor registration forms, the case work up forms and the weekly IDSR reporting forms;

Delivered guinea worm posters and these put in public places to increase guinea worm disease awareness in the county; and

Provided an HF Radio and Thuraya to the county to improve timely reporting and communication with the state and some of the payams.

Guinea worm disease endemcity in Burma payam in Pibor County. The cases of guinea worm disease have been increasing over the last two years (2010 and 2012),

The current insecurity situation that has led to increased population movement and displacement in the county. These could complicate guinea worm disease surveillance

Although there are no cases of guinea worm detected during the assessment, several suspects have been registered. There is close interaction between the Jie community and the Murle community.

5.2 Recommendations and plan for the next month

The new county surveillance officer should be trained on guinea worm disease surveillance within one month period and be equipped with all surveillance tools before the start of the rain season (Reporting forms, specimen containers and logistical support)

Training of health workers in the county should be done within the next two month, due to scarcity of enough trained health workers in the county. The program should take advantage of all other community based structures that are already established in the county like polio teams and have them trained to strengthen guinea worm disease surveillance

The county surveillance officer should be assisted and facilitated to ensure a good guinea worm disease surveillance in all free areas including Burma payam;

5.1 Challenges

Insecurity and vastness of the county to ensure good surveillance;

Access to the population still hiding in the bush following the recent attack;
Sensitization workshop on guinea worm disease should be conducted targeting all community leaders (the chiefs, payam administrators) teachers and church leaders.

### 6. Human Immune Deficiency Syndrome (HIV)

The WHO/HIV programme continued supporting the Ministry of Health Republic of South Sudan to strengthen the HIV response. By the end of the January 2012, 3,502 people were recorded to be receiving antiretroviral therapy throughout the whole country. This brings the estimated coverage of antiretroviral therapy among adults and children in the country to 7.1% of the 49,500 people eligible for treatment.

The number of children younger than 15 years of age receiving antiretroviral therapy still remains low. About 112 children younger than 15 years were receiving antiretroviral therapy at the end of February 2012, with an estimated coverage of 3.7%.

#### 4.1 Capacity building

The WHO/HIV team continued providing technical support to scale up quality HIV treatment services during the month in focus. The team visited Kajoeki, Juba and Bilfam, in Central Equatoria State (CES); Lui, and Maridi, in Western Equatoria State; Rumberk and Mapourdit in Lakes State and Wau in Western Bahr el Ghazal state (WBGZ). As a result the teams identified weaknesses and provided immediate feedback on corrective measures and verified data on Blood safety, HIV care and ART.

#### 4.2 Development of Guidelines and materials

During the month, the HIV programme hired and recruited a consultant to mentor HIV service providers, integrate and update HIV guidelines to include pediatric HIV care/ART. The consultant is closely working with the HIV Technical Working Group (TWG) from MoH. The HIV material guidelines to be developed or adapted include; guidelines and training materials to identify, perform clinical and laboratory assessments and refer HIV exposed or infected infants and children; tools for counseling on infant feeding and HIV care consistent with national HIV/ART guidelines and protocols; tools for providing antiretroviral therapy and follow up in infants and children into the comprehensive Integrated Management of Adult Illnesses guidelines and training curriculum.
4.3 Transitional Funding Mechanism (TFM) Proposal development

The programme also worked with partners to support development of Transitional Funding Mechanism (TFM) proposal, this continues this month. The programme recruited international technical personnel to support the TWG of the Country Coordinating Mechanism (CCM) to develop various sections of the TFM proposal.

The HIV programme participated in a regional meeting in Cairo meant to provide guidance for the development of a Regional Framework for the Elimination of Mother-to-child Transmission of HIV. Strategic directions to be taken in the region were also discussed; this will be incorporated into draft strategy. This will be followed by an electronic review of the 2nd draft, 2nd meeting and finally the launch of the strategy.

4.4 Outcome of WHO/HIV support

As a result of the programs clinical mentorship, the quality of management of patients with improved commodity and supply management, monitoring & evaluation and reporting in most sites has greatly improved.

4.5 Plan for the next month

The HIV programme plans to conduct the following activities in March 2012;

- Provide field visits to support and clinical mentoring to sites that have not been visited since December 2011. These include; Aweil in Northern Bahr el Ghazal state (NBGZ), Yei in CES, Malakal and Renk in Upper Nile state, Torit, Nimule and Magwi in EES; Bentiu in Unity State and Tambura in Western Equatoria State;
- Conduct onsite training for health care providers in selected facilities to pre-test adapted pediatric HIV care/ART guideline and materials;
- Update and finalize the South Sudan adapted IMAI guidelines and training tools;
- Update and finalize South Sudan adapted monitoring tools and training manuals;
- Facilitate a stake-holders’ workshop to disseminate updated guidelines and training materials;
- Development a case study on “HIV/ART clinical mentoring in South Sudan; and
- Support a rapid assessment to explain the reasons for the high attrition.

7. Tuberculosis

During the month of February 2012, WHO/TB programme continued providing technical assistance to the National Tuberculosis Programme (NTP) -MOH/RSS through participation in the development of draft Transitional Funding Mechanism (TFM) Proposal and technical assistance (TA) from the regional office.

7.1 Challenges

- Delay in finalizing the awards in GSM for financial transaction has delayed implementation of most of the activities.
### 7.2 Plan for the next month

- Contribute to the finalization of TFM proposal development.
- Finalize the recruitment of consultant for the development of guidelines on TB Infection Control in congregate settings.
- Print IEC (information, education and communication) materials.
- Disburse funds to CUAMM (Doctors with Africa) as a sub-sub-recipient under the Round 5 TB/HIV grant.
- Support and participate in the drafting of protocol for the Drug Resistance Survey (DRS).
- Conduct training of health workers including Clinical Officers, Statisticians, Data-Clerks, nurses, Laboratory personnel and counsellors from Western Equatoria State, on the revised recording and reporting tools in Yambio, Western Equatoria State.
- Support the commemoration of World TB Day, which is taking place on 24th March 2012.

### 8. Health Systems Development

The health systems development team implements activities that address WHO strategic objectives 10 and 11. During the month, WHO continued to participate in activities aimed at improving coordination of Human Resources for Health [HRH] interventions and development of a HRH policy and strategy. Among the activities that the program participated in and supported are the following meetings:

In collaboration with the Ministry of Health Focal Point [MOH FP] for HRH and the HRH committee secretariat [JICA], the Health Systems Development (HSD) program convened and participated in the monthly HRH technical working group [TWG] meeting. Harmonization and centralization of the admission process to all the health training institutions in a bid to realize equitable consideration for applicants from all states in the country was discussed. A sub working group to explore options for establishing a national examination board for the health training institutions was established also during this meeting.

A coordination meeting to explore ways of advocating for and supporting the needs for Juba College Nursing and Midwifery, and held a consultative meeting with the Ministry of Health HRH Focal Point to identify key priorities under Strategic Objective 10 to be supported by WHO using the regular budget. In addition, the program continued to correspond with the Global Health Work Force Alliance consultant on finalization of the HRH policy and Strategy.

The HSD program also participated in the monthly MoH and Health Sector Development Partners [HDPs] meetings convened by the central MoH directorate of planning and donor coordination. During the meeting focus was put on reviewing the impact of the austerity measures on the health sector as well as exploring options for mobilizing additional resources for the sector. The criteria for identifying critical priorities for the sector were also discussed. This meeting WHO held a consultative meeting with the Ministry of Health M&E Focal Point to identify the key
priorities that should supported by WHO using the regular budget for SO 10.

To review the performance of the HMIS by the states and explore ways of improving the institutionalization of the use of information for decision making at all levels, the program participated in monthly monitoring and evaluation technical working group meeting convened by the central MOH department of Monitoring and Evaluation.

Other meetings that the programme participated in during the month include:

The technical working group meetings in preparation for the Comprehensive Emergency Obstetric and Neonatal Assessment and the Maternal Mortality Ratio survey for South Sudan;

A meeting to review the national Family Planning policy for South Sudan. The document will provide the overall guidance for the scale up of family planning interventions in South Sudan;

In collaboration with the MOH counterparts held a meeting in preparation for the implementation of training of health workers on Integrated Management of Childhood illnesses in greater Upper Nile states of Unity, Upper Nile and Jonglei

During the month, WHO also continued to participate in and conduct activities that contributed to the strengthening of leadership and governance in the health sector, for instance, The HSD program participated in the monthly MoH and Health Sector Development Partners [HDPs] meetings convened by the central MOH directorate of planning and donor coordination. During the meeting focus was put on reviewing the impact of the austerity measures on the health sector as well as exploring options for mobilizing additional resources for the sector. The criteria for identifying critical priorities for the sector were also discussed.

In order to strengthen service delivery and health investment in the country, the HSD program supported the central MoH to launch the Health Sector Development Plan (HSDP) 2012- 2016. The HSDP is a document that provides the overall framework for service delivery and investments in the health sector in South Sudan over the next five years.

9. Onchocerciasis Control Program

The African Programme for Onchocerciasis Control (APOC) continued to support the South Sudan Onchocerciasis Taskforce (SSOTF) in the bid to establish effective and self-sustainable community-directed ivermectin treatment (CDTI) throughout the onchocerciasis endemic areas in 9 out of 10 states in South Sudan. The CDTI strategy relied on community participation for the distribution of ivermectin to the targeted population. Project Coordinating Officers, County OV Supervisors, Staffs from Front Line Health Facilities (FLHF) facilitated the CDTI process by organising communities to participate in CDTI activities. Community selected Community Drug Distributors (CDDs) who were trained conducted community censuses, provided treatment with ivermectin and kept records of the households treated.

As a way to mobilize more funds for the programme, an application for annual forecasting, quantification and ordering of the 2012 mectizan supply to all the CDTI projects
was completed and submitted to the Mectizan Donation Program. This supply will be used for the 2012 mass distribution. For the states that are difficult to reach in the rainy seasons, they will be supplied with the balance of 2011 stocks so that they begin their mass distribution exercise before the heavy rainy season.

The programme continued with the receipt and compilation process of the 2011 training and treatment from the CDTI projects. It also continued with the updating of community data. Projects submitted that submitted their reports were continuously reviewed for correctness and accuracy. The reports will be the basis for writing the annual Technical Consultative Committee reports that are due to APOC Management later this year.

The Finance Officer of the Onchocerciasis programme in liaison with the Finance Assistant at the South Sudan Onchocerciasis Task Force (SSOTF) and the CDTI Project Coordinating Officers from the different project sites were involved in preparation and submission financial returns during the month; a process that is now almost complete.

The programme also continued with the process of receipt and compilation of all the 2011 training and treatment from the CDTI projects.

During the month, a visit was made to Central Equatoria State, one of the nine states that benefit from CDTI Project. The visit aimed at holding discussions with the Director General for Health Services and the Project Coordinator on pending reports that have not been submitted. And chart a way forward to resolve challenges faced by the project. A meeting was also held with the County Health Officer and the County OV Supervisor for Juba county and ways of improving implementation of CDTI activities in their areas of jurisdiction shared. It’s hoped that these discussions and meeting with improve the reporting and performance of the CDTI project.

Three members of APOC Senior Management Team, including the APOC Director are planning to visit South Sudan. The visit is aimed following up on discussions held with the South Sudan delegation to the Joint Action Forum (JAF) meeting in Kuwait, follow up on their recommendations of the sustainability evaluations and conduct advocacy for more Ministry of Health (MoH) support to OV control program. The team also plans to visit all the CDTI project sites and hold community meetings with CDTI project beneficiaries.

### 9.1 Challenge

The program faced a delay in receipt of the annual funding instructions of the project for 2012.

### 9.2 Plan for next month

The programme plans to;

- Finalize the process of receipt and compilation of all the 2011 training and treatment from the CDTI projects;
- Complete the compilation of all the Community Data from the CDTI projects;
- Conduct field visits to at least 2 CDTI projects;
- Provide continued technical support to the SSOTF, State and County level OV control staff and the CDTI project staff; and
- Finalize the preparation to host APOC Senior Management Team while on their mission to South Sudan
2.10 Health promotion and prevention and, advocacy and communication

As a way of strengthening the department of Health Education and Promotion section in the MoH, WHO provided technical support to the section through:

Conducting of the national level advocacy events for National Immunization Days through various communication channels; among them, the media orientation for members of press in Juba (audio-visual and newspapers); oversight and organization by WHO/PEI programme.

Through the PEI program WHO spearheaded the introduction in South Sudan of an innovative way in HIMS using mobile technology; this to start in EPI/Cold Chain Management. One central level positive consultative meeting was held to discuss the interest of the use of mobile technology and its relevancy, and this was followed by a State level two day consultative workshop, then a piloting of the software in Yei County (3days).

During the month, WHO supported the ministry of health to organize and participate in a press conference. The press conference was called to dispel media reports reported meningitis cases in South Sudan.

Given the technical support that the organization had earlier given to the MoH-RSS Health Education and Promotion department to start a Behavior Communication Group (BCG) with experts in communication and behavior change and to harmonize health education messages disseminated throughout the country, WHO followed up and supported the group to develop and come up with terms of reference for the working group to support the ministry of health streamline messages and information on health behaviors that are disseminated country wide.

Finally the organization in collaboration with other UN agencies and International Non-Governmental Organizations supported the MoH to come up with Work plan for 2012. In the past years, the ministry of health department of health education and promotion has implemented adhoc programmes without a proper laid work plan and strategies to achieve their objectives.

In conclusion, WHO continues providing support to all the sectors in the coming month.