



HEALTH CLUSTER BULLETIN # 4
06 September 2016



A mother delivered in Cathedral IDP camp IOM clinic. Photo: IOM©

South Sudan

Emergency type: Complex Emergency
 Reporting period: 24 August – 06 September 2016



HIGHLIGHTS

- ❖ Rapid Response team deployed to address the escalating Kala-azar trends in designated treatment centres. The team was deployed to enhance surveillance, support diagnosis and treatment, retrain health workers as well as stockpile diagnostic kits and case management supplies.
- ❖ Since the beginning of 2016, a total of 1 628 cases of suspected measles cases including at least 19 deaths (CFR 1.17%) have been reported. Ongoing response to laboratory confirmed measles outbreaks in 12 counties has reached 181,694 children 6 – 59months above the target of 161,990.
- ❖ 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.
- ❖ Increased morbidity and mortality from TB/HIV/AIDS has become a rising concern country wide. Overall, Bentiu, Unity state registered the highest number of deaths followed by Malakal and Juba PoC.

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		
	48	INTER-AGENCY EMERGENCY HEALTH KITS
HEALTH FACILITIES		
	1 392	TOTAL NUMBER OF HEALTH FACILITIES
	6%	DAMAGED/LOOTED/ NOT FUNCTIONAL **
HEALTH ACTION		
	3 692 876	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

- The overall security situation in the country remains volatile and unpredictable. While it was generally calm in Juba, armed conflict was reported in Upper Nile, Jonglei, Unity, Western Equatoria, and Central Equatoria States.
- Humanitarian action in South Sudan is making a difference, but with renewed and increasing violence in some areas, delivering lifesaving health services to populations and accessing the affected areas is becoming more and more challenging as many are fleeing their homes in to the bush and swamps.
- In addition to the continued inaccessible areas due to conflict, the unfavourable economic conditions is affecting delivery of goods to Juba which is likely to result in further scarcity of commodities and increase in prices. This is projected to further influence an increase in crimes against international organizations and personnel, who are seen as high value soft targets; increase of harassment comprising of extortion and physical assault/violence against personnel; all resulting to increase in financial loss and stress on individual personnel involved; with the potential to affect productivity and programme delivery.
- An emergency taskforce formed in Northern Bahr el Ghazal state to respond to the current food insecurity and malnutrition situation as well as to the upsurge of malaria cases.
- Routine immunization is on-going in all the states supported by WHO, MOH and partners with emphasis on outreach services as the populace are no longer in their homes. The activity is funded through GAVI.

Public health risks, priorities, needs and gaps

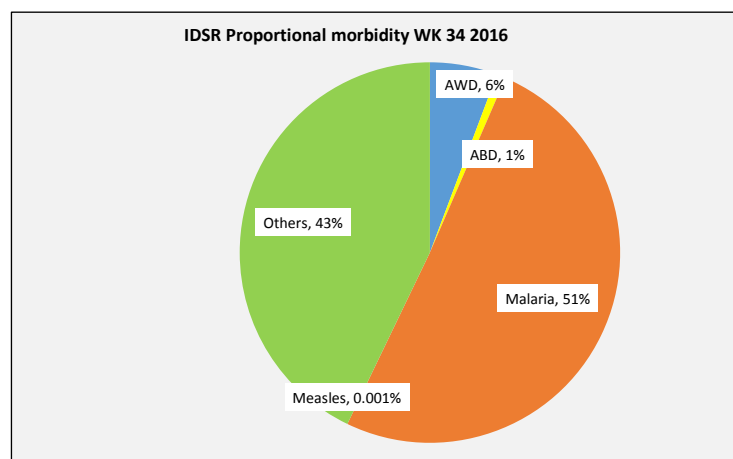
- The emergence of new infectious diseases and the resurgence of diseases previously controlled by vaccination and treatment are creating unprecedented public health challenges. Nearly 60 counties had increasing or more than expected cases for malaria.
- The number of malaria cases continues to rise across the country with high numbers of cases reported in Western Lakes, Eastern Lakes, Gok, Aweil, Aweil East, Lol, Gogrial, Tonj, and Twic states.
- Rapid Response team deployed to address the escalating Kala-azar trends in designated treatment centres. The team was deployed to enhance surveillance, support diagnosis and treatment, retrain health workers as well as stockpile diagnostic kits and case management supplies.
- At week 34, 10 new AFP cases reported from 6 states with cumulative number of 216. The AFP case was considered as an event; hence surveillance continues to be enhanced.
- Enhance cholera control interventions in areas with persistent transmission and emerging transmission hotspots in Juba.
- Support the referral of cholera patients in the night in Juba where suspect cholera deaths have been reported in the recent weeks.
- Enhance IDSR and EWARN surveillance to detect, investigate and respond to emerging and ongoing outbreaks countrywide.
- Avoid stock outs of malaria medicines and commodities. County health departments in areas affected by malaria upsurge need to be supported by partners and fund managers to report malaria medicine and commodities stock levels to the National Ministry of Health on a weekly basis.
- Training of health providers on kala azar diagnosis and case management in areas with high incidence.

Communicable diseases

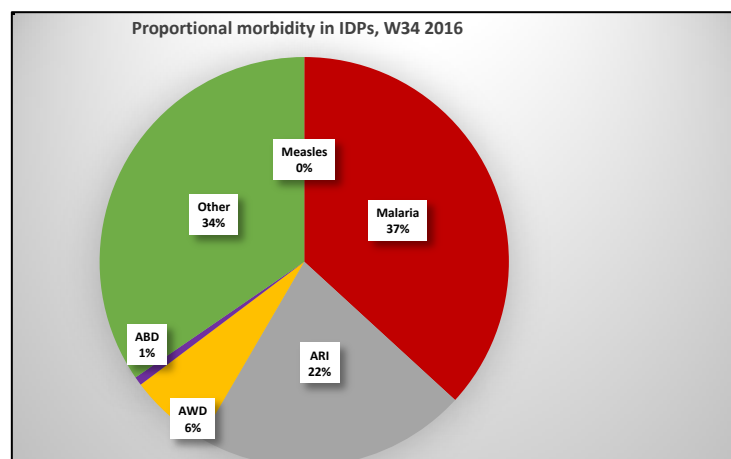
- Completeness of reporting rates in non-conflict affected and conflict affected areas were 38% and 64% respectively. Malaria currently accounts for 51% of consultations in nonconflict-affected areas and 37% in IDP areas as shown in the diagram below. Malaria cases in nine states, namely: Twic, Gogrial, Tonj, Rumbek, Western Lake, Eastern Lake, Aweil, Aweil East, and Lol exceeded expected levels in the week. At least 31 counties countrywide have registered increasing or more than expected levels of malaria cases.

- While malaria cases have declined in Bentiu PoC in response to ongoing interventions by partners, corresponding interventions are being implemented to strengthen partners capacity to respond in Twic, Gogrial, Tonj, Warrap state, Rumbek, Western Lake, Eastern Lake, Lakes state and Aweil, Aweil East, and Lol, Northern Bahr el Ghazal state where malaria cases have already exceeded expected levels.
- 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

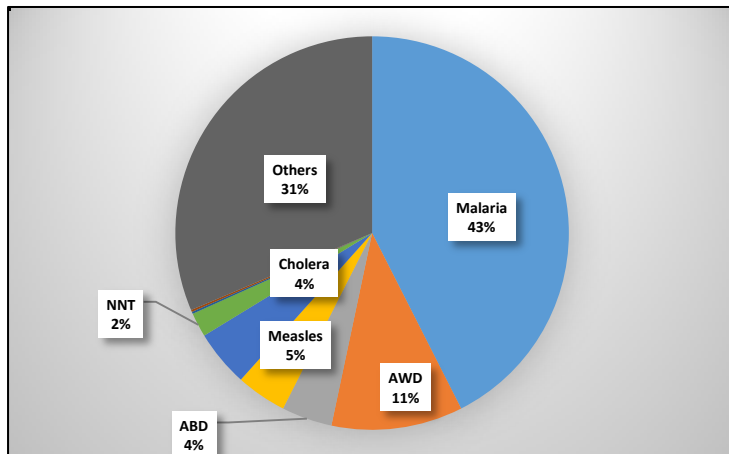


Conflict areas

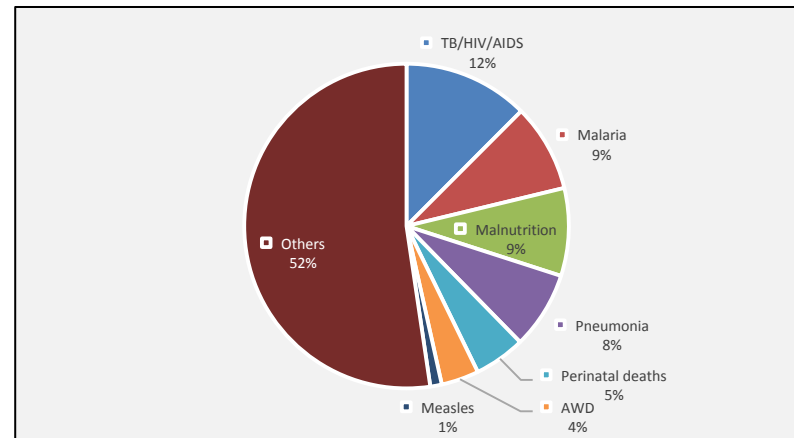


- Since the beginning of 2016, a total of 1 628 cases of suspected measles cases including at least 19 deaths (CFR 1.17%) have been reported. Laboratory confirmed measles outbreaks in 12 counties have been responded to reaching 181,694 children 6 – 59months above the target of 161,990. A country wide measles campaign is planned for October 2016 with only 50% of budgeted funds available. Preparations towards it have been disrupted by the current crisis. The MoH however intends to reactivate resource mobilization for the follow-up campaign through the Inter-agency Coordinating Committee.
- A cholera outbreak was reported in the Jubek, Terekeka, Eastern Lakes, Imatong, and Jonglei states. Surveillance data obtained from the MoH shows increasing cases of cholera. As of 14 September 2016, a total of 1 962 cholera cases including 31 deaths (CFR 1.58%) have been reported in Jubek, Terekeka, Eastern Lakes, Imatong, and Jonglei . In Juba County, 1 724 cases including 12 deaths (CFR 0.69%) have been reported from Gorom, Khor William, Juba Na Bari, Giada, Lologo, and UN House. In Duk County, 77 suspected cases including eight deaths (CFR 10.39%) have been reported from Kawer, Long, and Moldova islands. In Terekeka, 20 cases including five deaths (CFR 40%) have been reported. In Awerial, Eastern Lakes, 114 cases including two deaths (CFR 1.75%) have been reported from Mingkaman IDP settlement area. In Pageri, Imatong 27 cases and one death (CFR 3.70) have been reported. Currently, the Juba Teaching Hospital has been designated as a CTC, with a total of 13 new suspected cholera cases reported in Juba on 14 September 2016. A new CTC has been set up in UN House to receive cholera cases. Cholera cases have been confirmed in Nimule, a town located in Magwi County, Central Equatoria state. The confirmation of cholera in Nimule calls for a coordinated cross-border response and enhanced cholera preventive and readiness activities.

Death in Non-conflict areas (n = 602)



Death in Conflict areas (n = 961)



- Increased morbidity and mortality from TB/HIV/AIDS has become a rising concern country wide. Overall, Bentiu, Unity state registered the highest number of deaths followed by Malakal and Juba PoC. Discussions are ongoing to scale up the management of PLWHIV and TB through regular programming
- During 2016, the most common causes of death in under five were severe pneumonia, medical complications of malnutrition, severe malaria and perinatal complications.
- As of week 34, a total of 216 suspected cases of AFP have been detected and 10 cases were investigated countywide in week 34. Currently the state NPAFP rate is 4.0/100, 000 for under 15 years with a stool adequacy of 92%, compared to 95% for 2015.

Reproductive health

- SGBV threaten the psychological well-being of survivors and their families, diminish survivors' caregiving abilities and potentially reduced their capacity to engage in economic pursuits.

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 is also placing pressure on humanitarian partners.
- The provision of health services in the facilities has faltered as main operational partners scaled down either due to funding or for security reasons.

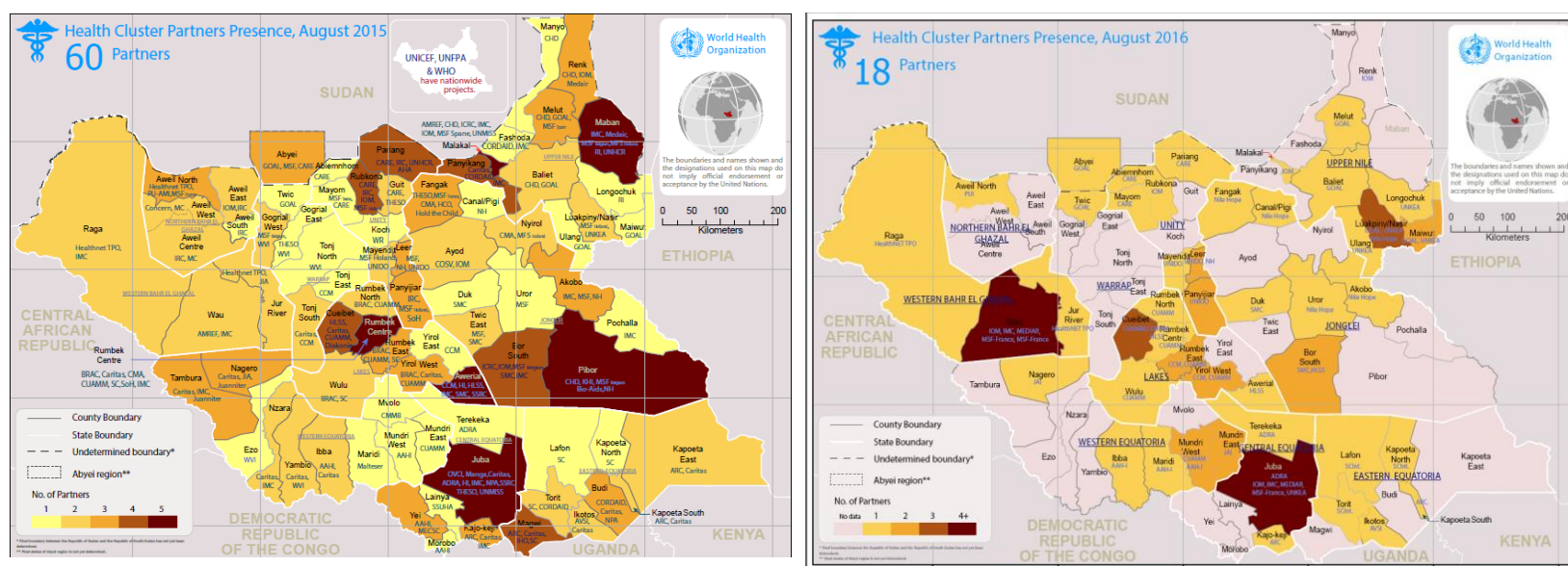
Availability of essential drugs, vaccines and supplies

- With the limited availability of essential medicines and medical supplies in field sites, WHO and health partners are supporting MOH and some partners with medical supplies including essential medicines, LLINs and laboratory reagents available on pipelines in Juba. However, the movement of medicines/supplies from Juba to the states remains challenging and priority for field interventions. 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 continue 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.
- Currently, the cluster is working on the Mid-Year Review (MYR) for the Humanitarian Response Plan (HRP) to establish and document the response requirements for the next six months.
- With the upsurge in malaria cases across several counties in South Sudan, the Health Cluster and MoH have been able to activate the malaria technical working group to coordinate a response. The national malaria strategy is being revised and a response plan has been developed for former states reporting a high malaria caseload.
- In order to encourage a multisectoral response and to reduce morbidity/mortality among vulnerable populations and especially in children, an integrated approach is being fostered by partners of the Health, Nutrition, FSL and WASH cluster to use a one-stop-shop approach to meeting a maximum number of beneficiaries across all interventions in Northern Bahr el Ghazal and other counties.
- As shown below, recent data from the Health Cluster indicates that, only 18 out of the 60 health partners are still in country with limited number of staff and are currently responding to the humanitarian crises under challenging circumstances. 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

- WHO and partners finalized forecasting malaria commodities and identified counties reporting excess cases. In addition, WHO contributed air lifting of all medicines to the identified counties.
- 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 by working closely with the MoH, WHO, and eight implementing partners, namely Health Link South Sudan (HLSS), International Medical Corps, ACROSS, LIVEWELL, BEDN, Sudan

Medical Care, RUWASSA, and ARUDA. The support focuses primarily on an integrated community level intervention that includes case management at the Oral Rehydration Points and establishment of an effective referral pathway to a higher level facility, water, sanitation, and hygiene (WASH) interventions that include provision of safe water either by water trucking or establishment of water points, garbage and sewage collection, and construction and repair of latrines mainly at the IDP settlement areas, and aggressive social mobilization and community sensitization activities in areas where there is active transmission and in other high risk areas.

- 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.
- As part of the cholera response, UNICEF provided training of trainers to 150 teachers on cholera awareness and prevention.

Health facilities

- As part of its primary health care services, Action Africa Help (AAH) provided training on child spacing/family planning as well as monitoring and evaluation. In addition, AAH conducted supportive supervision and on the job training in Rastigi PHCU, Mboroko PHCU and Prison PHCU , Maridi county, Western Equatoria state and installed drug shelves and pallets in the central drug store of the county health department.
- 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, 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 three tents to Health Link South Sudan (HLSS) to set-up Oral Rehydration Points in Mingkaman IDP camp. In addition, UNICEF provided 30 000 aquatabs, 43,000 ORS, 12,000 soaps, and 23,000 PuR.
 - To scale up the response in Northern Bahr el Ghazal to address the deteriorating nutritional status of children and reinforce malaria interventions, UNICEF has deployed a multi-sectoral team on the ground (Nutrition, Health, and WASH). UNICEF prepositioned over 250 000 doses of malaria drugs including 90 000 malaria diagnostic tests. In addition, UNICEF distributed a total of 22 341 LLINs over the last three weeks.

Child health: Vaccination

- WHO to support the monitoring and supervision of outreach routine immunization services using senior supervisors from partners and MOH.
- IOM continue to provide routine immunization to children below one year, pregnant women as well as women of reproductive age in Wau town, Western Bahr el Ghazal state. Over the last two weeks, a total of 471 children received vaccination of their age, 219

pregnant women and 492 non pregnant women received TT vaccination.

- To improve child health, 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. UNICEF's immunization services is channeled through partners like Magna, International Medical Corps, World Relief, Care International, Core Group, COSV, UNIDO, HLSS, World Vision, and Africa Humanitarian Action. Over the past period, a total of 1,701 children received at least three doses of pentavalent vaccine, 1,279 received the Inactivated Polio Vaccine (IPV), 1,994 received measles vaccine as well as 1,517 pregnant mothers received at least two doses of tetanus vaccine. In addition, over the last eight months a total of 312,491 children immunized against measles in Bentiu PoC, Unity state and Malakal, Upper Nile State.

Reproductive Health: Safe delivery and HIV and sexually transmitted infections

- IOM is providing primary health care (PHC) services in the three clinics through the rapid response team in Wau town, Western Bahr el Ghazal state. The services include reproductive health activities (antenatal care-ANC, postnatal care, family planning and facility based deliveries). Over the last three weeks, a total of 372 mothers have received ANC services with 97 mothers were counselled and tested of HIV under Prevention of Mother to Child Transmission (PMTCT). In addition, IOM conducted 43 deliveries (with no maternal death) and also 102 mothers received family planning services.
- With support from UNICEF, a total of 6,705 pregnant women were provided antenatal care services, with 1,765 (26%) completing the recommended number of visits (4 or more). In addition, a total of 711 deliveries were assisted by skilled birth attendants and 950 mothers and newborns attended postnatal visits. Meanwhile, 1215 pregnant and lactating women have been screened and counseled for HIV bringing the total to 21,230 for this year.

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