HEALTH CLUSTER

HEALTH CLUSTER BULLETIN # 1
25 July 2016

Mobile clinic in Bentiu Photo: WHO©

South Sudan

Emergency type: Complex Emergency
Reporting period: 11- 25 July 2016

6.1 MILLION AFFECTED	2.5MILLION TARGETED	1.6 MILLION DISPLACED	829 565 REFUGEES	538** INJURED	382** DEATHS

HIGHLIGHTS

- A cholera outbreak was reported in Juba, Terkeka and Duk Counties in Central Equatoria and Jonglei States respectively. Data obtained from the MoH EWARS shows increasing cases of cholera. As of 25th July 2016, a total of 291 cholera cases including 17 deaths (9 facilities and 8 community) (CFR 5.84%) have been reported in Juba, Terkeka and Duk Counties in Central Equatoria and Jonglei States respectively.
- Malaria is the number one cause of morbidity in the country accounting for 89.7% of all morbidity.
- In June 2016, the Health Cluster endorsed the new strategy for South Sudan to improve the inpatient management of Severe Acute Malnutrition with medical complications. The new approach includes the distribution by WHO of the innovative kits of Second line drugs for the medical management of SAM with medical complications.
- In response to the new deterioration in the health service delivery following the recent conflict, WHO developed a draft health strategy with the aim to mitigate excess mortality and morbidity through addressing risks to health security and ensuring equitable access to a package of life-saving healthcare services for conflict affected population in South Sudan.

HEALTH SECTOR

18	HEALTH CLUSTER PARTNERS CURRENTLY OPERATING IN SUDAN
67	PARTNERS AFFILIATED WITH THE HEALTH CLUSTER IN SOUTH SUDAN
MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*	
40 KITS	ESSENTIAL MEDICINES
HEALTH FACILITIES	
1405	TOTAL NUMBER OF HEALTH FACILITIES
1012	HEALTH FACILITIES FUNCTIONING
HEALTH ACTION	
8239	CONSULTATIONS*
4855	SURGERIES
1583	ASSISTED DELIVERIES*
VACCINATION AGAINST	
2644164	POLIO
102809	MEASLES
EWARN	
49	EWARN SENTINEL SITES**
FUNDING $US	
29	% FUNDED
$110M	REQUESTED

coverage for one month
*** 1392 IDSR sites reporting through HDIS*

Situation update

- The security situation in South Sudan remains volatile after the recent clashes that erupted between South Sudan rival forces loyal to President Salva Kirr and those loyal to the first Vice president, Riek Machar in Juba on the 7th of July. Indeed violence escalated in and around Juba town until 11 July 2016 and resulted in 382 deaths and 538 injuries. The crises in Juba and subsequently in Wau resulted in mass displacement, with over 65,000 civilians displaced in Wau, and an estimated 42,000 in Juba in the first days of the crisis. As of 14 July, the estimated number of IDPs within and around Juba was 12,800, with 10,140 of these IDPs located in the UNMISS sites.
- Humanitarian access remains constrained outside of the Protection of Civilians (PoC) sites and other settlement sites. About 1.6 million people remain displaced as a result of interlocking threats, including armed conflict and inter-communal violence and economic decline. 2.5 million people close to 22% of the population are estimated to be in need of essential health care services. Insecurity and poor road conditions are also negatively impacting the health response to preposition supplies before roads are made impassable by the rainy season.
- Health cluster partners continue to operate static and mobile clinics across a range of sites. The main morbidities reported are: malaria; ARI; AWD; gunshot wounds; fractures; anaemia; spontaneous and incomplete abortions/miscarriages; and SAM cases.

Public health risks, priorities, needs and gaps

- Under the normal circumstances, only 44% of the population had access to health facilities however, analysis of current field reports have shown that due to insecurity, prospective clients will not be able to physically access health services, and for the significant few that can access, the structures of the services delivery points have been severely weakened as the majority of health workers from both government and NGOs have relocated their duty posts, and most health partners evacuated their staff until acceptable security levels are restored.
- Major health facilities in large states including Eastern Equatoria, Warrap, Western Bahr El Ghazal, and Central Equatoria are currently running with skeletal staff responding to only traumatic conditions. Furthermore, Health facilities remain closed in a larger part of the country and more were destroyed in Wau following the fighting in Western Bahr El Ghazal.
- Recent data from the Health Cluster indicates that, only 10 out of the 67 health partners are still in country with limited number of staff, henceforth, health interventions are not sustained at an adequate level in most locations.
- There has been heightened concern about the risk of increases in communicable diseases, including malaria, water-borne diseases and acute respiratory infections, in areas where hygiene and sanitation systems have been disrupted. According to the EWARN system, Malaria is the first cause of morbidity in the country accounting for 89.7% of all consultations.
- Limited services particularly lack of Mental Health, gender-based violence as well as HIV-related services remain a challenge across the country.
- The economic situation continues to affect and destabilize prices on the market, making access to much needed health services for the majority of the population a challenge.
- Limited funding is currently the most pressing challenge. With only 29% of the required $110 million having been received, leaving a 71% gap. Consequently, partners cannot implement most of the planned interventions.

Communicable diseases

- A new cholera outbreak was reported in the Terkeka, Juba and Duk Counties in Central Equatoria and Jonglei States. Surveillance data obtained from the MoH shows increasing cases of cholera. As of 25th July 2016, a total of 291 cholera cases including 17 deaths (CFR 5.17%) have been reported in Juba, Terkeka and Duk Counties in Central Equatoria and Jonglei States respectively. In Juba County, 233 cases including five deaths (CFR 2.15%) have been reported from Khor William, Kator, Kandokoro, Hai Amarat, Hai Matar , Ghiada check point and Logogo. In Duk 46 suspected cases including seven deaths (CFR 15.21%) have been reported from Atuek, Atul, Koyom, Moldova and Watkuac islands. In Terekeka, 12 cases including five deaths (CFR 41.66%) have been reported. Currently, only the Juba Teaching Hospital has been designated as a CTC, with a total of 30 new suspected cholera cases reported in Juba on 25th July 2016.

- Suspected measles cases continue to be reported in Wau, Western Bahr El Ghazal state. As of 1st July 2016, a total of 36 cases of suspected measles cases have been reported. Malaria is the number one cause of morbidity in the country accounting for 89.7% of all morbidity.
- There is heightened concern of potential disruption in some patients' in ARV's and tuberculosis (TB) treatment. WHO has provided ARVs to the UNMISS, SSRC and Cathedral church settlements in Wau, WBG region for those requiring medication.

Child health

- In June 2016, WHO has launched its new strategy for South Sudan to improve the inpatient management of Severe Acute Malnutrition and medical complications. The strategy aims at addressing key challenges faced by stabilization centers, hospitals and PHCC where severely malnourished children, mainly under 5 years of age, are treated. WHO approach includes the distribution of the innovative kit of second line drugs for the medical management of SAM with medical complications.

Trauma and injury

- An estimated 538 people injured by the fighting in Juba and Wau, will require treatment. WHO has provided trauma kits, boxes of IV Fluids, iodine solution , fracture kit, gloves, one box of IV giving set 22 gage, IV giving set 30 gage to treat the increasing numbers of injured patients in conflict affected areas.
- Levels of psychosocial distress are reported to be high across all sites in Juba. More than 650 people (468 women and 185 men) have benefitted from psycho-social support and Mine Risk Education messages in Kator church and UN Tongping. However, additional psychosocial support is reported to be urgently needed.

Reproductive health

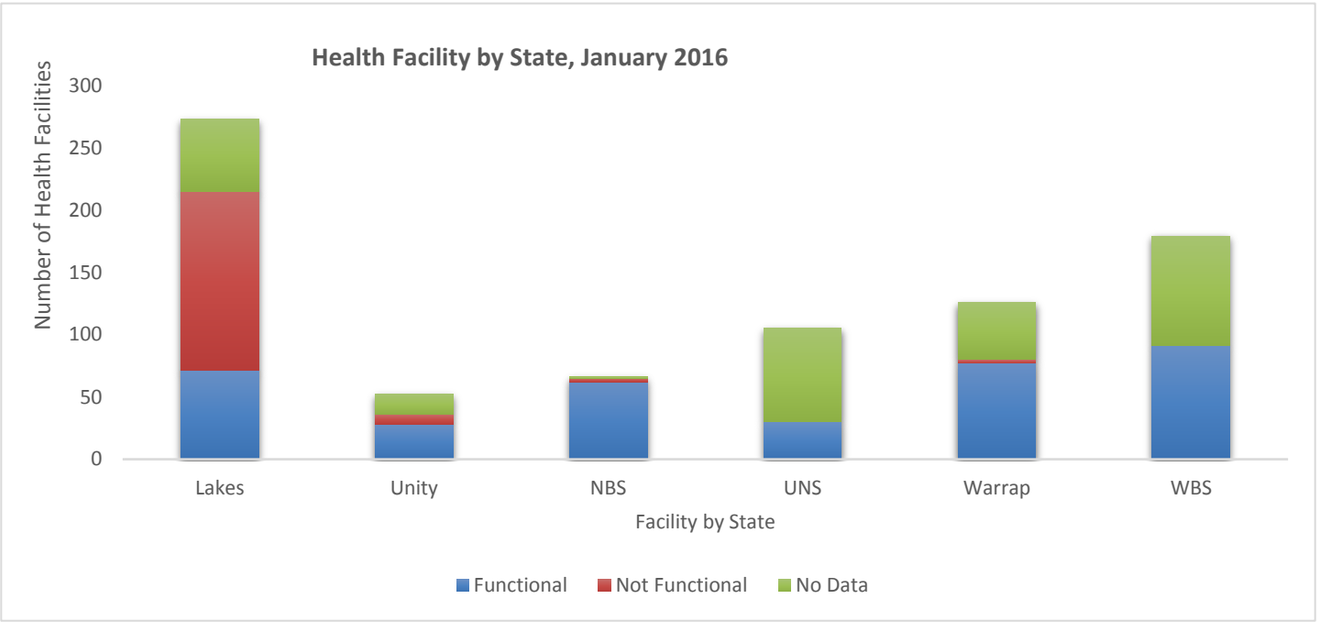
- In spite of extreme challenges, UNFPA and its partners continue to deliver humanitarian interventions in both GBV and RH and strengthen the coordination efforts. Reproductive Health services mainly screening, PMTCT, counselling, ANC, family planning and maternity delivery has resumed at Wau Teaching Hospital, Western Bahr El Ghazal State.

Non communicable diseases and mental health

- Thousands suffering from trauma and psychological distress amid a chronic shortage of mental healthcare services in the country. The recent events that have fuelled a number of sexual and gender violence issues, also heightened the need for ensuring adequate access to mental health services.

Functionality of health facilities

- According to the data 1 404 health facilities documented from all the 10 states, 4% are hospitals, 16% are primary) health care centres (PHCCs) and the remaining 80% are primary health care units (PHCUs). Some 158 (16%) health facilities not functional due to either lack of funding, looting or insecurity. There was no information on the status of the remaining 284 (29%) from these 7 states.



Availability of health staff

- The capacity of the Ministry of Health to deliver basic health services is limited and humanitarian actors continue to cover over 90% of the response in all the states. Human Resources remain a major constraint, with local manpower non-available and unable to be deployed due to tribal issue. Lack of payment of government health workers is also placing pressure on humanitarian partners.
- It has indicated that provision of health services in the facilities has been also halted as the main operational partners has moved out its field staff.

Availability of essential drugs, vaccines and supplies

- The MoH requested WHO and health partners support with provision of medical supplies as well as body bags. Distribution of the medicines/supplies from Juba to the states areas remains a priority.

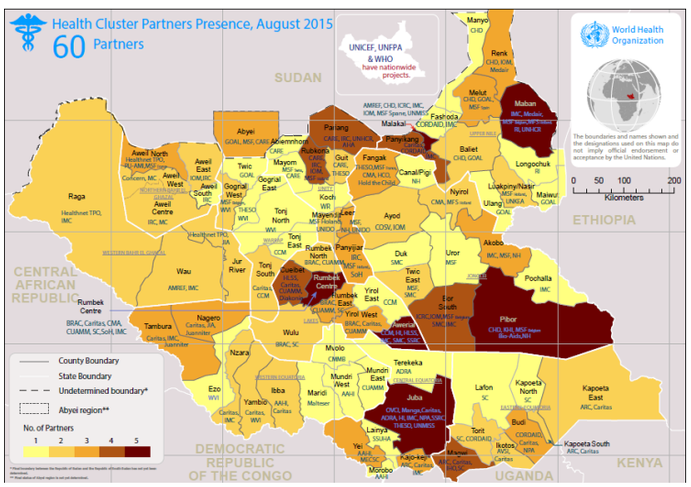
Health Cluster Action

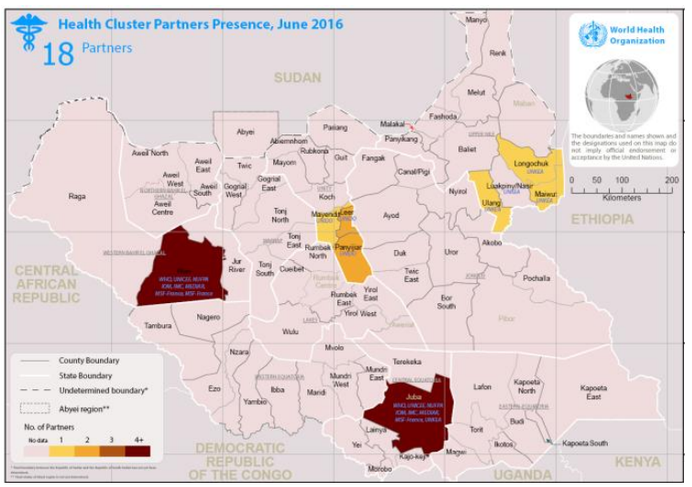
Health cluster coordination

- The MoH is in partnership with the health cluster in a continued leadership and is working with national and international health partners towards maximization of access to life-saving essential health services for affected population and mitigation, preparing for and responding to public health risks with focus on control of communicable diseases.
- Intercluster collaborative efforts resulted in the first joint HEALTH and WASH clusters meeting which held on 22 July 2016, in which partners finalized and adopted a joint response matrix for the cholera response. Partners in country were also mapped and committed to support the 10 sentinel sites identified in Juba for the cholera response. The Health Cluster also presented a referral pathway for case management in ORPs and CTC that was adopted by the team during the coordination meeting.
- To ensure equitable health service delivery to all parties, Health cluster liaised with ICRC to respond in the military bases where high cases of suspect cholera is currently being recorded.
- In response to the new deterioration in the health service delivery following the recent conflict, WHO developed a draft health strategy with the aim to mitigate excess mortality and morbidity through addressing risks to health security and ensuring equitable access to a package of life-saving healthcare services for conflict affected population in South Sudan.

The new strategy will be shared with partners in South Sudan, in Nairobi and at the global level.

- At the national level, the HC has engaged partners on biweekly coordination fora and ad hoc meetings as required sharing the information on health situation and ongoing activities (through 5Ws). The themes in focus have been on response to the emerging IDSR/EWARN data of interest and response based on active engagements with partners responnding in those areas. At the State level, a combination of monthly and biweekly coordination modalities have been used to focus partner engagements in response.
- WHO continues to lead the coordination of humanitarian and development cluster partners to respond in an effective and timely manner to the current emergency including cases of cholera reported in Juba & Duk. As shown below, recent data from the Health Cluster indicates that, only 10 out of the 67 health partners are still in country with limited number of staff and are currently responding to the humanitarian crises under challenging circumstances. The graphics below show the concentration of partners in the different states last week in comparison with their presence in August 2015. The situation is expected to improve as soon as the security situation allows for the return of the Health Partners to operate in South Sudan.





Assessments

- Assessments of the health care needs of the affected population are ongoing by the MoH and health partners. Indeed, Health cluster partners conducted a health risk assessment to identify and assess potential communicable disease threat and IDP needs and efforts are being made to integrate and enhance the surveillance systems in Wau, WBG state.
- WHO and Health cluster partners participated in a joint health assessment in Gudele & Gurei areas of Juba. The team found that earlier IDP settlements had moved which implies more of urban displacements.

Support to health service delivery

- To reduce the spread of disease during the rainy season in Malakal, Upper Nile state, IOM health and hygiene promoters continue house-to-house and facility-based health and hygiene education sessions. Outreach workers also help identify IDPs in need of medical care during house-to-house visits and refer them to health facilities for medical attention. IOM also continues to test suspected cases of tuberculosis (TB) for patients in the Benti PoC site, Unity state and those who visit IOM's mobile clinic in Bentiu town. To date, 425 people have been tested and 71 people are undergoing treatment.

Health facilities

- An IOM medical team set up a temporary clinic on 13 July to conduct health consultations and provide mothers with maternal care. IOM teams also delivered 350 kg of medicines and supplies to the ADRA compound, where several thousand people were sheltering in the immediate days of the fighting.
- Through the health cluster rapid response mechanism IOM has established two PHC facilities in SSRC and Cathedral

church settlements with high concentrations of IDPs within Wau town, MSF is running mobile clinic to reach some of the most isolated people, International Medical Corps is providing services within the MSF clinic in side UNMISS base and MEDAIR is also running mobile clinic to reach IDPs outside of Wau town.

- With multilateral liaisons and collaborations with all existing in country health stakeholders the Health Cluster was able to solicit assistance to the IDPS including , Médecins Sans Frontières (MSF) mobile clinics which served more than 500 consultations in a variety of locations.

Community level

Provision of essential drugs and supplies

- Despite on-going insecurity, unpredictable circumstances and security breaches against health facilities, WHO and partners continue to provide medical supplies including tents and body bags. However, transportation of medical supplies remained a key challenge with limited air transport to reach areas that are inaccessible by road.

Child health: Vaccination

- In response to the measles outbreak, WHO and partners conducted a reactive mass measles vaccination campaign targeting children between the ages of six months to fifteen years in displaced camps in Wau, reaching over 99% of the of the 13 160 target population.

Child health: Nutrition

- The first 20 emergency nutrition kits have been distributed in 16 health facilities in Aweil North (NB&G), Lafon (EE), Bor South (Jonglei), Nyal (Unity), Awerial (Lakes), Maiwut (Upper Nile), Juba PoC, Magwi (EE), Juba El Sabah and Juba Teaching Hospital, Torit (EE), Wau (WB&G), Mundri East (WE), Mayom (Unity) and Abiemnhon (Unity). The first round of distribution will be sufficient to treat 1000 children in about three months.

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