



HEALTH CLUSTER BULLETIN # 5
23 September 2016



Offloading drugs for distribution at Keew, Jonglie state. Photo: CMA©

South Sudan










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



HIGHLIGHTS

- ❖ WHO continues to support the MOH in identifying, investigating, collecting samples and laboratory investigations for AFP cases. A total of 231 AFP cases were reported during epidemiologic week 37.
- ❖ Access to health care services remains constrained by a disrupted health system. The poor sanitation and flooding in some localities also restrains access to quality health care. In addition, a disrupted surveillance system has impeded monitoring and response to the increasing suspected disease outbreaks like cholera, malaria, kala-azar and measles as well as provision of essential health services such as immunization.
- ❖ Recent data from the Health Cluster indicates that, only 26 out of the 60 health partners are reporting on health activities. Some partners are operating in multi-location within the same state whilst other partners are present in more than one state
- ❖ UNICEF continues to support partners in the delivery of routine and supplementary immunization activities through provision of vaccines and related supplies, cold chain equipment (including installation, maintenance and repair) and social mobilization support.

HEALTH SECTOR

	26	HEALTH CLUSTER PARTNERS CURRENTLY OPERATING IN SOUTH SUDAN
	67	PARTNERS AFFILIATED WITH THE HEALTH CLUSTER IN SOUTH SUDAN
MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS		
	48	INTER-AGENCY EMERGENCY HEALTH KITS
HEALTH FACILITIES		
	1 392	TOTAL NUMBER OF HEALTH FACILITIES
	6%	DAMAGED/LOOTED/ NOT FUNCTIONAL **
HEALTH ACTION		
	4 298 365	CONSULTATIONS*
VACCINATION AGAINST		
	69 039	ORAL CHOLERA VACCINE
	181 694	MEASLES
EWARN		
	58	EWARN SENTINEL SITES
FUNDING \$US		
	29	% FUNDED
	\$110M	REQUESTED

*Since Jan 2016 ** This information is based on report received from 18 out of the 67 health partners that responded to the health cluster partner capacity matrix request.

Situation update

- South Sudan is experiencing a protracted political and socioeconomic crisis that resulted in a severe deterioration of living conditions which has also significantly impacted the health system negatively.
- Access to health care services remains constrained by a disrupted health system. The poor sanitation and flooding in some localities also restrains access of quality health care in addition, a disrupted surveillance system has impeded monitoring and response to the increasing suspected disease outbreaks like cholera, malaria, kala-azar and measles as well as provision of essential health services such as immunization.
- Observed displacement of populations renders the delivery of health care challenging including immunisation activities. The National measles campaign initially planned for November 2016 has been procrastinated to occur early next year to enable preparatory activities to be completed.

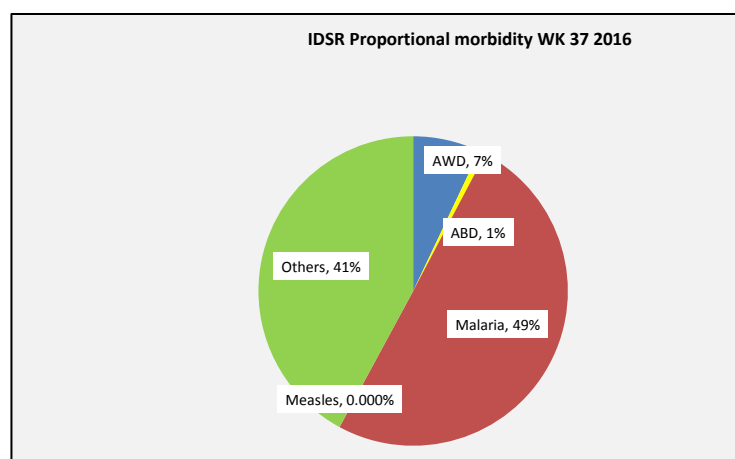
Public health risks, priorities, needs and gaps

- 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, increase the risks of maternal morbidity and mortality.

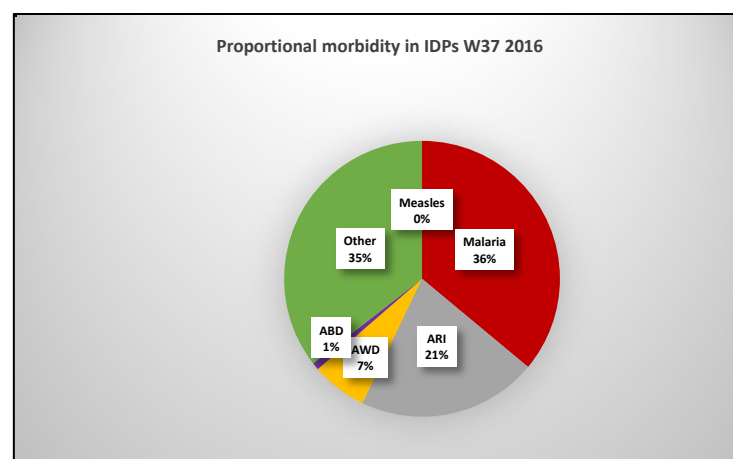
Communicable diseases

- Completeness of reporting rates in non-conflict affected and conflict affected areas were 41% and 69% respectively. Malaria is the top cause of morbidity and currently accounts for 49% of consultations in nonconflict-affected areas and 36% in IDP areas as shown in the diagram below. Malaria cases in five states, namely; Western Lake, Eastern Lake, Aweil, Aweil East, and Lol exceeded expected levels in the week. At least 32 counties countrywide have registered increasing or more than expected levels of malaria cases.
- In the general population, malaria accounts for 43% of the major causes of death followed by Acute Watery Diarrhoea (11%) for the period Jan - Aug 2016.

Non conflict areas



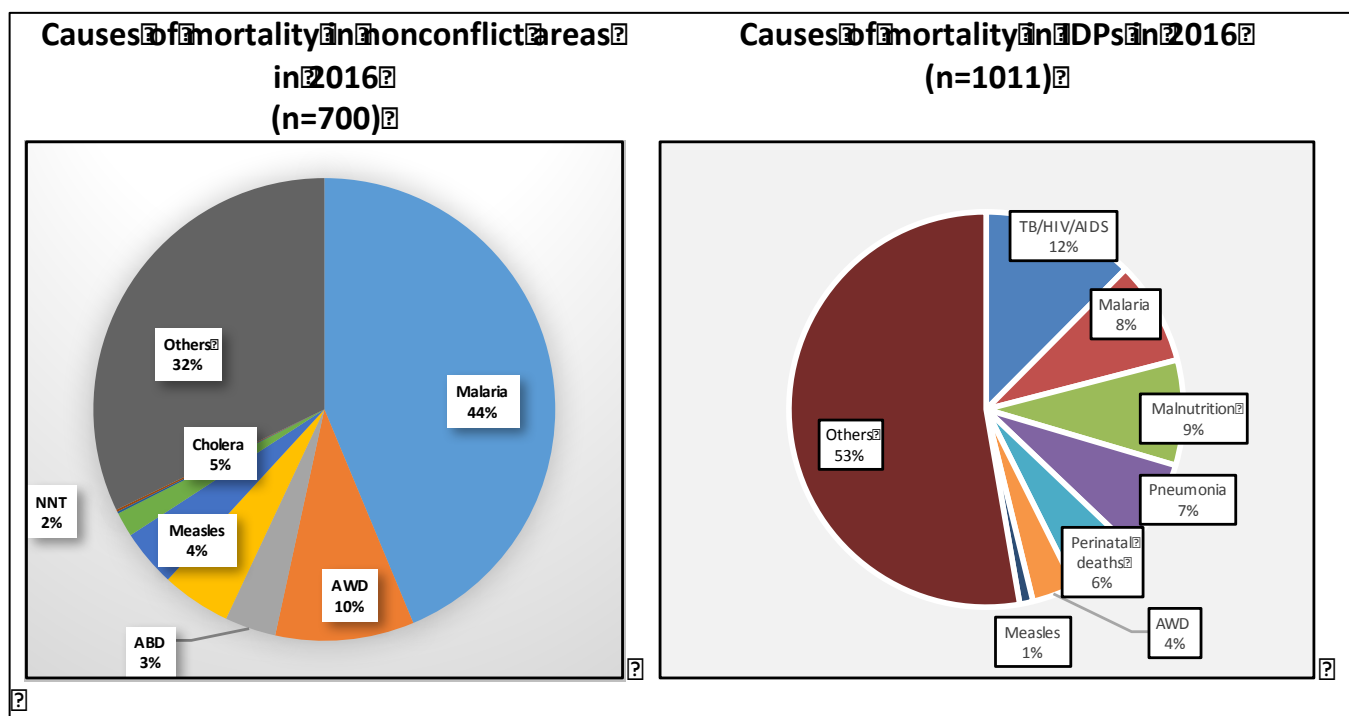
Conflict areas



- Since the beginning of 2016, a total of 1 678 cases of suspected measles cases including at least 19 deaths (CFR 1.13%) have been reported (IDSRS). Laboratory confirmed measles outbreaks in 12 counties have been responded to reaching 181,694 children 6 – 59 months. A new measles outbreak has been confirmed in Abyei after 15 of 23 samples were confirmed as measles IgM positive. Reactive measles campaign targeting 44,348 children aged 6-49 months in the five Payams of Abyei [Alal, Abyei, Ameith Aguok,

Mijak, and Rumamer is slated for 10 October 2016.

- A new cholera outbreak has been confirmed in Fangak County, Western Bieh state after two of four samples tested positive for Vibrio Cholera Inaba on 27 September 2016. This raises the number of states with confirmed cholera outbreaks to six. Prior to this, cholera outbreaks were confirmed in five states, Imatong, Eastern Lakes, Jubek, Terekeka, and Jonglei. As of 03 October 2016, a total of 2,450 cholera cases including 37 deaths (20 facilities and 17 community) (CFR 1.51%) have been reported in South Sudan. Most of the cholera cases have been reported In Juba County where a total 1 868 cases including 14 deaths (CFR 0.75%) had been registered. Overall, Rejaf and Munuki payams in Juba have reported most cholera cases though transmission hotspots were also reported in Kator and Juba payams. As part of the efforts to control cholera transmission in hotspot areas in Jubek, a single-dose oral cholera vaccine campaign was conducted in Gumbo and Mangatain IDPs in Jubek. There were a total of 4 campaign days from 17 to 20 September 2016. The campaign was supported by the Ministry of Health, WHO, UNICEF, IOM, LiveWell, and other partners. The administrative coverage at the end of the campaign was 15,262 (159%) and 14,029 (122%) individuals aged one year and above in Gumbo and Mangatain IDPs respectively. Active transmission is currently restricted to Mingkaman IDP settlement where most cases have been reported from site 0. Following the campaign; transmission has significantly declined in Juba. In addition, the outbreak in Mingkaman has spread to the host communities in Kalthouk and Dor. Cholera response has been enhanced in Mingkaman to stop the current transmission. Cholera Task Force meeting in Mingkaman continues to be conducted twice a week to review trends and progress of interventions.



- Malaria remains the top cause of mortality in the non-conflict affected areas where it accouts for 44% of the deaths. During the week under review, a total of 22 deaths were reported from Torit (2 deaths), Awerial (1 death), Yirol West (6 deaths), Aweil East (4 deaths), Aweil North (1 death), Aweil West (5 deaths), Twic (3 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.

- WHO continues to support the MOH in identifying, collecting samples and laboratory investigations for AFP cases. A total of 231 AFP cases were reported during epidemiologic week 37.
- The annualized measles incidence rate is 104.56/1,000,000 population, while Rubella IgM positive cases reported are 26 (8%). A total of 319 (30%) samples have so far been collected out of the 1074 suspected cases reported and 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).

Reproductive health

- Due to increase in number of IDPs, health facilities in PoC 1 in Juba are overwhelmed with demand for health services. Some clinics have to open maternity wards for other cases, thereby affecting the quality of maternal and newborn health care services.

Non communicable diseases and mental health

- Unmet psychosocial and mental health needs and challenging access to primary healthcare services across the country have greatly exacerbated health risks.

Functionality of health facilities

Availability of health staff

- The capacity of the Ministry of Health to deliver basic health services is constrained by various factors and humanitarian actors continue to support MoH in all the states. Human Resources remain a major constraint, with local manpower unavailable and unable to be deployed due to tribal dimension of the crisis. Lack of payment of government health workers influences the availability and quality of health services offered in public facilities
- The provision of health services in the facilities has faltered as main operational partners scaled down either due to funding or for security reasons.

Availability of essential drugs, vaccines and supplies

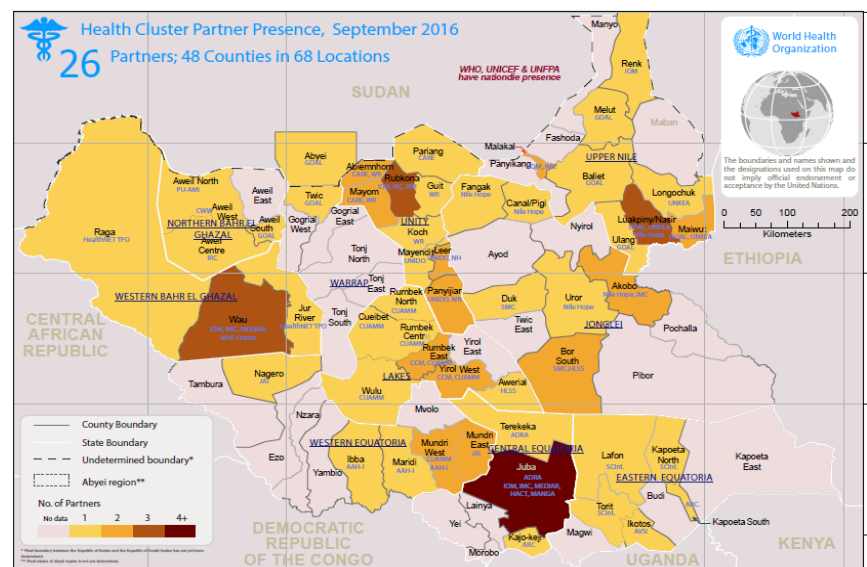
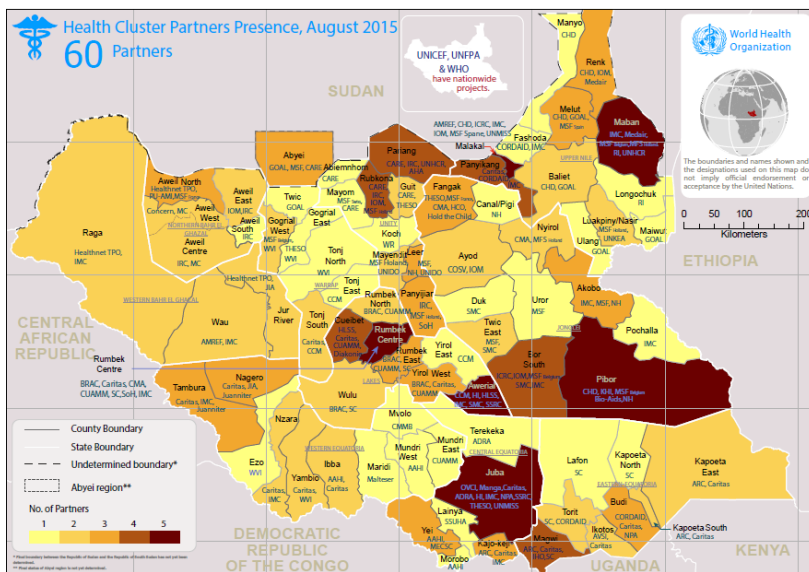
- With the limited availability of essential medicines and medical supplies in field sites, WHO and partners are supporting MOH and some partners with medical supplies including essential medicines, LLINs and laboratory reagents available on pipelines in Juba. However, transportation remains a key challenge to field sites as access via air or road isn't possible at times.

Health Cluster Action

Health cluster coordination

- WHO continues to lead the coordination of health activities in collaboration with the Ministry of Health. In line with the current cholera outbreak, rapid response mechanisms and surge teams deployed by coordination have been able to rapidly respond in identified hotspots to cater for patients, conduct rapid assessments and to mitigate spread.
- The health cluster has coordinated with WHO and partners like MSF-F, IOM, GOAL and MoH to program a measles vaccination in the Abyei administrative state. This campaign is scheduled to commence from the 6th of October 2016.
- The health cluster, WHO, MoH and WASH counterparts are working together to support MSF-F and partners present in Fangak county (Western Bieh State) to respond to the cholera situation confirmed in Fangak.
- As shown below, recent data from the Health Cluster indicates that, only 26 out of the 60 health partners are reporting into the IDSR and EWARNS. Some partners are operating in multi-location within the same state whilst other partners are present in more than one state. Juba has the highest number (6) of partner presence, followed by Wau (4) and Rubkona (3) counties. Majority of the counties have at-least one or two partners responding to humanitarian needs. Some Counties in Warrap, Western and Eastern Equatorial States indicates no partner present. These could be related to lack of data from these counties. The map below show the concentration of partners in the different states after the current crises 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

Support to health service delivery

- To improve surveillance and response at the state level, WHO through its state hubs in Torit, Wau, Kuajok, Rumbek, and Aweil, is supporting training and providing guidelines to the healthcare workers of the ministry and partners on integrated disease surveillance and response (IDSR) and EWARN to enhance capacities for case detection, initial verification, and reporting.
- To enhance capacities for outbreak investigation and response, WHO has deployed rapid response teams to support the cholera response in Jubek, Duk Islands, Mingkaman, and Nimule.
- UNICEF continues to support the cholera response across all the affected states leveraging technical and operational capacity across all relevant sectors of Health, WASH, and communication. The support focuses mainly on community level interventions while filling supply gaps at the referral facility level to address the whole continuum of care. In Juba, the UNICEF-supported ORPs continue to manage patients at the community level through implementing partners (HLSS, LIVEWELL, and ACROSS). In Mingkaman, 2 additional ORPs have been set-up since last report while in Nimule, 1 ORP with 2 hand washing facilities set-up at the border point.. Thus far, 962 patients have directly benefitted from this support at the ORP level since the beginning of the outbreak.
- WHO continues to support the nationwide specimen referral system for timely confirmation of disease outbreaks. WHO in collaboration with the state rapid response teams, UNHAS and partners facilitates and supports the shipment of biological samples to the national public health laboratory and WHO international collaborating laboratories for confirmatory testing.
- WHO is currently co-chairing the national cholera, malaria, and kala azar taskforce committees in fulfilment of its mandate of providing regular situation updates and supporting the timely implementation of recommended public health interventions in affected and at risk populations. CUAMM continues to support health service delivery through provision of drugs, health system strengthening through CHD's mentorship, ensuring referral system, providing on-the-job training as well as conducting supportive supervision in Cueibet, Wulu, Yirol West, Rumbek North, Rumbek East and Rumbek Center, Lakes state and Mundri East, Western Equatoria state.

Health facilities

- GOAL continue to provide health and nutrition services in Maiwut, Melut and Ulang counties, Upper Nile state as well as in Agok and Twic counties, Warrap state, with a special focus on reproductive health, EPI, outpatient consultations, drug provision, case management, community sensitization and awareness creation on early health seeking behaviour with special focus on Malaria upsurge in all sites and kala-azar in Upper Nile state as well as screening and admission for case management.

Community level

Provision of essential drugs and supplies

- To fill critical gaps in essential medical supplies and services delivery:
 - WHO has prepositioned outbreak investigation and response kits for malaria, cholera, kala-azar, medical complications of acute malnutrition, suspected hemorrhagic fevers and meningitis at its state hubs in Juba, Bor, Rumbek, Wau, Aweil, Bentiu, Malakal, Torit, and Yambio. These supplies have been used to promptly respond to emerging outbreaks and humanitarian emergencies countrywide.
 - UNICEF provided CTC beds, DDKs, tents, WASH supplies and IEC materials to implementing partners to set-up Oral Rehydration Points in Terekeka, Bor and Duk counties. In an effort to control malaria in the more severely affected areas of NBeG, UNICEF has distributed 13 081 LLINs to households with children under 5 years, pregnant women and other vulnerable groups. In addition, UNICEF and IRC conducted outreach activities in Malualbai, Mangok, Baac Mayom and Warlang Garam payams. During the campaign, a total of 7 631 consultations conducted in Aweil Center and 1 487 in Awiel East.
 - To scale up the response in Jonglie state to address disease outbreaks and the deteriorating nutritional status of children and women, Christian Mission Aid (CMA) donated lifesaving medical supplies to remote areas of Juaibor, Keew and Lankien, Jonglie state. The supplies included plumpy nuts (180kgs), a high energy biscuit for nutrition program, medicines (145 kgs) to Jaibour county, plumpy nuts (180kgs) and lifesaving medicines (140 kgs) to Keew County and Kalazar drugs (12 kgs) to Chuil Primary Health Care Cente. In addition, while in the field, the flight assisted in moving 300 kgs of assorted medicines from Juaibor to Keew Primary Health Care Center

Child health: Vaccination

- WHO to support the monitoring and supervision of outreach routine immunization services using senior supervisors from partners and MOH. With funding's gotten from the MRI/WHO plans are underway to conduct targeted and reactive campaign in assessable areas. Currently a team from WHO, MOH and AFENET with support from WHO are investigating and responding to measles outbreak in Ayok.
- WHO continues to support the country to plan for two rounds of SIAs in November and December 2016 in all states of the country.
- WHO with funding from GAVI TCA has continued to give technical and financial support, to the MoH at all levels especially with the recent implementation of outreach approach for routine vaccinations, a total of 103,019 children have been immunized with Pentavalent 3 vaccine in South Sudan.
- UNICEF continues to support partners in the delivery of routine and supplementary immunization activities through provision of vaccines and related supplies, cold chain equipment (including installation, maintenance and repair) and social mobilization support. Through routine immunization services, 1,635 and 1,352 children were vaccinated with at least 3 doses of oral polio vaccine and pentavalent vaccine, respectively. 1,778 children were given measles vaccine and 2,782 women were given Tetanus Toxoid. Through Supplemental Immunization activities, 2,403 and 1,348 children were given polio and measles vaccine, respectively, in the Protection of Civilian sites.

Reproductive Health: Safe delivery and HIV and sexually transmitted infections

- UNFPA and its partners continue to deliver humanitarian interventions in both gender based violence and reproductive health services in Bentiu, Unity state, Wau, Western Bahr el Ghazal state and Malakal, Upper Nile states. Over the last weeks, UNFPA assisted a total of 88 deliveries and 368 mothers have received antenatal care in Bentiu, Wau and Malaka; 161 women have received family planning services in Wau, Bentiu and Malakal as well as provided traing to 16 midwives on management of post-partum hemorrhage in Wau.
- UNICEF continues to support pregnancy care with 1,364 of pregnant women having completed the 4 antenatal care visits in the reporting period. This brings the total number to 27,127 pregnant women for 2016. Meanwhile, 1,007 pregnant and lactating women have been counselled and screened for HIV, of which 36 were positive and 23 were subsequently started on anti-retroviral

treatment (ART). Cumulatively, 23,427 women have been screened for HIV in 2016 which comprise 66% of the target for this year. Finally, a total of 690 deliveries have been attended by skilled birth attendants bringing the total to 13,066 for this year.

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