



**HEALTH CLUSTER BULLETIN # 6**  
**11 October 2016**



The WHO logistics team based in Juba, loading medical supplies on to the United Nations helicopter. Photo: WHO©

**South Sudan**

Emergency type: Complex Emergency  
 Reporting period: 07– 23 September 2016



**HIGHLIGHTS**

- ❖ Only 29 out of the 60 health partners are reporting into the IDSR and EWARNS. Major reasons of under-reporting are related to funding constraints and insecurity in some locations in South Sudan.
- ❖ Since the beginning of 2016, a total of 1 782 cases of suspected measles cases including at least 19 deaths (CFR 1.1%) have been reported.
- ❖ Survivors of sexual violence require the Clinical Management of Rape (CMR) and Psychosocial First Aid (PFA) services which are not available country-wide. Just 66% of the health facilities are providing CMR and Psychological First Aid (PFA) services. There is the need to strengthen reporting of SGBV cases and scaling up the provision of CMR and PFA services.
- ❖ Most of the health partner supported health facilities lack drugs across South Sudan. This is either due to limited funding and/or the challenge in dispatching medical supplies to enclave locations due to bad weather or insecurity. Most of these structures have relied lately on WHO core pipeline medical supplies which are not sustainable and meant for emergency responses.

**HEALTH SECTOR**

	<b>29</b>	HEALTH CLUSTER PARTNERS CURRENTLY OPERATING IN SOUTH SUDAN
	<b>67</b>	PARTNERS AFFILIATED WITH THE HEALTH CLUSTER IN SOUTH SUDAN
<b>MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS</b>		
	<b>48</b>	INTER-AGENCY EMERGENCY HEALTH KITS
<b>HEALTH FACILITIES</b>		
	<b>1 392</b>	TOTAL NUMBER OF HEALTH FACILITIES
	<b>6%</b>	DAMAGED/LOOTED/ NOT FUNCTIONAL **
<b>HEALTH ACTION</b>		
	<b>4 986 625</b>	CONSULTATIONS*
<b>VACCINATION AGAINST</b>		
	<b>69 039</b>	ORAL CHOLERA VACCINE
	<b>181 694</b>	MEASLES (AGE GROUP)
<b>EWARN</b>		
	<b>58</b>	EWARN SENTINEL SITES
<b>FUNDING \$US</b>		
	<b>34</b>	% FUNDED
	<b>\$110M</b>	REQUESTED

\*Since Jan 2016 . \*\* This information is based on report received from 29 out of the 67 health partners responded to the health cluster partner capacity matrix request.

## Situation update

- Increased insecurity across several states impedes delivery of health services to pockets of displaced persons in need. The conflict renders access to these locations challenging for a proper rapid health response.
- A huge storm resulted in substantive damage to facilities in PoC2 in Western Bahr el Ghazal region. As a result, 15 injuries and 3 deaths were reported. Following the damage to the health facilities, most of the injured were referred to Wau and UNMISS Level 2 hospitals.
- The ability for humanitarian organisations to deliver much-needed assistance due to restrictions and government imposed impediments continue to affect humanitarian operations.

## Public health risks, priorities, needs and gaps

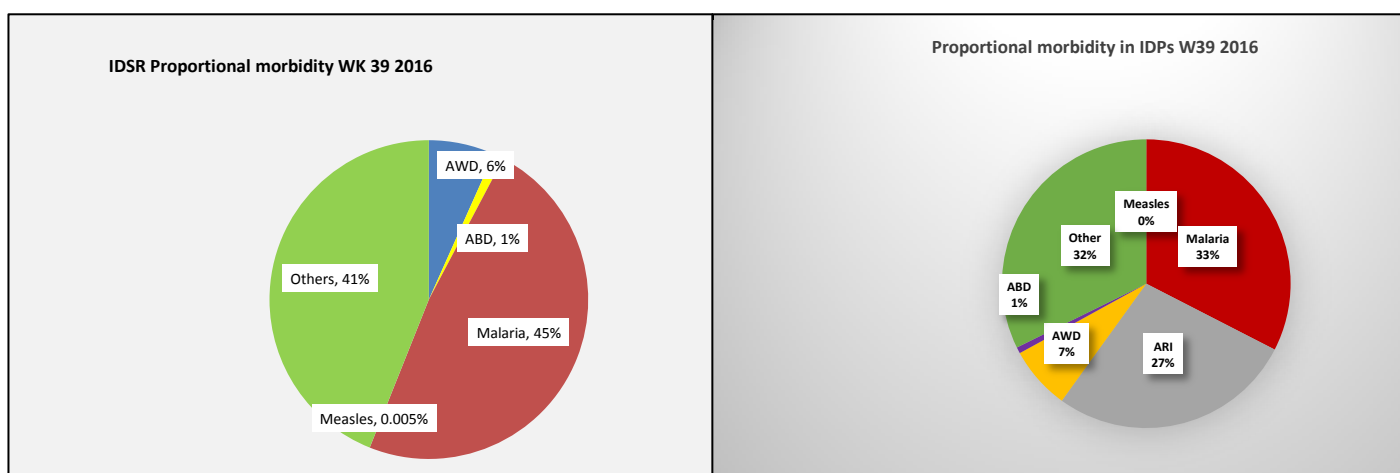
- Cholera, Malaria, TB/HIV/AIDS, and Measles remain the major public health concerns in the locations along the Nile river, in IDP locations and surrounding host communities.
- Enhance cholera control interventions in areas with persistent transmission and emerging transmission hotspots.
- Enhance IDSR and EWARN surveillance to detect, investigate and respond to emerging and on-going outbreaks countrywide.
- The congestion and poor environmental conditions in the IDP sites in Western Bahr el Ghazal region remain a major public health concern which exposes the population to communicable diseases and vector borne diseases. There is a need to reinforce capacities of the national partners to respond to the urgent health needs of the displaced population.
- Maternal health is a significant concern, as sexual violence, and poor coverage of skilled delivery care in many areas, increases the risks of maternal morbidity and mortality.

### Communicable diseases

- Completeness of reporting rates in non-conflict affected and conflict affected areas were 43% and 72% respectively. Malaria remains the top cause of morbidity and currently accounts for 49% of consultations in non-conflict affected areas and 35% in IDP areas respectively as shown in the diagram below. In week 38, five states including Western Lake, Eastern Lake, Aweil, Aweil East, and Lol had thresholds exceeding expected levels. At least 32 counties countrywide have registered increasing or more than expected levels of malaria cases.
- In the general population, malaria accounts for 45% of the major causes of death followed by Acute Watery Diarrhoea (6%) for the period Jan – Sept 2016.

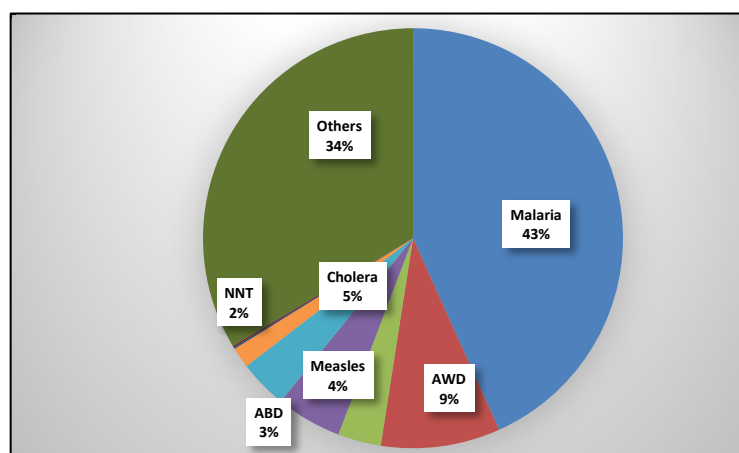
Non conflict areas

Conflict areas

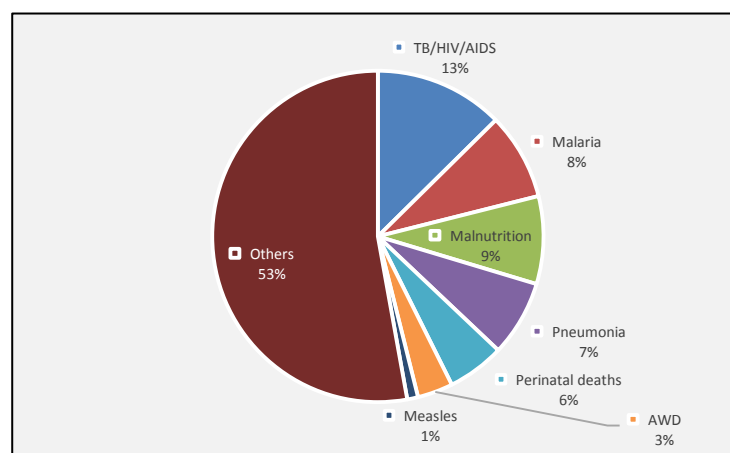


- Since the beginning of 2016, a total of 1 782 cases of suspected measles cases including at least 19 deaths (CFR 1.13%) were reported (IDSR). The laboratory confirmed measles outbreaks in 12 counties and 181,694 children 6 – 59 months were vaccinated against measles. Following the declaration of a measles outbreak in the Abyei administrative state (17 cases confirmed as IgM positive), a state-wide campaign was led by the health cluster with the support of MoH, IOM, GOAL, UNICEF and MSF.
- The cholera outbreak has been confirmed in 8 states including; Imatong, Eastern Lakes, Jubek, Terekeka, Jonglei, Western Bieh, Southern Liech and Northern Liech. As of 11 October 2016, a total of 2,508 cholera cases including 38 deaths (20 facilities and 18 community) (CFR 1.52%) were reported in South Sudan. Most of the cholera cases were reported In Juba County where a total 1 891 cases including 14 deaths (CFR 0.74%) were registered. Overall, Rejaf and Munuki payams in Juba reported most cholera cases though transmission hotspots were also reported in Kator and Juba payams.

**Non conflict areas (n=751)**



**Conflict areas (n=1039)**



- Malaria remains the top cause of mortality in the non-conflict affected areas where it accounts for 45% of the deaths. During the week under review, a total of 18 deaths were reported from Magwi (1 death), Pariang ( 1 death), Kajo keji (13 deaths) and Bentiu (1 death).
- Increased morbidity and mortality from TB/HIV/AIDS in the IDPs has become a rising concern country wide. Overall, Bentiu PoC, Northern Liech state registered the highest number of deaths followed by Malakal PoC and Juba PoC. Plans are underway to scale up the management of PLWHIV and TB in IDPs through regular programming. Routine HIV testing and ART care are not part of the package of services offered to the IDPs in Bentiu, Malakal, and other IDP sites.
- During 2016, the most common causes of death in under-five were severe pneumonia, medical complications of malnutrition, severe malaria and perinatal complications.
- The annualized Reporting rate of Non-measles Febrile/rash illness per 100,000 population is 2.10/100,000 (Target $\geq$ 2/100,000 population). For the measles outbreak response in Abyei administrative area is over. Plans are underway to respond to the Gogrial outbreak, Agok-Warrap State.

### Reproductive health

- Survivors of sexual violence require the Clinical Management of Rape (CMR) and Psychosocial First Aid (PFA) services which are not available country-wide.. Just 66% of the health facilities are providing CMR and Psychological First Aid (PFA) services. There is the need to strengthen reporting of SGBV cases and scaling up the provision of CMR and PFA services.

### Functionality of health facilities

- The conflict in South Sudan created disruptions in the availability of health services and exacerbate long-standing health problems, while simultaneously increasing acute morbidity and mortality. In order to respond to the gaps in health services either created or impaired by the continued crisis in South Sudan, capacity mapping of health facilities is crucial to implement effective interventions that address the most pressing health needs. Accordingly, data were collected by WHO from 19 health cluster partners delivering health services in the conflict affected and other vulnerable states within the country. The result indicates that out of the 519 (389 PHCUs, 117 PHCC and 13 Hospitals) facilities providing health care services, 48 are non-functional as a result of the renewed conflict. The reason for non-functionality of these facilities include: looting (18), burned down (5) insecurity (7), vandalized (14) and lack of funding (4).

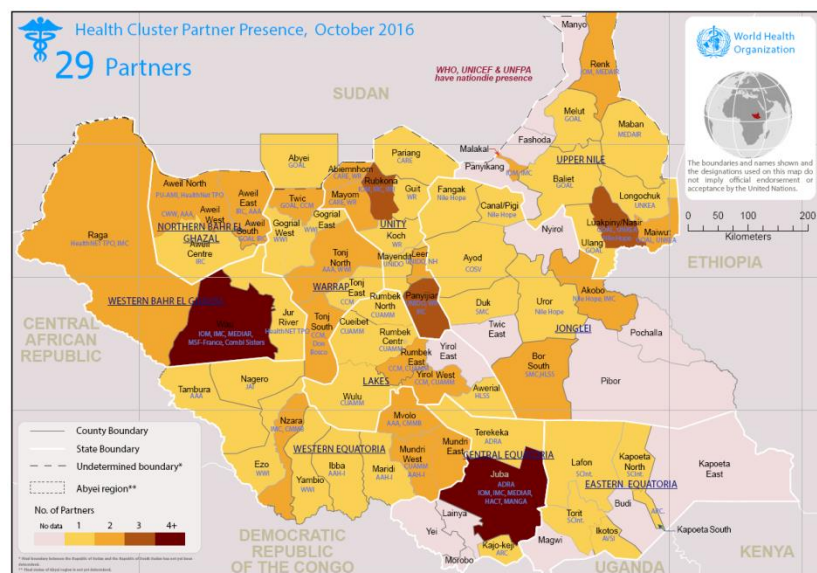
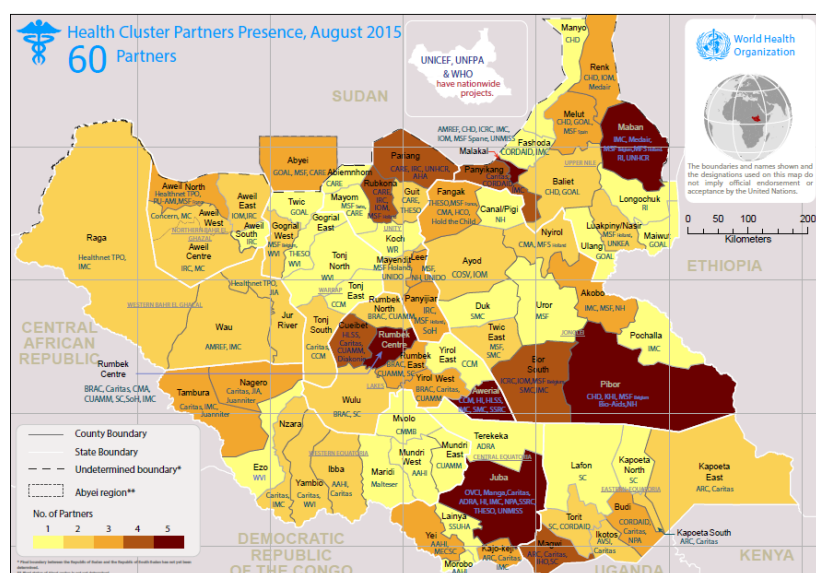
### Availability of essential drugs, vaccines and supplies

- Most of the health partner supported health facilities lack drugs across South Sudan. This is due either to limited funding, the challenge in dispatching medical supplies to enclave locations due to bad weather or insecurity. Most of these structures have relied lately on WHO core pipeline medical supplies which are not sustainable and meant for emergency responses.

## Health Cluster Action

### Health cluster coordination

- The Health Cluster engaged in discussions on the Humanitarian Planning Cycle for 2016. This was followed by a concentration of the Strategic Advisory Group of the Health Cluster to define the population targeted in 2017, indicators and priority locations.
- Following the insecurity and tension in the Ayod County, the Health Cluster and WHO together with partners deployed a team to investigate the outbreak and set up mechanisms for the response.
- As shown below, recent data from the Health Cluster indicates that, only 29 out of the 60 health partners are reporting into the IDSR and EWARNS. Major reasons of under-reporting are related to funding constraints and insecurity in some locations in South Sudan. The maps below show the concentration of partners in the different states after the current crises in comparison with their presence in August 2015.



### Support to health service delivery

- Following the commencement of tuberculosis (TB) testing and treatment programme by the International Organization for Migration (IOM) in Bentiu Protection of Civilian (PoC) site in February 2016, there has been continued growth and expansion of the programme. As at 7th October 2016, a total of 649 suspected cases had been screened at the IOM TB laboratory in Bentiu using sputum smear microscopy testing, with 132 testing positive and initiated on Direct Observed Therapy (DOTs) – a positivity rate of 20.3%. Of these, 36 patients have successfully completed the six month course of treatment and have been confirmed as cured. IOM

also runs a mobile TB clinic in Bentiu Town, with 17 cases tested and initiated on treatment to date. All TB confirmed cases are also tested for HIV, and those found to be positive initiated on antiretroviral medication. Supplementary nutrition support is also provided for all TB clients with support from WFP.

- UNICEF continues to support the cholera response maintaining focus on community level interventions while bridging supply gaps at the referral facility level to address the whole continuum of care. A total of 19 ORPs were set-up to manage patients at the community level through implementing partners (HLSS, LIVEWELL, and ACROSS). At least 1,049 patients have directly benefitted from this support since the beginning of the outbreak.
- As part of the malarial control efforts in the Northern Bahr el Ghazal region, that mainly affect U5 children, UNICEF has scaled up its response through strengthening facility-based services and mobile services. During this reporting period, a total 375 consultations were conducted in Aweil North and Aweil Centre Counties, Greater with cumulative figures for the whole state standing at 21,091 tested and treated. Moreover, UNICEF distributed a total of 1,776 LLINs and launched C4D campaign through drama/plays on proper usage and benefits of using LLIN in Malakal POC site, Greater Upper Nile region. The activity took three days where all blocks were mobilised on separate days. This is in addition to the other control measures like larva control through Indoor Residual Spraying (IRS).
- A total of 48,408 curative consultations were conducted during this reporting period, of which 15,641 (32.3%) were provided to children under 5 years of age. This brings the total number of curative consultations provided through UNICEF support in 2016 to 1,250,028 of which 469,591 were provided to under 5 children. In addition, 3,138 more children were reached during this period through integrated community case management of malaria, diarrhoea and pneumonia, bringing the total number to 33,593 in 2016.
- WHO conducted a gap analysis in the resources required for scaling up and operationalisation of the Medical Specialised Laboratory and Regional Blood Transfusion Centre (RBTC) in Wau, Western Bahr el Ghazal region
- WHO trained of 25 community resource person in Mingkaman as part of the strategy to enhance community surveillance. These will be instrumental in active case search, contact tracing for Cholera cases in addition to other epidemic prone diseases at community level. They were taken through basic principles of outbreak detection and reporting to the next level. In addition 22 health care workers were trained in case management for Cholera to support the management of cases at the cholera treatment centre CTC.

### **Provision of essential drugs and supplies**

- To fill critical gaps in essential medical supplies and services delivery:
  - To scale up the response in conflict affected states, WHO provided 19 Basic Unit Kits, one IEHK Supplementary Unit, five cholera RDT kits, 70 Carry Blair, two DDK, ORS Module, 10 boxes of IV fluids (Ringe's Lactate), 500 boxes of gloves, one dispensary tent and 600 cannulas (adequate to support the management of 19,000 population). These have been delivered to the implementing partners and health facilities.
  - WHO backstopped World Vision International (WVI), the main implementing partners in Greater Equatoria region, with 50 IEHK basic unit to strengthen case management of the common illnesses at PHCC and PHCU level.
  - To support outbreak detection and response in Ayod county, WHO provided one ORS module and 50 cholera test kits to MEDAIR to support the initial response. In addition, WHO provided 10 pieces of triple packaging to MSF to improve the samples handling and ensure infection control procedure in Old Fangkak.

### **Community level**

#### **Child health: Vaccination**

- WHO South Sudan, using the EPI/Polio structure of the MoH have been able to support the country to maintain the key surveillance indicators with NPAFP Rate and stool adequacy rate standing at 4.00 per 100,000 <15yrs and 92% respectively. Both indicators are above the international threshold with a total of 255 AFP cases reported as of epi week 40 and an immunity profile for all the reported cases reaching 84%.

- With funding from GAVI and PIRI, WHO supported the accelerated routine immunization activities which commenced in all states using intensified outreach sessions. It was revealed that there has been an increase in the annual penta3 coverage from 34% in the second quarter to 40% in the third quarter.
- UNICEF continues to support the MoH in the implementation of Routine Immunization and supplementary immunization activities including outbreak response immunizations by providing vaccines and cold chain equipment and by supporting social mobilization activities. During the reporting period and through routine immunization activities, 579 children were immunized against TB (BCG); 649 received the 3rd dose of Pentavalent vaccine which protects against Diphtheria, Pertussis, Tetanus, Hepatitis B, and HiB Pneumonia; 951 and 887 children received IPV and OPV3, respectively; 743 children were vaccinated against measles and 619 women received TT+. Meanwhile, through SIAs upon POC entry, 280 children aged 6 months to 15yrs that have newly arrived received measles vaccines while 304 children aged 0 to 15yrs received polio vaccines.
- MAGNA Medical Aid continues to provide immunization and health education services to children, pregnant women and women of child bearing age. All 6 vaccination centers comprising of 3 fixed and 3 mobile posts are fully functional and accessible within the POCs in Juba. Over the past two weeks:
  - A total of 1,232 immunizations in UN House out of which 1,121 immunizations were provided to children and 46 were provided to pregnant women and 65 to non-pregnant women of child bearing age.
  - A total of 268 people (207 Female and 61 Male) were reached through health education services to create awareness about the importance of immunization and to improve uptake of immunization services.
  - Refresher training for the vaccinators was conducted within the POC to improve the technical capacity of immunization staff.
  - Ongoing immunization services are intended to ensure that all children in the camp are protected from vaccine preventable diseases and also ensure safer deliveries through provision of tetanus toxoid vaccine to women of child bearing age.

#### **Reproductive Health: Safe delivery and HIV and sexually transmitted infections**

- UNFPA in collaboration with reproductive health partners completed the Clinical Management of Rape (CMR) mapping exercise of 99 health facilities. The mapping revealed gaps and challenges to providing CMR services which include; the lack of confidential spaces for clinical examination; the lack of and/or destroyed health equipment due to the conflict and insufficient supplies for examination. In addition, poor health seeking behaviors and cultural stigma are also other barriers.
- UNICEF continues to support safe pregnancy, child birth and postnatal care, including PMCTC. Some 3,150 pregnant women were provided with antenatal care (ANC) services in this reporting period, with 797 making the recommended four or more visits. This brings the total number to 30,277 of pregnant women who accessed ANC in 2016. In the past two weeks, 1,062 pregnant and lactating women were counselled and screened for HIV. This brings the total number to 24,750 in 2016. Meanwhile, a total of 739 deliveries were attended by skilled birth attendants and 919 new-borns were provided with postnatal care services.

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