2nd Quarterly outbreak Response assessment

South Sudan

28th August to 3rd September 2015

Objectives

- To assess whether the quality and adequacy of polio outbreak response activities are sufficient to interrupt polio transmission within six months of detection of the first case, as per WHA-established standards, or as quickly as possible if this deadline has been missed, with a focus on status of implementation of previous 3 month assessment recommendations.

- To provide additional technical recommendations to assist the country meet this goal

Schedule

- Arrival in Juba: 27th August
- Briefing of the assessment team by the country team and logistical arrangements for field visits: 28th August
- Data analysis: 29th and 30th August Field assessment: 1st to 3rd September (departure on 1st, return on 2nd or 3rd)
- Report writing: 3rd September
- Debriefing to country team (After noon of 3rd Sep)
- Departure of assessment team: afternoon of 4th September

Assessment teams

- 4 teams

Team	Areas assigned	Members
Team 1	Unity (Bentiu)	Rustam Haydarov Hemant Shukla
Team 2	Upper Nile (Maban)	Marie Eve Burny Jean Jacques Antoine
Team 3	Jonglei (Bor)	Chidiadi Nwogu
Team 4	Juba	Sam Okiror Brigitte Toure Martin Notley

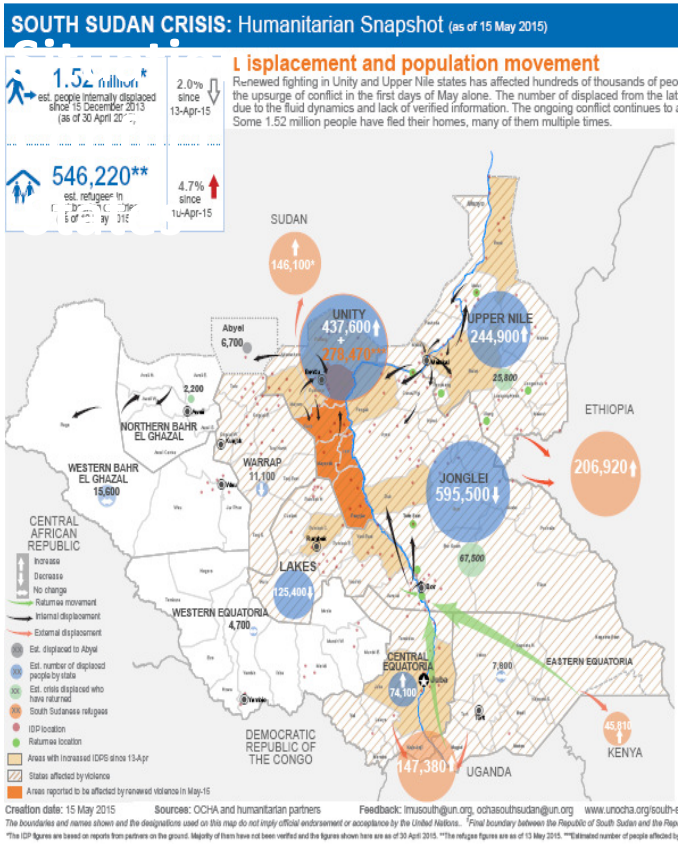
Methodology

- Desk Review of relevant documents
- Field observation/assessment to areas affected and or areas at risk to evaluate the plan, process, implementation of the quality of outbreak response including supporting structures
- Key informant interviews of national, sub national officials, NGOs and other partner organizations involved in polio eradication activities
- Provide feedback to the Government authorities and partner teams

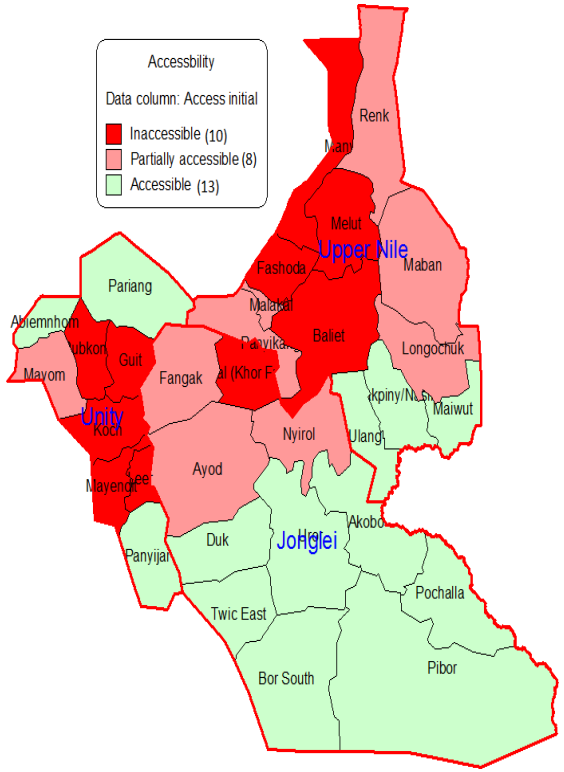
Subject areas of assessment

- Implementation of recommendation from previous assessment
- Appropriateness of outbreak response activities
- Effectiveness of partner coordination during outbreak response
- Quality of SIAs – planning, delivery, monitoring , communications, adequacy of vaccine supply and appropriateness of the type of vaccine used
- AFP surveillance sensitivity
- Routine Immunization performance
- Adequacy of human resources to carry out effective response activities

Context in South Sudan



Access as of 1 September 2015



- **Access remains a major challenge: Volatile situation**
- **Destruction of health facilities, including the cold chain network**
- **Travel restrictions even for the national staff to insecure areas**
- **Destruction of Commercial Banks, making transfer of funds difficult**
- **Difficulty in logistics including Cold Chain, accommodation and transportation**
- **Inadequate number of staff- staff displacement**

The assessment team acknowledges the highly challenging situation and commends the Govt., UNICEF, WHO and all other partners on ground for continued effort.

Were recommendations of previous outbreak response assessment fully implemented?

Status of implementation of previous outbreak response assessment recommendations…1

Recommendation	Status
Complete three SIADs and two NIDs in all the counties of 3 states as soon as any window of opportunity opens	**Ongoing.** Approx. 50% target population still unreached.
Rapidly improve the quality of SIAs in accessible areas: • Appropriate micro planning; quality training and improve first line supervision • Institute system of monitoring and review of SIA quality	**Not done** in accessible areas of 3 conflict affected states
Establish and streamline permanent vaccination strategy at major crossing points around conflict affected areas and IDP/POC camps; Track and analyse the data from these points.	Established **ONLY at 13** sites including crossing points and POC camps. Yet to be expanded. Data is being used. Need to analyse strategically

Status of implementation of previous outbreak response assessment recommendations…2

Recommendation	Status
Increase field supervision activities from National and state level	**Some effort seen**. HR constraints major limiting factor
Strengthen functioning of polio control room- Structure meeting in PCR with all key stakeholders with clear documented action points	**No significant** improvement.
Surveillance: • Identify, enlist, map and sensitize all available health facilities in three conflict affected states • Strengthen system of sensitization of reporting network/ health facilities • Track and follow up on ACS visits and weekly zero report system.	**Efforts made.** However, **suboptimal progress**.

Status of implementation of previous outbreak response assessment recommendations…3

Recommendation	Status
Use available partners on the ground in conflict affected states to improve RI coverage.	**Being done**
• Rapidly fill the HR gaps in Govt., UNICEF and WHO at national level and in three conflict affected states on priority basis; • fast track the implementation of surge plan including recruiting FAs and FSs.	• Some of the vacancies filled. GAP IN HR CAPACITY EXISTS AT NATIONAL AND STATE LEVEL • Recruitment of FAs and FSs still IN PROCESS.
Tap more into Rapid Response Teams (RRTs) and Rapid Response Missions (RRMs): • High level advocacy for prioritizing polio/ immunization; • improve coordination/ communication with all involved.	RRM Being used. However, need of high level advocacy for prioritizing polio still persists

Status of implementation of previous outbreak response assessment recommendations…4

Recommendation (cold chain)	Status
Human resource • Complete hiring at national and state level by Govt. • Support capacity building for existing CCL & VM staff at state and county levels by partners	**Not done.**
Strategic prioritization of facilities for cold chain equipment support (Rationalize or new)	**Yes. (?)**
Institutionalize system for return (backhauling) of cold boxes.	**Not done.**
Regularize return of unused vaccine vials and reporting on vaccine usage.	**Partially achieved.** Reporting on vaccine usage being done

Status of implementation of previous outbreak response assessment recommendations…5

Recommendation	Status (as of end August 2015)
Prioritize social mobilization in the three states, addressing existing operational barriers	***Partially Achieved*** • Operational barriers addressed (fund transfers, DCTs liquidation) • Surge staff on-boarded / re-deployed but diverted to respond to competing emergencies • Partners mapping in progress; PCAs are being amended
Improve management, quality implementation and accountability of social mobilization programme	***Partially Achieved*** • Progress in use of social data & outcome monitoring in Jonglei state; social profile of VDPV case in Maoym. • Bentiu PoC: SM training, deployment planning and accountability are weak; SM activities lack community engagement. • State C4D staff not re-trained; programmatic guidance & reporting suboptimal

Status of implementation of previous outbreak response assessment recommendations…6

Recommendation	Status
Operationalize comprehensive communication plans (to a county level), enabling social mobilization activities in the three states; extend beyond POCs and IDP camps	***Partially Achieved / Constrained*** • Partner capacity mapping is ongoing – PCAs for Unity and the Upper Nile states are in progress • County-based plans have not yet been developed; communication is still merely focused on PoCs • Bentiu: lack of programmatic linkage & management of NGO partners C4D staff – the later acting as SM coordinator only.
Review and rationalize production and use of visibility materials; develop and roll-out of education and comprehensive SM products	***Not Achieved*** • Analysis is on-going, however, no progress to report • SM flipcharts / education aids – ToRs in development but no progress to report

Did the outbreak response activities meet the outbreak response standards?

Quality of outbreak response

Indicators	Status
Number of SIAs, dates, type of vaccines, target age groups, and areas covered during outbreak immunization response activities were appropriate	Well planned. Partial implementation due to access issues
At least two full immunization rounds in the target areas after the most recent case confirmation	Partial. Two SIAs in Mayom and Bentiu POC. Many unreached areas
SIA coverage at least 95% as evaluated by IM data	IM Not done
Response plan was followed during outbreak response	Yes. But slow pace

Quality of outbreak response

Indicators	Status
NPAFP rate of 3 achieved	NO.
Active case search visits	No evidence of intensification
Sensitization training on AFP surveillance to all health-care workers	Started
Monitoring of weekly reports	Being done
Expanding the contact sampling of all AFP cases from "infected" and "immediate" risk zones	Yes.
Integration of AFP case-finding into SIA activities;	Yes
Strengthening laboratory services	Yes

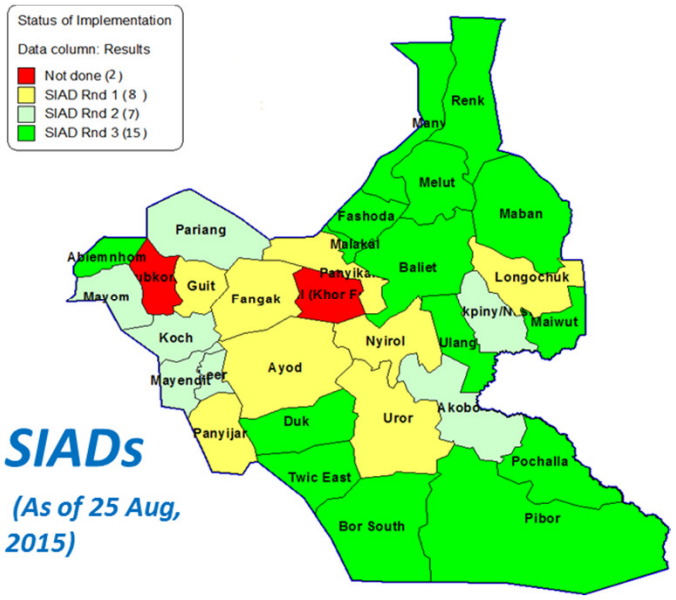
The Response Plan

- **Objectives:**
  - Rapidly increase population immunity of high risk populations
  - Intensify surveillance in 3-conflict affected states of Jonglei, Upper Nile and Unity

- **Outbreak response immunization**
  - 1 small level mop up campaign with tOPV in Bentiu POC targeting 23,000 under 15 years old children.
  - 3 passage of SIAD with tOPV targeting expanded age group (15 years) in three conflict affected states.
  - Permanent vaccination points
  - Combining tOPV vaccination with humanitarian Rapid response mission
- **Surveillance**
  - Engaging NGOs
  - Increasing field presence by recruiting 1 field assistant for every Payam
  - Contact sampling of all AFP cases
  - Healthy children sampling from silent counties

Implementation status

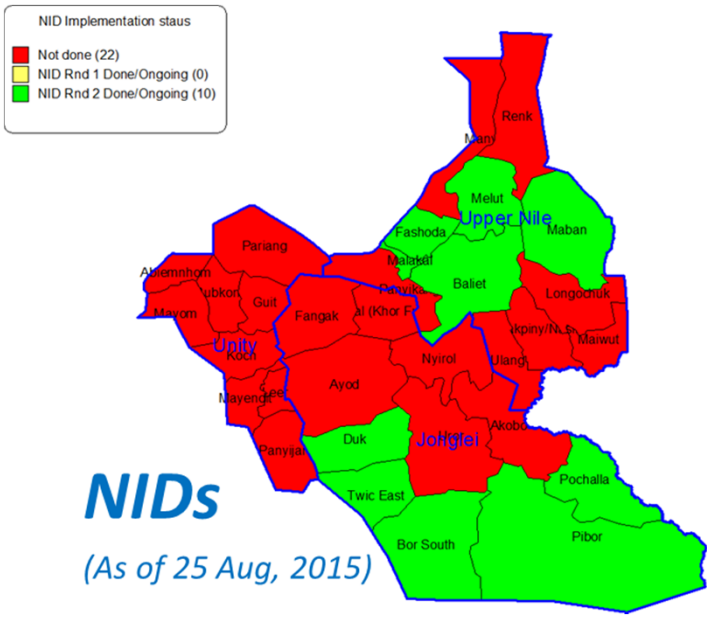
Type of SIAs	Target population (using NID data)	Target Age group	Type of Vaccine	No of children reached with tOPV	counties reached/round out of 32counties (+3PoCs)
SIAD Rnd -1	2,606,995	0-15 yrs	tOPV	1,363,886	30 (+3POC)
SIAD Rnd -2	2,606,995	0-15 yrs	tOPV	963,202	25 (+3POC)
SIAD Rnd -3	2,606,995	0-15 yrs	tOPV	560,110	17 (+3POC)
NIDs Rnd -1	1,176,301	0-59mths	tOPV	146,539	10 (+3POC)
NIDs Rnd -2	1,176,301	0-59mths	bOPV	177,622	10 (+3POC)



SIADs

(As of 25 Aug, 2015)

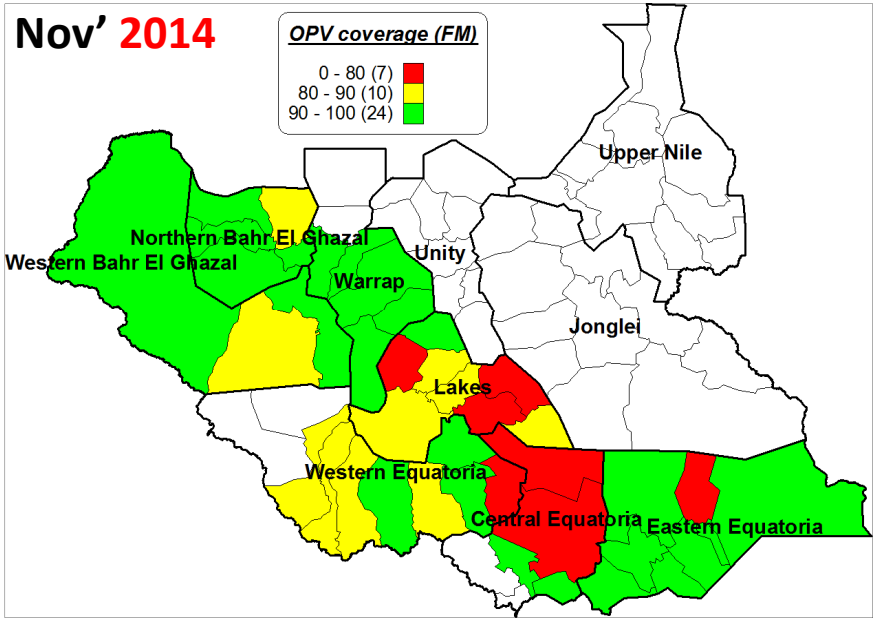
- Access a key challenge in implementation
- 2 counties not reached at all
- Many Payams not reached even in covered counties
- Population movement

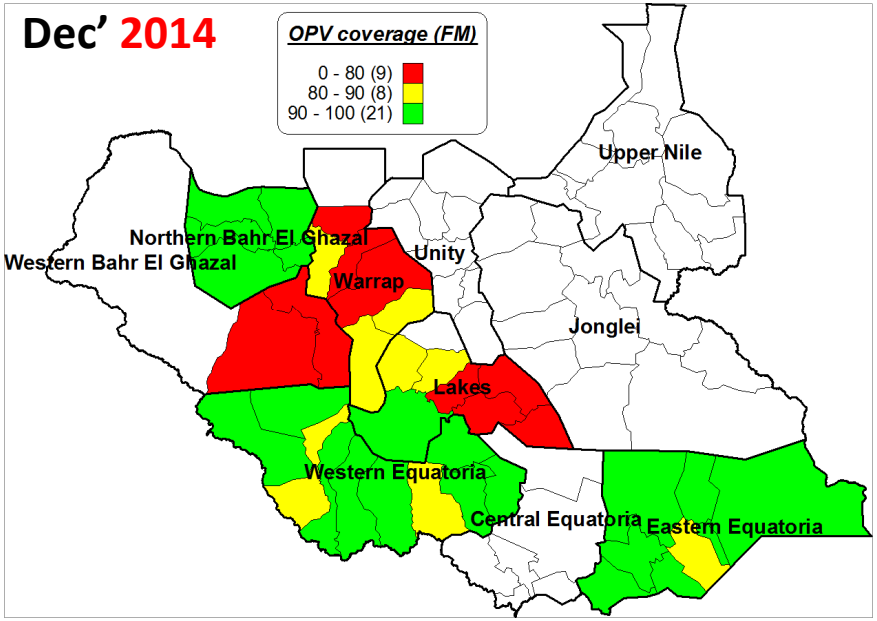


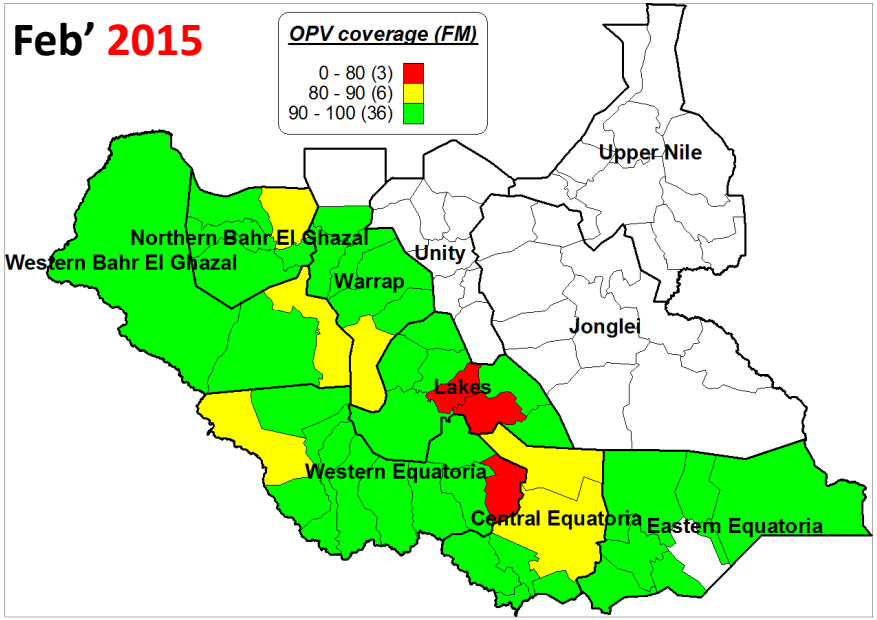
NIDs

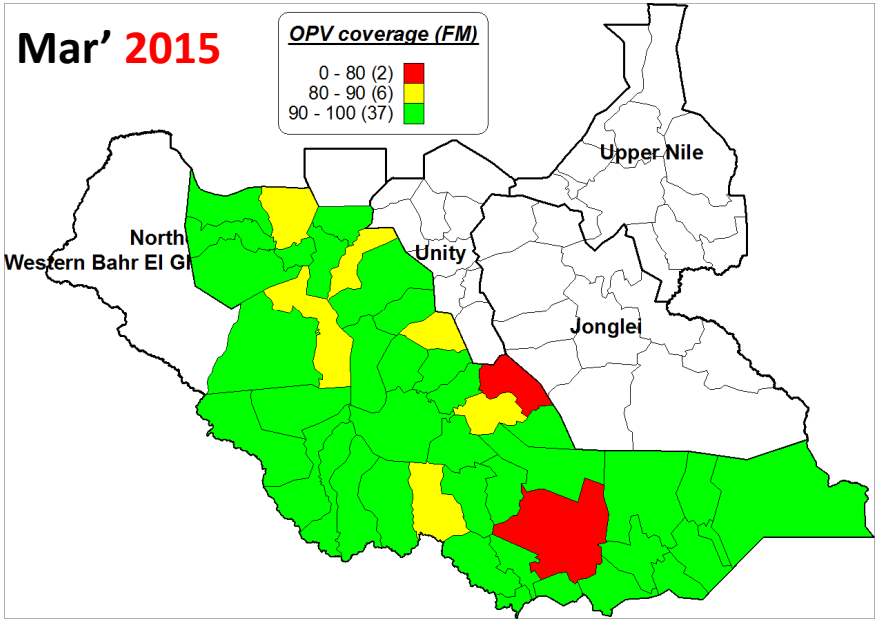
(As of 25 Aug, 2015)

SIAs in rest of country since outbreak



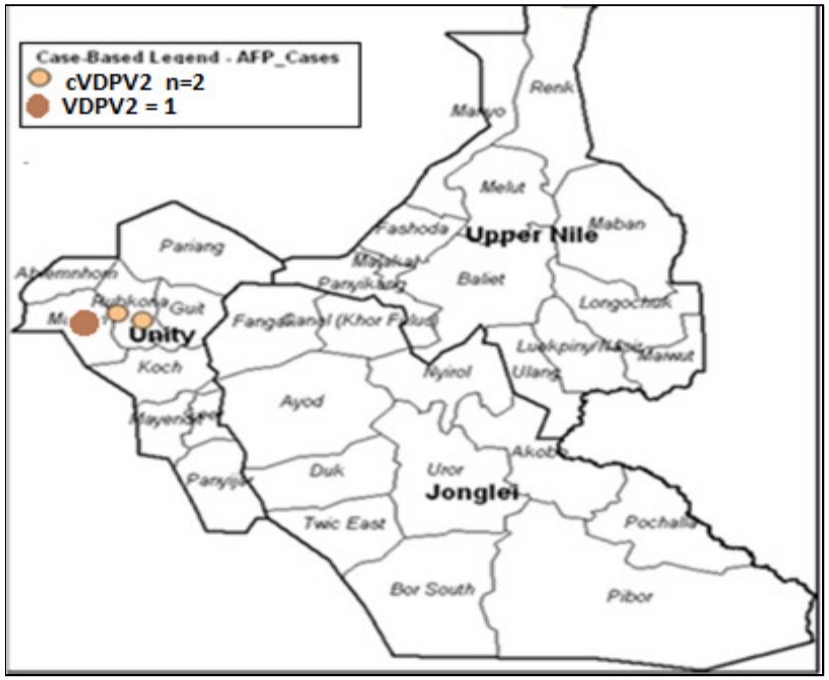




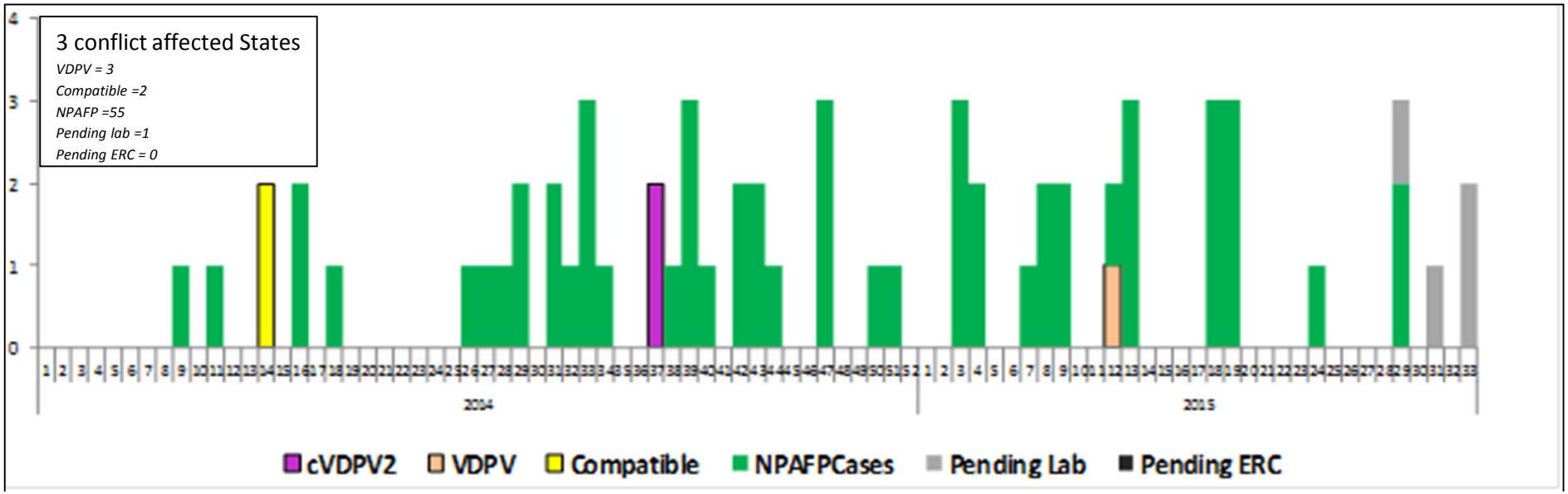


What has been the impact of the response on the outbreak?

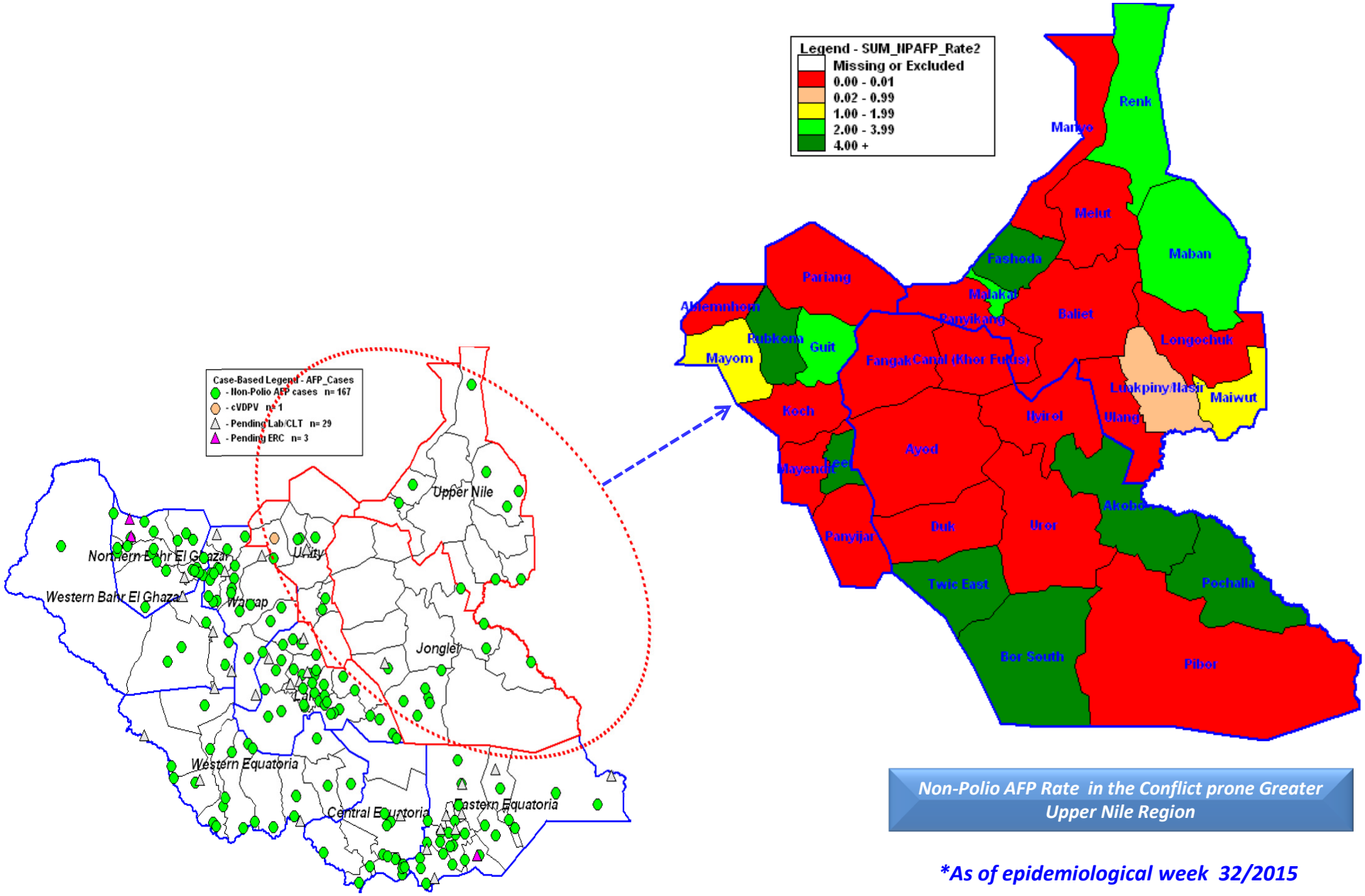
Outbreak



- 2 cVDPV2 in Rubkona county, Unity state
- 1 VDPV2 notified on 11 June 15 (date of onset 19th April 2015) from Mayom county, Unity state
  - Closest match is Sabin 2; 14 nt. difference.



Are we able to detect all transmissions?



Non-Polio AFP Rate in the Conflict prone Greater Upper Nile Region

**As of epidemiological week 32/2015*

How effective has been the coordination of outbreak response?

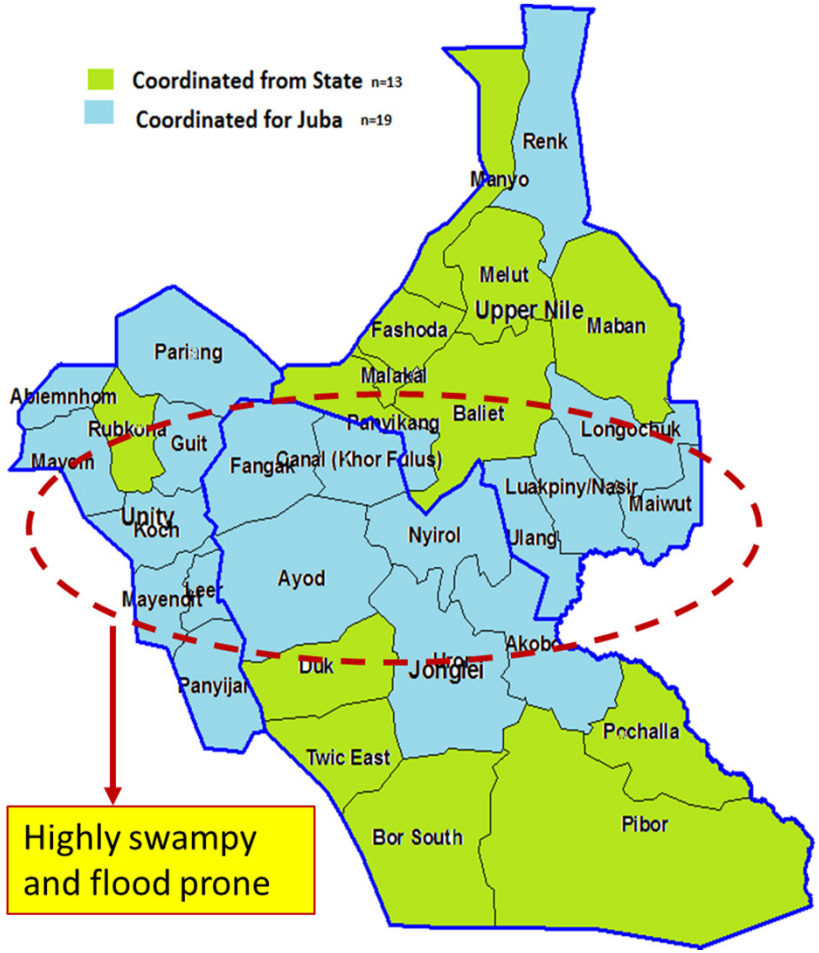
Effectiveness of partner coordination during outbreak response

- Multiple coordination mechanisms (Health cluster coordination, RRT, EPI TWG etc)
- Polio dropping from the agenda?
- Weekly SITREP produced and shared with partners
- Polio control room(PCR) is established but **suboptimal functioning**
- **Need to better engage** top level of Government, WHO, UNICEF and partners in response. Coordination between UNICEF and WHO (at all levels) has scope of further strengthening.
- Good support from partners on ground (IOM, GOAL, CARE, IMA, UNIDO, UNHCR and HPF, etc.); **coordination needs to be improved (at all levels).**

Coordination of activities

Flexible coordination of activity in view of challenges.

59% (19/32) counties coordinated separately from Juba



How likely is it that the currently implemented SIA strategy will interrupt transmission?

SIAS implementation: Jonglei

	State	County	target 0-15 children	Round 1			Round 2				Round 3				Revised plan date
				Date of Implementation	Adm results		Type of campaign	Date of Implementation	Adm results		Type of campaign	Date of Implementation	Adm results		
					# reached	%			# reach	%			# reach	%	
1	Jonglei	Bor south	164,328	3- 6 Dec ,14	75911	46.2	SIAD	29 Dec,14- 01 Jan,15	78615	47.8	SIAD	26 - 29 Jan, 2015	83165	50.6	completed
2		Bor (PoC)	1,216	2 - 5 Dec ,14	1216	100.0	SIAD	29 Dec,14- 01 Jan,15	1207	99.3	SIAD	26 - 29 Jan, 2015	1351	111.1	completed
3		**Old Fangak**	**85,698**	18 - 21 Aug 2015		0.0	SIAD			0.0	SIAD			0.0	R2 (1 - 4 Sept 2015)
4		Wuror	102,058	17 - 22 Dec,14	78,544	77.0	SIAD	21 - 24 Aug 2015		0.0	SIAD			0.0	R2 (7 -10 Sept 2015)
5		Ayod	96,150	24 - 30 April, 15	58164	60.5	SIAD			0.0	SIAD			0.0	R2 (1 - 4 Sept 2015)
6		Akobo	106,820	11 - 15 Feb, 15	125,988	117.9	SIAD	6 - 10 July 2015	164311	153.8	SIAD			0.0	R3 (27 - 30 Aug 2015)
7		Pibor	60,128	6- 9 Dec ,14	61012	101.5	SIAD	26-29 Dec,14	16035	26.7	SIAD	26 - 29 Jan, 2015	16035	26.7	completed
9		Khorfulus	17,353			0.0	SIAD			0.0	SIAD			0.0	no accesss
10		Nyirol	98,980	24 - 27 March 2015	52824	53.4	SIAD	26 - 29 Aug 2015		0.0	SIAD			0.0	R3- (11 - 14 Sept 2015)
11		Pochala	25,129	6- 9 Dec,14	20609	82.0	SIAD	26 - 29 Dec,14	29830	118.7	SIAD	26 - 29 Jan, 2015	29792	118.6	completed
12		Twic East	39,699	6- 9Dec,14	9759	24.6	SIAD	30 Dec,14- 02 Jan,15	13,648	34.4	SIAD	26 - 29 Jan, 2015	13,851	34.9	completed
13		Duk	31,652	6- 9Dec ,14	3457	10.9	SIAD	30 Dec,14- 02 Jan,14	6184	19.5	SIAD	26 - 29 Jan, 2015	6653	21.0	completed

Targets mentioned are estimates before the conflict and may have changed

SIAS implementation: Upper Nile

	State	County	target 0-15 children	Round 1			Round 2				Round 3				Revised plan date
				Date of Implementation	Adm results		Type of campaign	Date of Implementation	Adm results		Type of campaign	Date of Implementation	Adm results		
					# reached	%			# reach	%			# reach	%	
14	Upper Nile	Longochuk	97,296	31-May -3 June 15	76174	78.3	SIAD			0.0	SIAD			0.0	R2 (10 - 14 Sept 2015)
15		Luakpiny/Nasir	186,425	25 - 28 Feb 2015	115806	62.1	SIAD	13 - 16 June, 2015	163564	87.7	Integ. MCV			0.0	R3 (10 - 14 Sept 2015)
16		Maban (Refugee camp)	130,555	5 - 13 Dec,14	66940	51.3	SIAD	13 - 17 Jan 2015	71097	54.5	SIAD	27 -- 30 Jan	73064	56.0	completed
17		Maban (Host Community)	28,811	7 -12 Dec, 14	27342	94.9	SIAD	5 - 8 Jan, 2015	26948	93.5	SIAD	3 - 7 March 15	23844	82.8	completed
18		Maiwut	96,803	21-24 Dec,14	75339	77.8	Integ. MCV	19 - 22 April, 2015	22004	22.7	SIAD	6 - 9 June 2015	66615	68.8	completed
19		Ulang	92,407	8 - 12 Feb 15	52138	56.4	Integ. MCV	19 - 22 April, 2015	33589	36.3	SIAD	6 - 9 June 2015	56,901	61.6	completed
20		Baliet	14,922	2 -6 Dec,14	373	2.5	SIAD	22-25 Dec, 2014	359	2.4	SIAD	28-31 Jan 15	2853	19.1	completed
21		Akoka	10,350	9-12 Dec, 14	9232	89.2		26-29 Dec, 2014	15269	147.5	SIAD	30 Jan-2 Feb 15	13453	130.0	completed
22		Fashoda	29,289	8 - 11 Dec,14	16959	57.9	SIAD	22-25 Dec, 2014	24,653	84.2	SIAD	6-9 Jan,15	24,450	83.5	completed
23		Manyo	32,655	16 - 18 Dec,14	13240	40.5	SIAD	5-8 Jan, 2015	7234	22.2	SIAD	2-6, March, 15	4494	13.8	completed
24		Panyikang	27,647	10 - 13 Feb, 2015	3818	13.8	Integ. MCV			0.0	SIAD			0.0	no accesss
25		Malakal	27,930	2 - 5 Dec,14	26546	95.0	SIAD	16-20 Dec, 2014	25869	92.6	SIAD	27-30 Jan,15	31329	112.2	completed
26		Malakal (PoC)	9,310	2 - 5 Dec,14	9230	99.1	SIAD	16-20 Dec, 2014	23577	253.2	SIAD	27-30 Jan,15	15122	162.4	completed
27		Renk	110,955	6-10 Dec,14	29135	26.3	SIAD	5 - 7 Feb, 2015	26114	23.5	SIAD	4-7 April 2015	27708	25.0	completed
28		Mellut	54,194	15-18Dec 2014	34879	64.4	SIAD	15-18 Jan 2015	16417	30.3	SIAD	25 - 28 Feb, 15	30985	57.2	completed

Targets mentioned are estimates before the conflict and may have changed

SIAS implementation: Unity

	State	County	target 0-15 children	Round 1			Round 2				Round 3				Revised plan date
				Date of Implementation	Adm results		Type of campaign	Date of Implementation	Adm results		Type of campaign	Date of Implementation	Adm results		
					# reached	%			# reach	%			# reach	%	
29	Unity	Rubkona	156,548			0.0	SIAD			0.0	SIAD			0.0	Only PoC covered (insecure)
30		Rubkona (Bentiu PoC)	20,547	13 - 16 Nov, 14	19,498	94.9	SIAD	2 - 5 Dec, 2014	20,993	102.2	SIAD	13 - 16 Jan, 15	28416	138.3	completed
31		Mayom	197,186	11 - 13, Feb 15	87202	44.2	SIAD	9 - 12 June 2015	39327	19.9	SIAD	21 - 25 Aug 2015		0.0	NID R1 (3 - 7 Sept 2015)
32		Pariang	93,687	24 - 27, March 15	28496	30.4	SIAD	9 - 12 April 2015	32866	35.1	SIAD	21 - 25 Aug 2015		0.0	NID R1 (3 - 7 Sept 2015)
33		Guit	61,998	16 - 19 Dec,14	78,811	127.1	SIAD			0.0	SIAD			0.0	no accesss
34		Koch	92,554	16 - 19 Dec,14	25,193	27.2	SIAD	28 - 31 March 2015	18583	20.1	SIAD			0.0	no accesss
35		Panyijar	81,121	5 - 8 May 2015	17486	21.6	SIAD	12 - 17 Aug 2015	30582	37.7	SIAD			0.0	R3 (1 - 4 Sept 2015)
36		Leer	46,077	15 - 19 Dec,14	12,921	28.0	SIAD	28 - 31 March 2015	16248	35.3	SIAD			0.0	no accesss
37		Mayendit	41,041	15 - 19 Dec,14	20,112	49.0	SIAD	4-7 April 2015	20827	50.7	SIAD	9 - 12 June 2015		0.0	completed
38		Abiemhnom	37,476	31 - Dec -3rd Jan	29,532	78.8	SIAD	5 - 9 Feb, 2015	17252	46.0	Integ. MCV	9 - 12 June 2015	10029	26.8	completed

Targets mentioned are estimates before the conflict and may have changed

Rubkona county, Unity state

County	Payam	Popn 2015	Target popn >15yrs	Payam Reached per Round of SIA					
				SIAD R1	SIAD R2	SIAD R3	NID R1	NID R2	Remarks
				# U15yrs reached	# U15yrs reached	# U15yrs reached	# U15yrs reached	# U15yrs reached	
Rubkona	*Bentiu PoC			19,498	20,993	28416	24917	19872	Seeking more information from informants among over 123,000 influx population into Bentiu PoC; Plan to conduct Preventive campaign on (24 - 27 Aug 2015 targeted about 60,000 children U15years at Bentiu PoC
	Rubkona	2,303	1,128						
	Bentiu Town	13,769	6,747						
	Nhialdiu	19,836	9,720						
	Panhiany	5,170	2,533						
	Budaang	9,511	4,660						
	Norlamwel	7,407	3,629						
	Ngop	14,130	6,924						
	Barmalual	1,590	779						
	Dhorbor	3,354	1,643						
	Kaljak	75,478	**36,984**						
	Wathjak	8,818	4,321						

Targets mentioned are estimates before the conflict and may have changed

Mayom county, Unity state

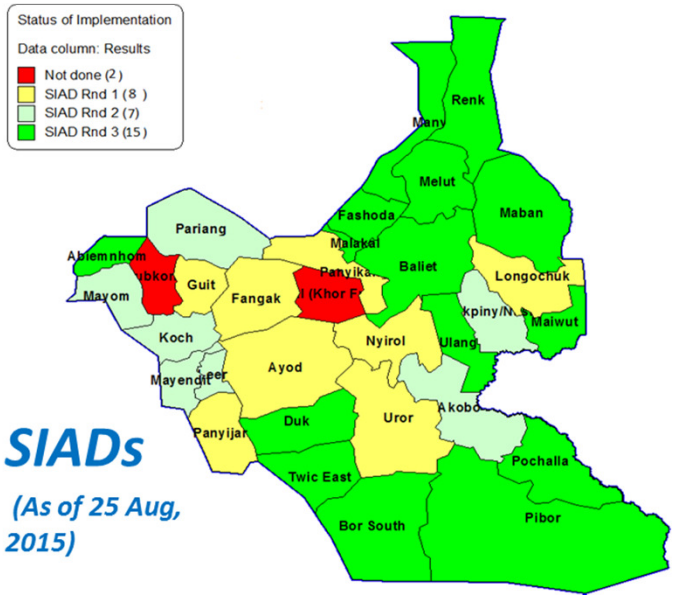
Mapping Census Enumerated Payams Reached with cVDPV Outbreak SIA interventions

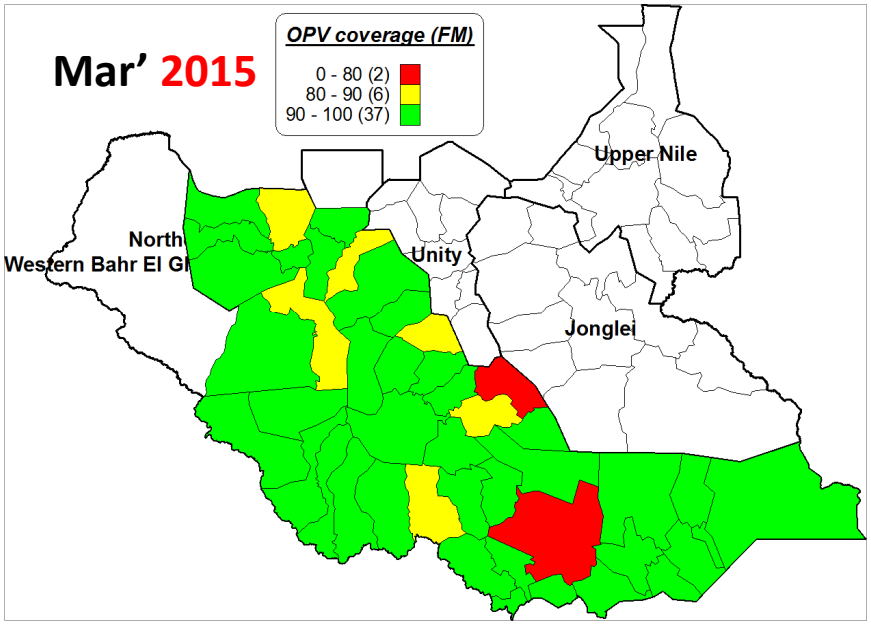
Mayom County, Unity State

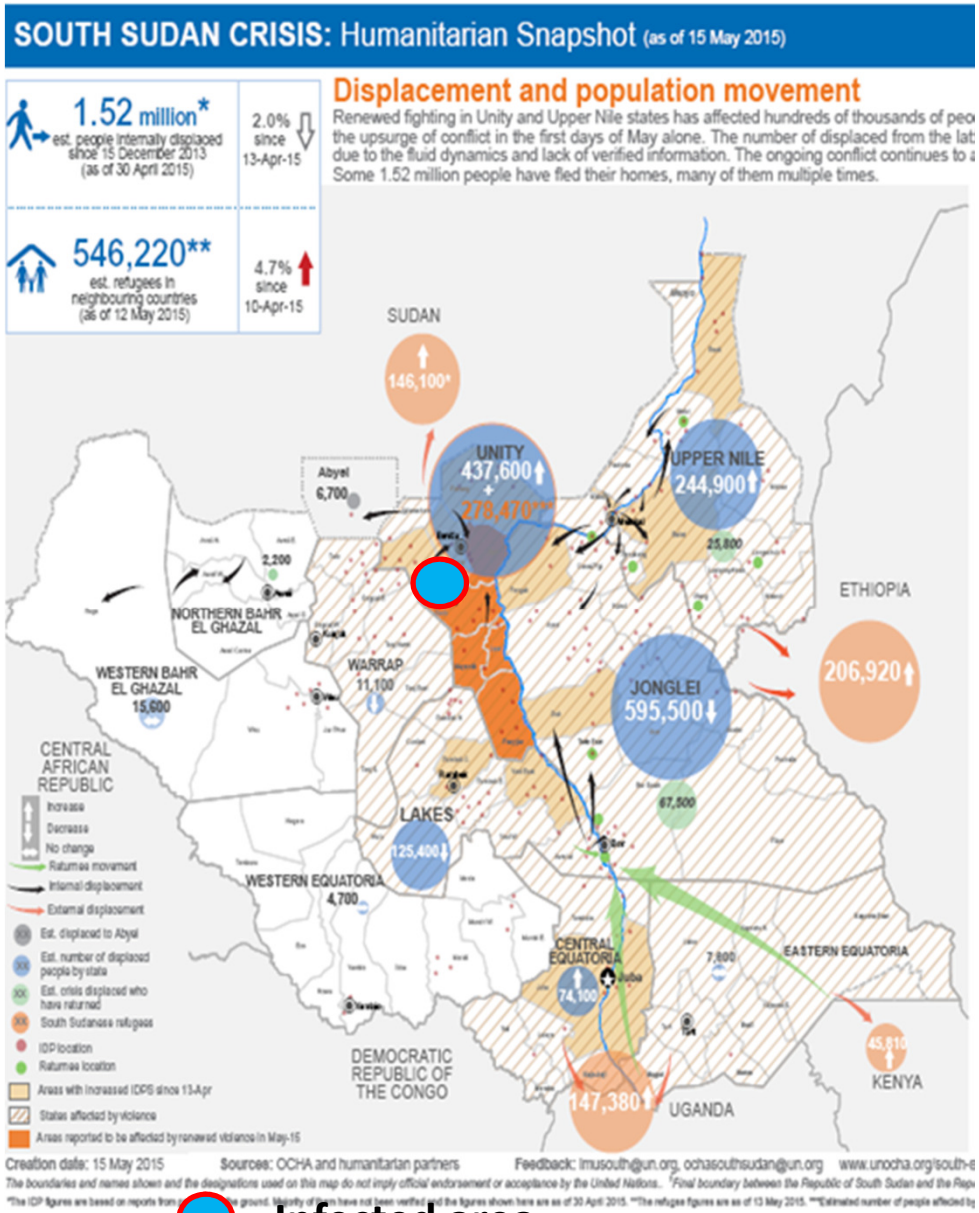
State	County	Payam	Targeted Age Group	Popn 2015 (census)	Target popn >15yrs (census)	Payam Reached per Round of SIA								Remarks
						SIAD R1			SIAD R2			SIAD R3		
						Date	# reached	cov (%)	Date	# reached	cov (%)	Date	# reached	
Unity State	Mayom	Mayom	0 - 15yrs	4,137	2,027	9 - 12 June 2015	8148	401.95	17 - 20 Aug 2015		-	6 - 10 Sept 2015		
		Ruathnyibuol	0 - 15yrs	35,539	17,414	11 - 13 Feb 2015	3589	20.61	9 - 12 June 2015	7835	44.99	17 - 20 Aug 2015		
		NGOP	0 - 15yrs	9,492	4,651	11 - 13 Feb 2015	4461	95.91	9 - 12 June 2015	7234	155.53	17 - 20 Aug 2015		
		Puop	0 - 15yrs	12,449	6,100	11 - 13 Feb 2015	4812	78.88	9 - 12 June 2015	7206	118.13	17 - 20 Aug 2015		
		Wangbuor	0 - 15yrs	12,518	6,134	9 - 12 June 2015	9745	158.88	17 - 20 Aug 2015		-	6 - 10 Sept 2015		
		wangkei	0 - 15yrs	19,400	9,506	9 - 12 June 2015	10024	105.45	17 - 20 Aug 2015		-	6 - 10 Sept 2015		
		Kueryiek	0 - 15yrs	9,815	4,809	11 - 13 Feb 2015	6475	134.64	9 - 12 June 2015	8479	176.31	17 - 20 Aug 2015		
		Bieh	0 - 15yrs	20,327	9,960	11 - 13 Feb 2015	7857	78.89	9 - 12 June 2015	8260	82.93	17 - 20 Aug 2015		
		Mankien	0 - 15yrs	24,344	11,928	9 - 12 June 2015	12768	107.04	17 - 20 Aug 2015		-	25 - 28 Aug 2015		
		Riak	0 - 15yrs	5,327	2,610	17 - 20 Aug 2015		-	25 - 28 Aug 2015		-	25 - 28 Aug 2015		
		Wichok	0 - 15yrs	15,801	7,742	11 - 13 Feb 2015	14211	183.55	17 - 20 Aug 2015		-	25 - 28 Aug 2015		
		Thargenah	0 - 15yrs	11,601	5,685	11 - 13 Feb 2015	13260	233.26	17 - 20 Aug 2015		-	25 - 28 Aug 2015		
	Total			180,750	88,567	-	95,350	107.66	-	39,014	44.05			

Targets mentioned are estimates before the conflict and may have changed

SIAs strategy

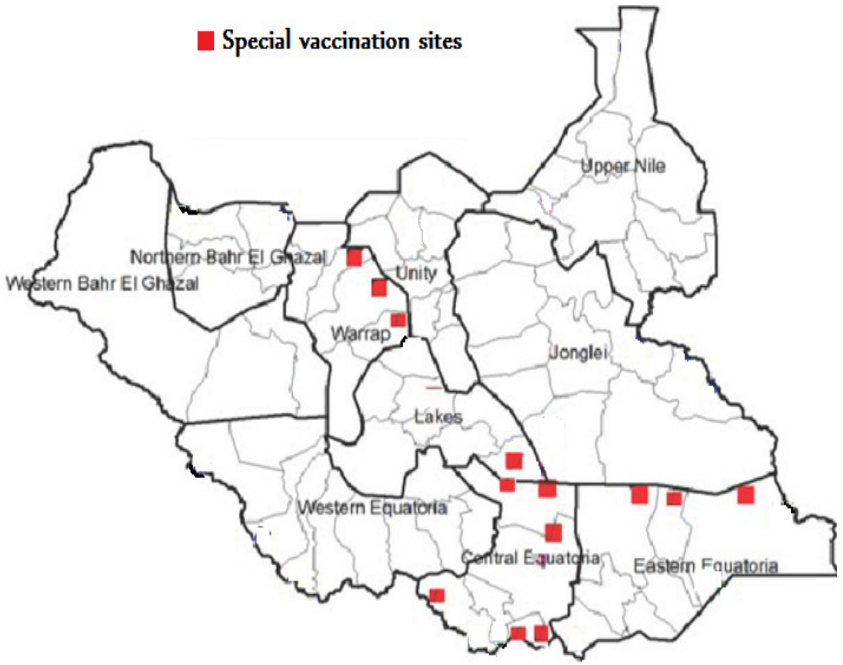






Infected area

Permanent Vaccination Posts



State	# of Posts reporting	1 dose +	Zero dose	Total
CES	3	883	64	947
EES	4	2224	558	2782
Warrap	3	2294	0	2294
Lakes	1	686	14	700
Unity	2	9455	1150	10605
Total	**13**	**15542**	**1786**	**17,328**

- **At very limited places, expansion very slow.**
- Identification of appropriate sites-the sites where people are passing.
- Scope of improvement in supervision of these sites.
- Weekly report being sent, however, quality of data and analysis suboptimal.
- Need to have specific focal person for this activity

SIAs: implementation

- SIADs and NIDs planed and conducted in areas when they became accessible despite extreme security, planning and logistical challenges.

- Funding:
  - Cash transfer to three affected states a challenge-clearance needed from central bank

- Vaccine distribution and cold chain management a challenge

SIAs implementation

- No monitoring mechanism developed for SIAs in 3 conflict affected states.
- No concrete steps in microplan improvement since last outbreak response assessment.
- Supervision mechanism exists, but inconsistent supervision and monitoring in the field particularly in 3 conflict affected states.
- Systematic review of implementation lacking at the local level and national level.

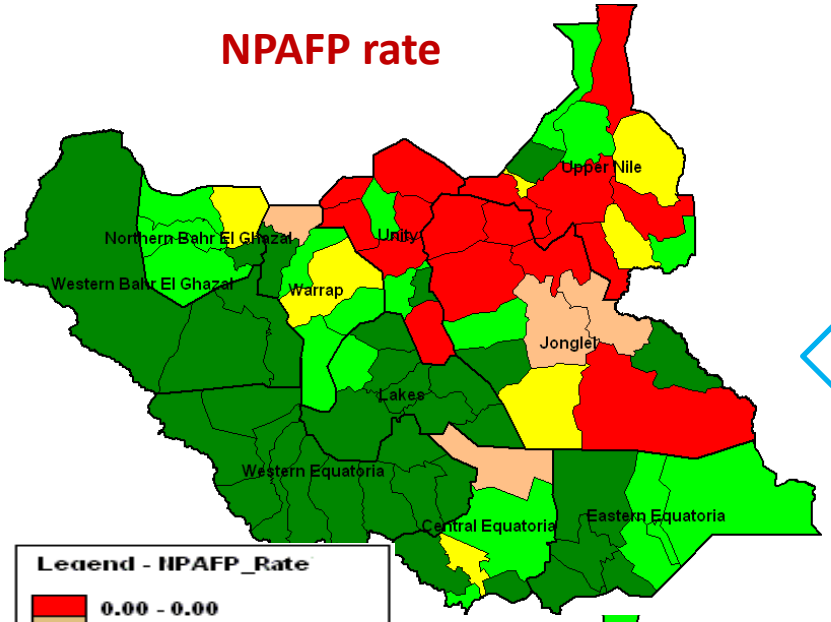
Opportunistic vaccinations

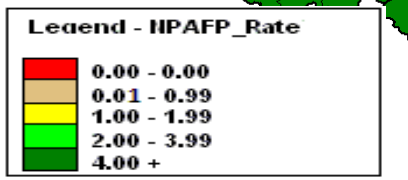
- Country is using available opportunities to integrate OPV
  - Integrated Measles Outbreak response in April 2015 target for OPV (0 to 15yrs)
    - In Bentiu PoC 23,677 children got OPV
    - In Maban refugee camp including host community (5/9 Payams) 44,139 children vaccinated with OPV
  - Routine Immunization is ongoing inside PoCs camps.
  - Children vaccinate during Rapid Response Mission
    - OPV-80,185 children of 0 to 15yrs
    - Measles 76,264 children (6month to 15yrs)

Is AFP surveillance sensitivity currently adequate to detect all transmission?

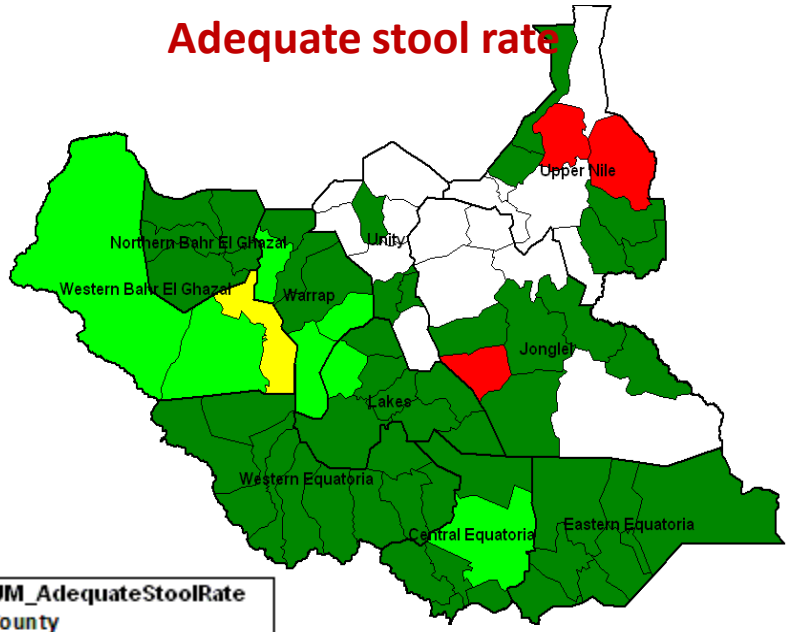
*Key surveillance indicators by year, 2014-2015**

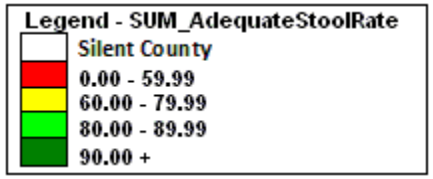
NPAFP rate

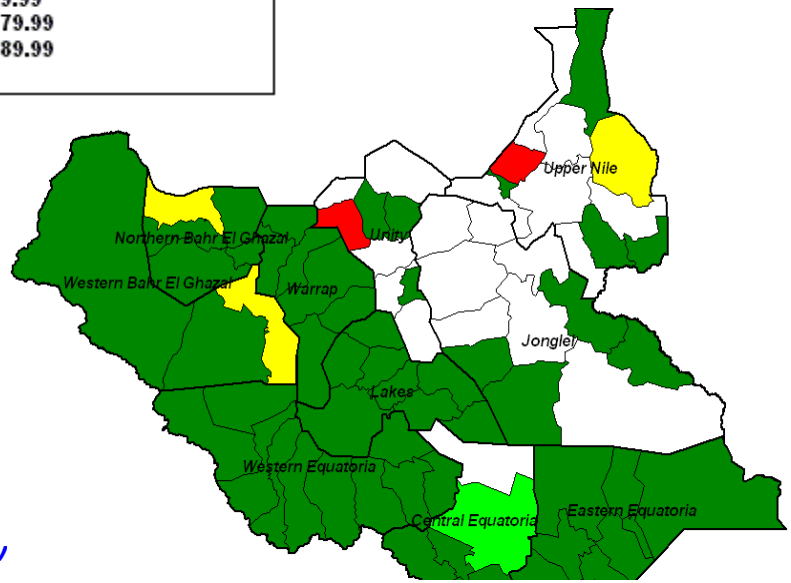




Adequate stool rate







2014

2015

**As of epidemiological w*

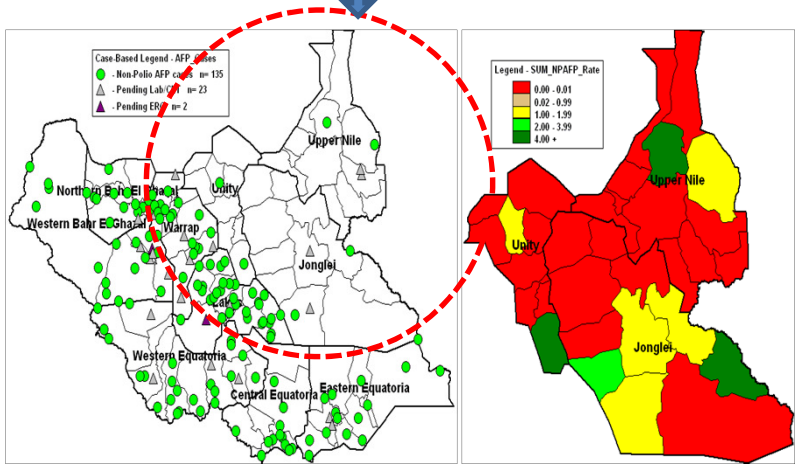
AFP surveillance Indicators of 3 conflict affected states in 2014/2015

State	2014 (As of Epi Week 32)				2015 (As of Epi Week 33)			
	# AFP cases reported	NPAFP Rate	Stool Adequacy	NPEV	# of AFP cases reported	NPAFP Rate	Stool Adequacy	NPEV (%)
Jonglei	4	0.68	100%	50%	12	1.98	100%	18.0
Unity	3	0.58	33%	0	10	1.88	90%	12.5
Upper Nile	4	0.75	50%	0	8	1.45	75%	12.5
Total	**11**	**0.67**	**64%**	**9.1%**	**30**	**1.71**	**90%**	**19.0**

Silent counties in conflict affected states

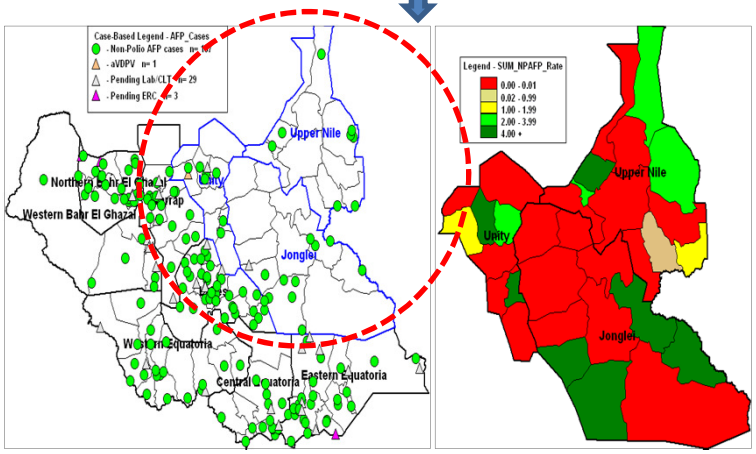
2014 - Week 32

11 AFP cases
26 Silent Counties



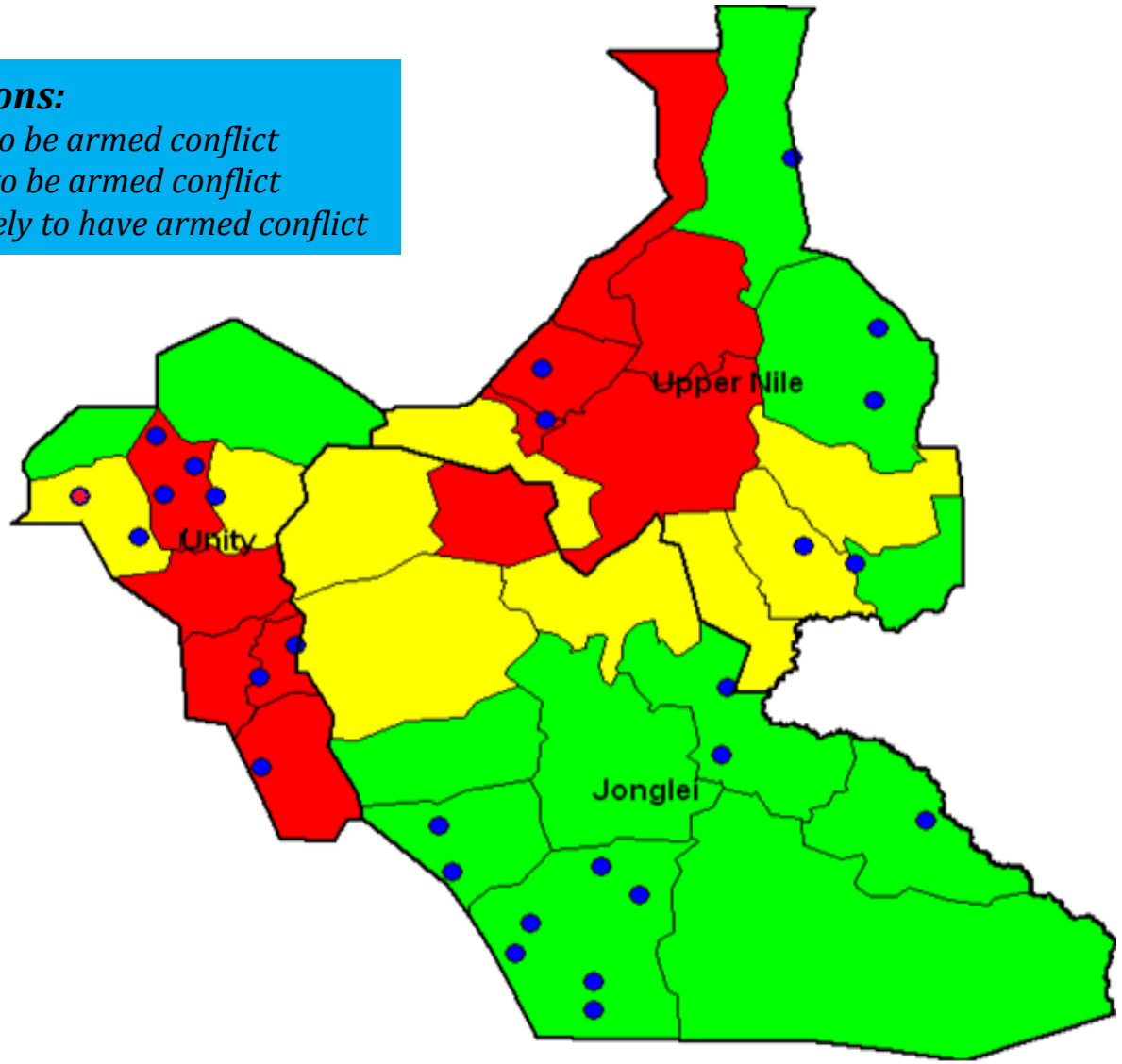
2015 - Week 32

28 AFP cases
18 Silent Counties



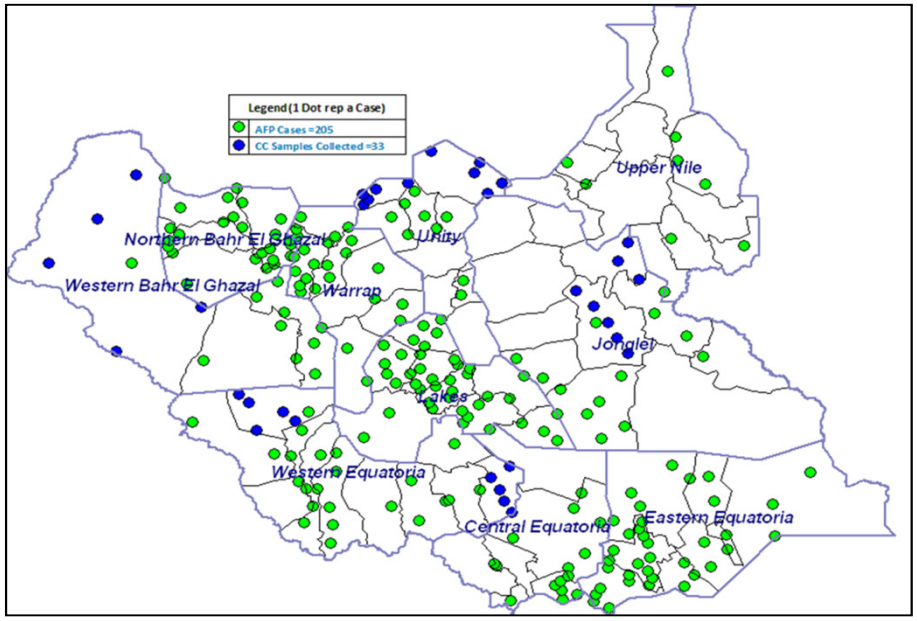
Accessibility of Counties with number of AFP Cases reported in the 3 affected states as of Epi Wk 32, 2015

Operational definitions:
- ***Accessible –*** *not likely to be armed conflict*
- ***Partial access –*** *likely to be armed conflict*
- ***Inaccessible –*** *most likely to have armed conflict*



Contact sampling and Community Children Sampling, 2015

Map of healthy children sampling



Place	% AFP with contact sample-2014	% AFP with contact sample-2015
Jonglei	80	100
Unity	67	55
Upper Nile	79	38
South Sudan	88	88

- Suboptimal implementation of contact sampling and community sampling in conflict affected areas

- Access as key reason

AFP surveillance sensitivity

- **Improvement is surveillance seen in three states. However, 18 out of 32 counties/POC silent**
- Sensitization of health facilities is still suboptimal

- 27 field officers of NGOs operating in the conflict affected states were trained on AFP surveillance
- Health cluster forums in the states are used to strengthen partners involvement in AFP surveillance.
- Recruitment of additional FAs and FSs for the 3 conflict affected states is in process.

Is the communication response plan adequate to ensure the sensitization and mobilization of all targeted populations?

Communications

- Social mobilization activities are systematic in PoCs; activities beyond PoCs exist at 24 out of 32 counties (75%) through NGOs, engaging 1159 social mobilizers, reaching over 248,000 households (repeatedly)

- Training, monitoring and supervision, and reporting of outcomes of partner NGOs engaged in the response is currently suboptimal

- The quality (planning, implementation, and monitoring) of social mobilization door-to-door activities and community engagement remains a concern. Social mobilizers have weak knowledge of their role in reaching missed children, microplanning exercise and community engagement strategies, as well as possess no tools to conduct interpersonal communication.

Communications

- Notable progress in collecting social data
  - social mapping in Unity state
  - social profiling of VDPV cases in Bentiu and Mayom
  - social mobilization outcomes monitoring in Jonglei
  - use and application of social data is yet to be systematized
- Mobile population strategy developed, including anthropology on pastoralist and nomadic groups. Mapping of groups in some states (macro level)
- Visibility of the programme is very strong; rationale and use of visibility items not clear

Does the country have additional unmet financial or resource needs that need to be addressed to further strengthen the implementation of immunization and surveillance activities?

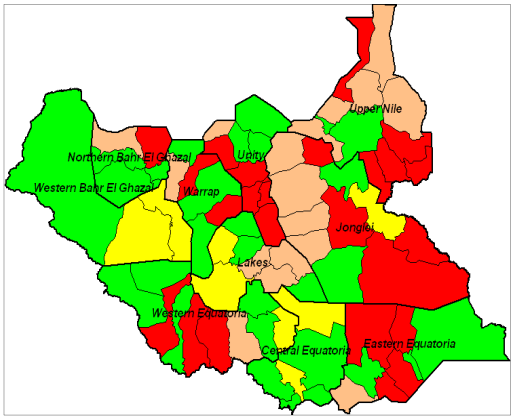
Adequacy of resources to carry out effective response activities

- Human resources:
  - Inadequate HR capacity at national level for MoH, WHO and UNICEF.
  - No additional surge capacity brought on board after the outbreak.
  - Polio staff busy in many other competing priorities, compromising polio response.
- Financial/ Other:
  - Additional resources required to ensure preparedness for rapid response in newly accessible areas
  - IT/C and transport

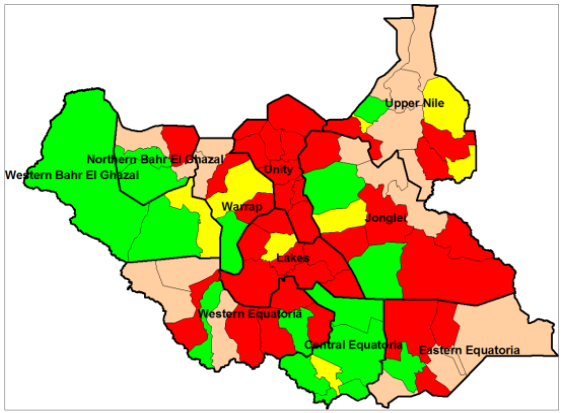
What is the status of RI coverage?

Routine Immunization: Performance

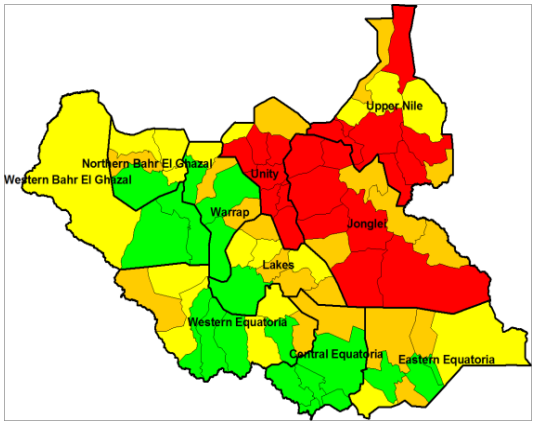
2012



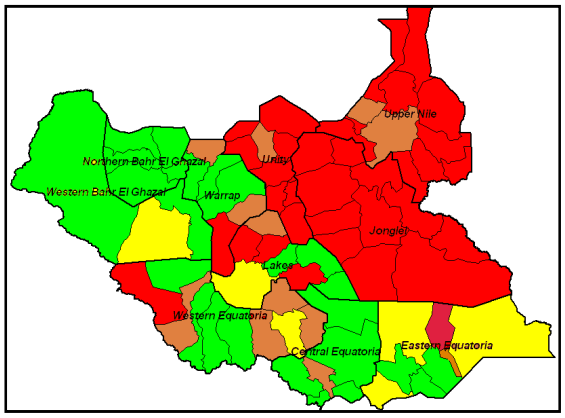
2013



2014



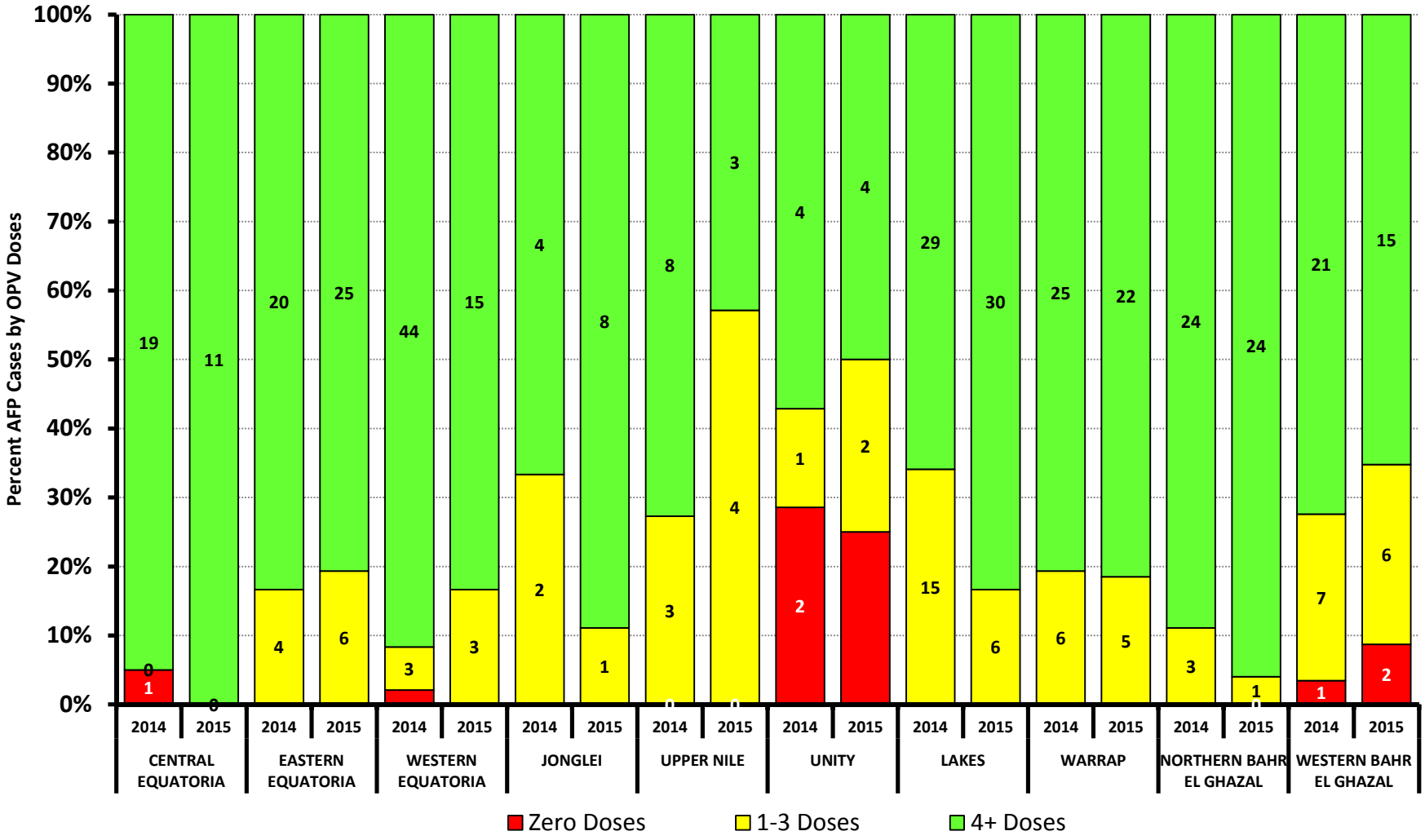
2015



- EPI in 3 conflict affected states has disrupted
- It is being done through implementing partners at some of the camps. However, full potential is still not fully tapped.
- Cold chain capacity disrupted; is being re-established

Immunity profile by states in south sudan 2014-15

Number and Percentage of Non-Polio AFP Cases (6-59 months of age) by OPV doses by year



What are the remaining risks to stopping the outbreak and for further spread ?

Risks

High chances of widespread transmission in 3 conflict affected states.

- Unreached children in conflict affected areas
- Population movement
- Silent counties- strong possibility of missing transmission.
- Human resources at National level and in 3 conflict states is stretched

Conclusions

Conclusions (1)

The assessment team acknowledges the existing challenges and efforts made in reaching to conflict affected areas.

However, believes that greater sense of urgency and flexibility would have enabled the effective handling of gaps identified during the last assessment .

Conclusions (2)

- The sense of urgency for outbreak response not optimum.

- There is high possibility of missing the transmission as apparent by more than 50% counties in 3 conflict affected states still silent.
  - Detection of VDPV2 from Mayom county with 14 nucleotide difference also shows that transmission may remain undetected for long time.

- Persistent unreached children and increasing gap in population immunity poses significant risk

Conclusions (3)

- High population movement from inaccessible area to accessible area (e.g. population in Bentiu doubled in past 4 months); dilution of population immunity in area covered with vaccine.

- Visible effort to reach inaccessible area; could be more flexible and swift.
  - Need to have more granular and real time information on access (Payam level access mapping)
  - Preparedness and coordination to conduct campaigns suboptimal

Conclusions (4)

- Permanent vaccination activity has been made functional but rolling out and expansion has been slow.

- Coordination between key partners at national level and state level has gone down as compared to the first assessment.

- Quality of SIAs in accessible areas of conflict affected states:
  - Not being monitored.
  - Microplanning suboptimal

Conclusions (5)

- Low HR capacity at National level in MoH, UNICEF and WHO.
- We recognize that there are competing priorities and it is seen that polio staff(s) are able to give only 20-50% time for polio eradication activities. This is leading to some of the polio outbreak response activities getting compromised.
- Polio C4D programme is becoming more focused on the three states; however, extending partnerships beyond PoCs is not universal in Unity and Upper Nile states *(+15% increase from the last assessment, now covering 75% of the counties in the three states)*

Conclusions (6)

- Deployed communication workforce, even with the increased surge capacity, is inadequate to bring significant change in quality and, most importantly, reach of communication programme in the three states.

- There are no major social barriers that hinder polio C4D programme; rapid improvement in quality, field implementation, and management of C4D human resources in the three states are of utmost concern.

Recommendations

Recommendations…1

- Polio outbreak response should be brought back on the top of public health agenda by Government and partners.

- Country should review the status of outbreak and develop phase II of response plan for next 6 months.

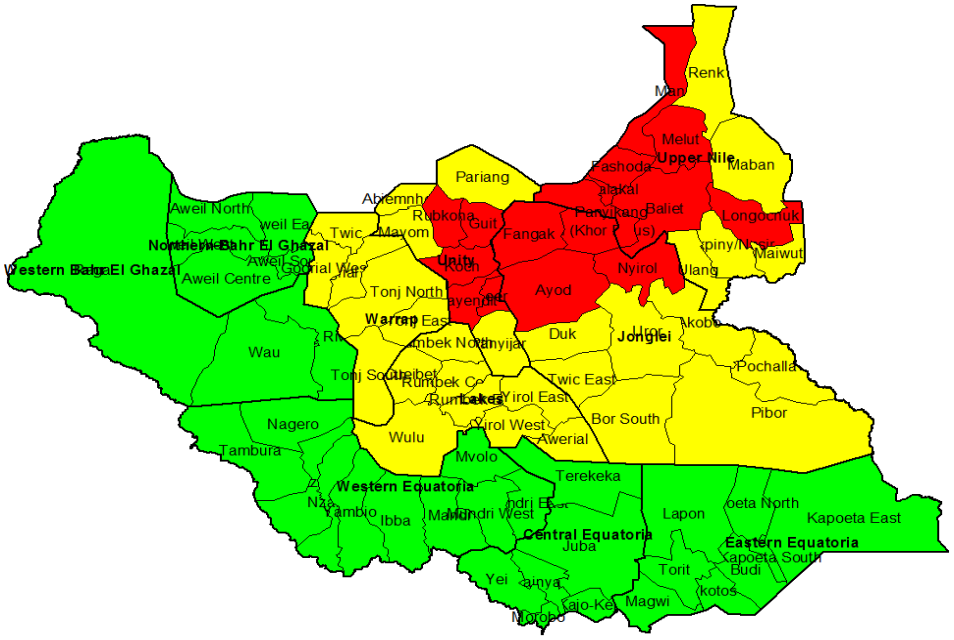
Recommendations…2

- Phase II of outbreak response plan should include:
  - 4 high quality SIAs in accessible areas by end Dec 15
    - Accessible areas of 3 conflict affected states
    - All POCs
    - Neighbouring states of WARRAP and LAKES
  - 2 High quality SIAs in rest of country including IDPs
  - Close tracking of access and preparedness for conducting SIADs in newly accessible areas 3 conflict affected states
  - Permanent vaccination points at all important points around access challenged areas and IDPs
  - Rapid enhancement of surveillance in silent counties

Recommendations…3

Suggested zones for phase II of response

- **Zone 1 (RED):** Inaccessible areas in three conflict affected states
- **Zone 2 (YELLOW):** Accessible areas at immediate risk (Accessible part of 3 conflict affected states, WARRAP and LAKES)
- **Zone 3 (GREEN):** rest of the country



Recommendations…4

- Rapidly improve the quality of SIAs in accessible areas and IDPs/ POCs
  - Introduce microplanning tools, review and update microplans
  - Use monitoring methods both IM and LQAS
  - Training of Vaccinators, Supervisors and Social Mobilizers in each round for first 3 campaigns
  - Intensified supervision by National and state level staff for preparatory phase activities as well as implementation

Recommendations…5

- Vaccination campaigns in access challenged areas in conflict affected states:
  - Close real time tracking of access to Payam level
  - State of preparedness with Scenario based contingency planning down to county/payam level should be developed to ensure vaccination teams and partners are prepared to respond quickly when a potential opportunity presents.
  - Weekly review of situation and documentation.
  - Use RRM, RRT and other opportunities to deliver OPV in unreached areas
  - Identify a focal person to track and coordinate this component.

Recommendations…6

- Rapidly enhance surveillance in 3 conflict states with focus on 18 silent counties:
  - Further strengthen NGOs engagement in AFP surveillance:
    - Update mapping of NGOs present on the ground
    - Fast tracking the training of NGO staffs (cascade model)
    - Weekly active information seeking from NGOs on any AFP case seen.
    - Establish timely feedback mechanism for stool results

Recommendations…7

- Strengthen contact sampling from all AFP cases, particularly 3 conflict affected states.
- Sensitize all health facilities in 3 conflict affected states.
- Strategy of collecting stool samples from healthy children in silent counties should be fully implemented
- Process of recruitment of Field Assistants for every Payam in three conflict affected state should be fast tracked and these be trained through NGOs.

Recommendations…8

- Rapidly scale up permanent vaccination points and strengthen quality. Identify a focal person to coordinate this activity.

- Recommendations from last assessment on Cold chain should be fully and rapidly implemented.

Recommendations…9

- Until there is a better grip on the programme, Polio C4D staff should *focus exclusively* on implementation and expansion of the polio programme in the three states, urgently *delivering on recommendations of the first polio outbreak assessment*.

- Rapidly improve the quality of social mobilization activities (including done by NGOs), ensuring that *minimum excellence standards are met*:

  - IPC/Polio content training

  -SM door-to-door activity planning

  - Accountability

  - Availability of Tools

Recommendations…10

Coordination

- Oversight committee with high level representation from MoH, UNICEF and WHO should oversee response
- Polio control room should be strengthened
  - Deploying one full time staff for outbreak coordination activities
  - Identify focal persons from all MoH and key agencies
  - Meeting of all key stakeholders minimum once every week
- Strengthen functioning of TWG and its subcommittees

Recommendations…11

Human resources

- Rapidly fill the existing vacancies in MoH, UNICEF and WHO
- Strengthen capacity to respond by:
  - Rapidly engaging (a) National outbreak coordinator (b) Emergency SIA & M/E coordinator (c) Emergency surveillance coordinator (d) operations officer (e) Communications officer (f) Cold chain and Logistics officer
  - 1 LSA each in 3 conflict affected state


Thank you