



A MAGNA staff vaccinates a child against measles. Photo: MAGNA©

HEALTH CLUSTER BULLETIN # 7
26 October 2016

South Sudan










Emergency type: Complex Emergency
 Reporting period: 12 – 26 October 2016



HIGHLIGHTS

- ❖ The recent skirmishes in South Sudan particularly in the Greater Equatoria's and Upper Nile regions, is jeopardising urgently needed healthcare services reaching the affected population. Health cluster partners in these locations have raised serious concerns about the difficult access in these regions to deliver lifesaving healthcare services.
- ❖ The cholera outbreaks remain confined to 8 states. As of 31 October 2016, a total of 2 727 cholera cases including 38 deaths (24 facilities and 14 community) (CFR 1.39%) were reported in South Sudan.
- ❖ In response to a confirmed measles outbreak in Abyei administrative area, IOM in collaboration with the Health Cluster, MoH, WHO, Goal, Médecins Sans Frontières and UNICEF conducted a mass measles vaccination campaign from 10-17th October 2016 and reached more than 21 500 children between the ages of 6 months and five years.
- ❖ The Health Cluster engaged in discussions on the Humanitarian Planning Cycle for 2016. This was followed by a coordinated planning to formulate strategic objectives for Health Cluster to define the population targeted for 2017, indicators and priority locations. This year, the health cluster partners are developing the 2017 health cluster strategic objectives based on three strategic areas: saving lives and alleviating suffering; protecting rights and dignity of persons and helping communities to cope and protection.

HEALTH SECTOR

	29	HEALTH CLUSTER PARTNERS CURRENTLY OPERATING IN SOUTH SUDAN
	67	PARTNERS AFFILIATED WITH THE HEALTH CLUSTER IN SOUTH SUDAN
MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS		
	160	IEHK BASIC UNITS
HEALTH FACILITIES		
	1 392	TOTAL NUMBER OF HEALTH FACILITIES
	6%	DAMAGED/LOOTED/ NOT FUNCTIONAL **
HEALTH ACTION		
	5 116 806	CONSULTATIONS*
VACCINATION AGAINST		
	69 039	ORAL CHOLERA VACCINE
	181 694	MEASLES
EWARN		
	58	EWARN SENTINEL SITES
FUNDING \$US		
	34	% FUNDED
	\$110M	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 request.

Situation update

- The security situation across several states has been tense and unpredictable. The dynamic nature of the conflict has resulted in constant movement of civilians as they attempt to escape conflict-affected locations. The conflict constantly challenges the already stretched health care system functionality with limited funding.
- The recent skirmishes in South Sudan particularly in the Greater Equatoria's and Upper Nile regions, is jeopardising urgently needed healthcare services reaching the affected population. Health cluster partners in these locations have raised serious concerns about the difficult access in these regions to deliver lifesaving healthcare services.
- As a response to most unconfirmed threats, most NGO's operating in the some regions relocated aid workers belonging to tribes in the Greater Equatoria and this has greatly affected the health humanitarian response programming of these partners in the concerned regions.
- Compromised delivery of services due to security and access challenges along with funding uncertainty and non-availability of partners in conflict affected areas hindered health project implementation and continuity.

Public health risks, priorities, needs and gaps

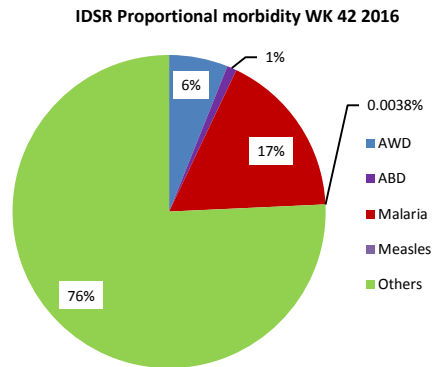
- Cholera, Malaria, TB/HIV/AIDS, and Measles remain the major public health concerns in the locations along the Nile River, in IDP locations and surrounding host communities.
- Health conditions in South Sudan remain precarious with some 1.6 million people displaced and 4.8 million people food insecure. After the July 2016 crisis, health facilities have either reduced their services or closed due to lack of funding or insecurity, while those that remain open struggle to meet the health needs of those in need.
- An estimated 450 000 children 0 – 59 months are at risk of polio. To ensure that a higher proportion of the populations are continuously protected two rounds of supplementary immunization activities (SIAs) are planned for November and December 2016. Preparations (cold chain inventory, robust supervision plan, partner's engagement, fund disbursement) for the November campaign are in the final stage.
- 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.
- Primary Health Care services including immunization to host communities, re-establishing cold chain facilities and WASH intervention are of paramount importance in hard-to-reach areas including Islands in the Jonglei state.

Communicable diseases

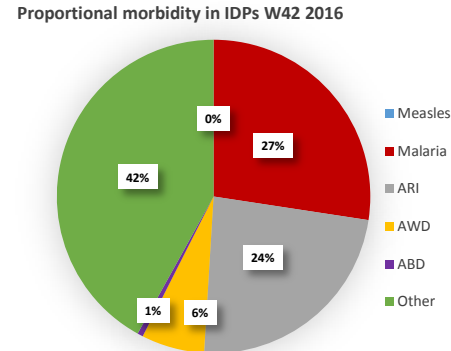
- Completeness of reporting rates in non-conflict affected and conflict affected areas were 37% and 78% respectively. Malaria remains the top cause of morbidity and currently accounts for 17% of consultations in non-conflict affected areas and 27% in IDP areas respectively as shown in the diagram below. In week 42, the malaria trends have either returned to normal or are slowly returning to normal.

Morbidity statistics as of week 42 of 2016

Non conflict areas

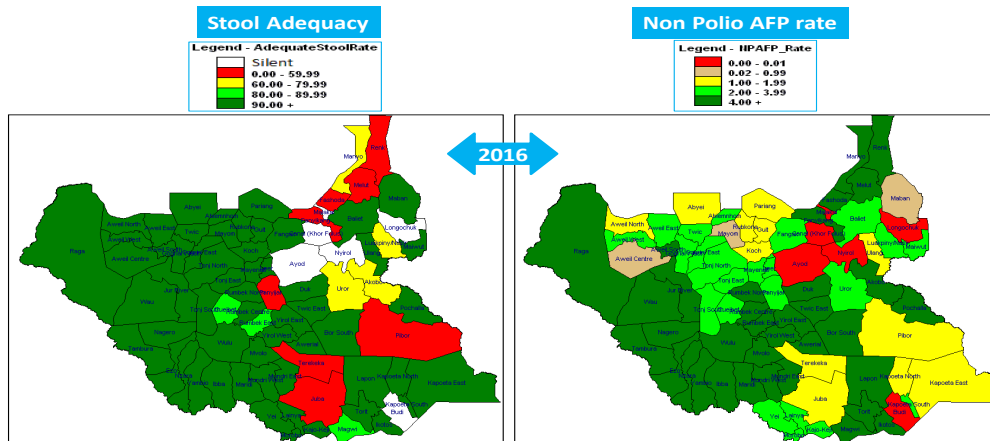


Conflict areas



- Since the beginning of 2016, a total of 1 791 cases of suspected measles cases including at least 19 deaths (CFR 1.06%) were reported (IDSR). The laboratory confirmed measles outbreaks in 12 counties have been responded to reaching 181,694 children 6 – 59 months. Within the last two months, two outbreaks of measles in Abyei and Gogrial West have been confirmed and responded to in county-wide campaigns led by the health cluster with the support of MoH, WHO, IOM, GOAL, UNICEF and MSF.
- The annualized Reporting rate of Non-measles Febrile/rash illness per 100,000 population 2.10/100,000 (Target $\geq 2/100,000$ population).
- The sensitivity of AFP surveillance indicators were achieved with NPAFP Rate and stool adequacy rate standing at 4.1 per 100,000 <15yrs and 93% respectively. This indicates that the major surveillance indicators are above the international threshold.

Stool Adequacy & Non-Polio AFP Rate by year (2nd Administrative level-Counties), 2015-2016*



*As of epidemiological week 43/2016

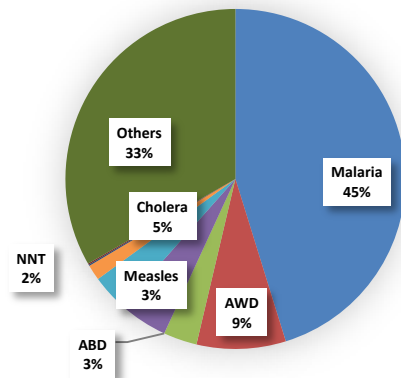
- Immunity profile for all the reported cases (0-59) months showed 84% received more than four doses of OPV. In the third quarter annualized penta3 registered 40% coverage a slight increase from the second quarter (34%).
- The cholera outbreaks remain confined to 8 states including; Imatong, Eastern Lakes, Jubek, Terekeka, Jonglei, Western Bieh, Southern Liech and Northern Liech. As of 31 October 2016, a total of 2 727 cholera cases including 38 deaths (24 facilities and 14 community) (CFR 1.39%) were reported in South Sudan. Most of the cholera cases were reported in Juba County where a total 1 952 cases including 14 deaths (CFR 0.72%) were registered. Currently, active transmission is occurring in Bentiu PoC and Old Fangak. Response in Ayod, Leer, and Mayendit has been constrained by security concerns.
- In week 42 of 2016, six counties in the non-conflict affected areas reported 10 deaths, five of which were attributed to malaria. In

the conflict affected areas, three IDP sites (Akobo, Bentiu, and Juba 3) reported a total of 12 deaths.

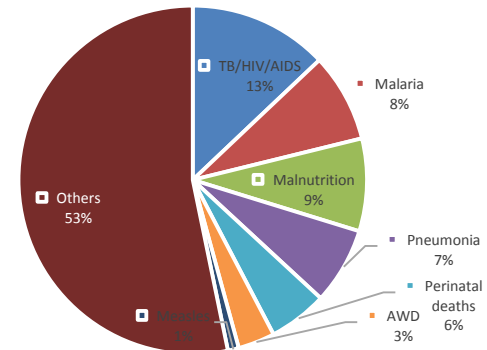
- Increased morbidity and mortality from TB/HIV/AIDS in the IDPs has become a rising concern country wide. Overall, Bentiu PoC, registered the highest number of deaths followed by Malakal PoC and Juba PoC.
- During 2016, the most common causes of death in under-five were severe pneumonia, medical complications of malnutrition, severe malaria and perinatal complications. The crude and under five mortality rates remain within the emergency threshold.

Mortality statistics as of week 42 of 2016

NON-CONFLICT AREAS

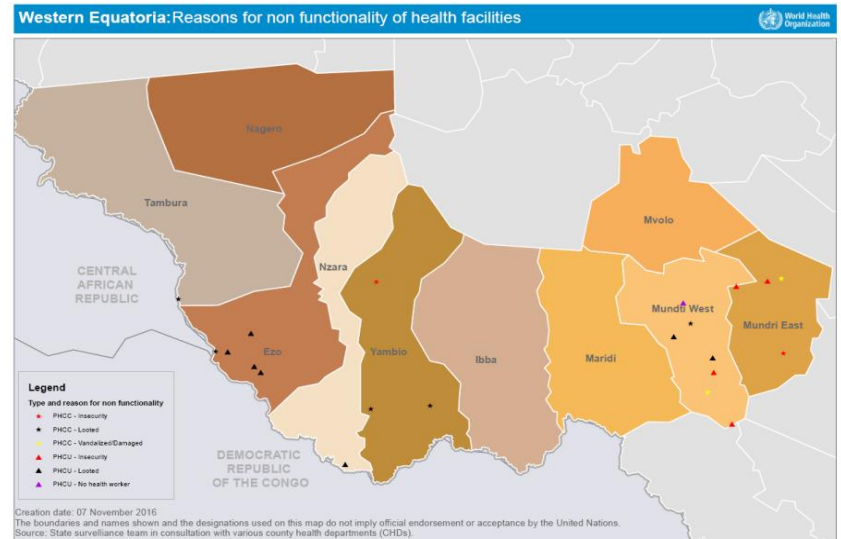
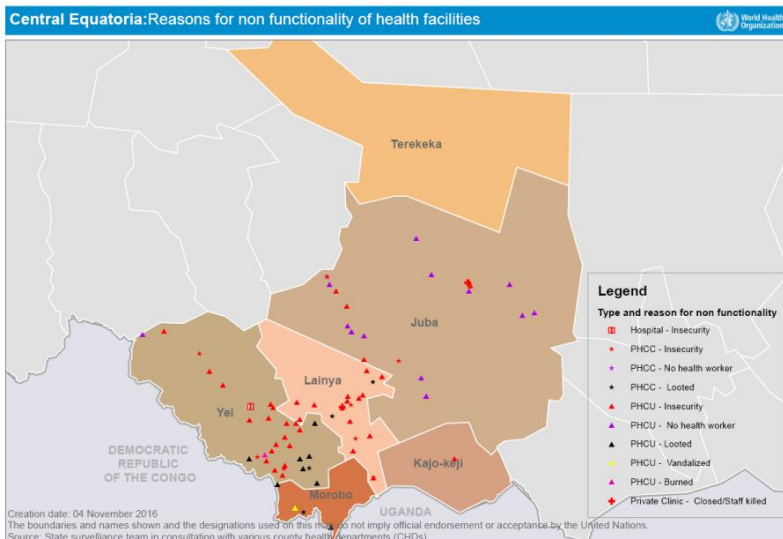


CONFLICT AREAS



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 the 19 partners reported to have 1 201(26% Nurses, 21% drug assistants, 0.17% Gynaecologist, 0.25% surgeons and 1.42% medical doctors) health staff in 47 counties of the country.
- As shown below, data from state surveillance team in consultation with various county health departments (CHDs) in the former Central and Western Equatoria states, indicates that some health facilities are non-functional, due to conflict related destruction, damage and closure and are unavailable to provide primary health care services.



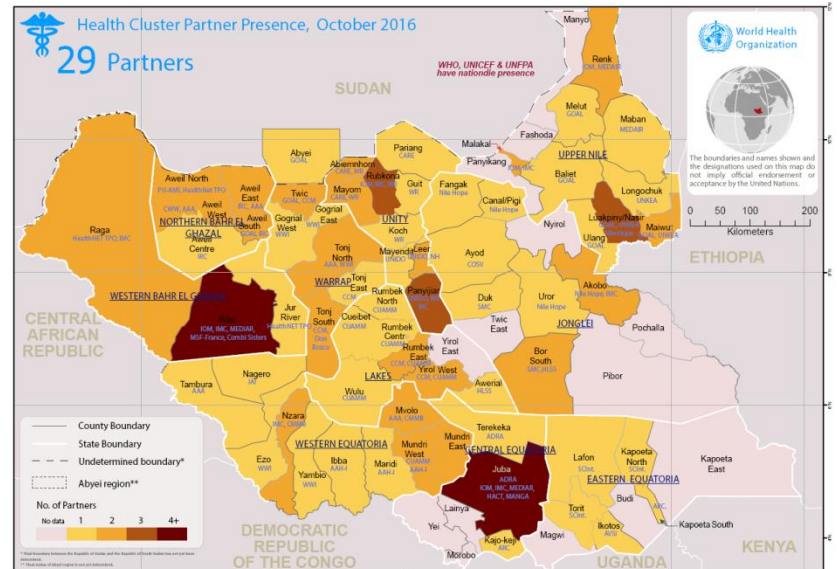
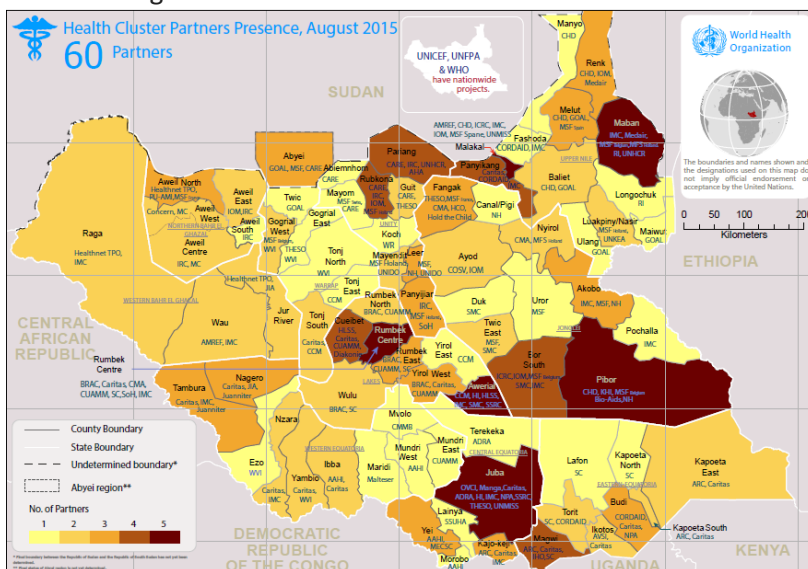
Availability of essential drugs, vaccines and supplies

- 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 coordinated planning with Health Cluster Members and the HC Strategic Advisory Group (SAG) to formulate strategic objectives for Health Cluster to define the population targeted for 2017, indicators and priority locations. This year, the health cluster partners are developing the 2017 health cluster strategic objectives based on three strategic areas: saving lives and alleviating suffering; protecting rights and dignity of persons and helping communities to cope and protection.
- Currently, the health cluster coordinates the humanitarian health response of over 25 partners in South Sudan. Regular meetings, continuous updates on health status, needs assessments and response to service provision gaps are some of the activities of the cluster. Inter-cluster coordination is active and promotes collaboration with other clusters particularly WASH, Nutrition and Protection. Since July 2016, lifesaving health care services have been delivered to over 5 116 806 people.
- As shown below, recent data from the Health Cluster indicates that, only 29 out of the 60 health partners are reporting to 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

- To reinforce the integrated approach for the cholera response, WHO and partners trained volunteers from local NGOs running ORPs in Juba. The volunteers will be deployed for targeted vaccination campaign with OCV to vaccinate the affected household and the household in neighbouring areas.
- To enhance capacities for outbreak investigation and response, JDF setup ORP site with support from WHO and UNICEF. Besides JDF in collaboration with the Health Cluster and MoH delivered drugs to Kayoom Island PHCC to ensure the availability of essential medicines after curative consultations.

Health facilities

- To enhance the knowledge and skills of the health workers, WHO trained 22 healthcare workers on cholera management in

Mingkaman. The technical exchange, coordination, and cooperation on cholera-related activities strengthens the county's capacity to prevent and control cholera.

- Through the Health Cluster, GOAL secured antimalarials from WHO for the response to the upsurge of malaria cases in Northern regions of South Sudan. During the reporting period, Goal worked in collaboration with WHO, MoH and Carter centre to trace Guinea worm cases in Nyarkueth village in Ulang County, Upper Nile. Besides, the response to the upsurge of kala azar cases is ongoing.

Community level

- To enhance access to information and to actively participate in detecting, reporting, responding and monitoring disease and health events in the community, WHO trained 20 community volunteers in Mingkaman. The volunteers commissioned to serve as the Boma health teams.
- JDF continues to provide primary health care and health education services in 3 Health facilities of Duk Hospital, Poktap PHCC and Koyoom Island PHCC. During the reporting period a total of 5,381 people (3,380 Female and 2,001 Male) were reached with health education services to create awareness about the importance of early health-seeking behaviors and uptake of immunization services.

Provision of essential drugs and supplies

- To fill critical gaps in essential medical supplies and services delivery:
 - In response to the urgent health care needs in conflict affected areas , WHO provided 220 Cary Blair medium with collection swab, 153 boxes of Cholera Test Kit, 3 Diarrheal Disease Kits complete, 3 Interagency Emergency Health Kits, 3 Supplementary Unit kits, 160 IEHK Basic Unit Kits, 61 Supplementary Malaria Module, 33 Anti-Malaria Basic Module, 546 boxes of Malaria rapid test (adequate to test 13 650 patients), 7 SAM kits (adequate to treat 350 children with medical complications), 2 Trauma kits (type A and B), 49 Blood sample collection kits, 45 boxes of IV Giving set, 70 boxes of 10ml Syringes, 1 400 boxes of ORS, 91 ORS Module kits and 1 075 boxes of anti-malaria drugs (adequate to treat 4 375 Infants, 15 750 Children and 6 650 Toddler's). These have been delivered to the implementing partners and health facilities in the areas of Southern Unity, Northern Jonglei, Yei River state, Awiel and Jubec state These kits are adequate to treat a population of about 160 000 for a period of three months for common but potentially fatal illnesses.



Child health: Vaccination

- JDF continues to provide routine Vitamin A and deworming to under 5 children in Duk County. Over the last 3 weeks, a total of 1,925 children got deworming tablets and vitamin A supplementation. Besides the mobile teams reached out a total of 2591 patients through healthcare services and vaccinated 281 children against vaccine preventable diseases and 47 women of child bearing age with Tetanus vaccine in Duk Lost Boys Hospital, Poktap PHCC and Koyoom Island mobile clinics.
- During the reporting period, MAGNA's response focused on immunization services and health education within UN House PoC site in Juba. Over the past two weeks:
 - Altogether 1 532 persons (1 342 children, 71 pregnant and 120 women of child bearing age) were immunized against vaccine preventable diseases. A total of 638 people (475 Female and 163 Male) were reached with health education services to create awareness about the importance of immunization and to improve uptake of immunization services.
- In response to a confirmed measles outbreak in Abyei administrative area, IOM with the support of the Health Cluster, MoH, WHO,

Goal, Medecins Sans Frontieres and UNICEF led a mass measles vaccination campaign from 10-17th October 2016 and reached more than 21,500 children between the ages of 6 months and five years.

- WHO in collaboration with health cluster partners and state Ministry of Health (SMOH), conducted a large mopping-up immunization activity from 26 to 30 October 2016 in Gogrial West County. The campaign reached over 24 000 children of 0 to 59 months.

Reproductive Health: Safe delivery and HIV and sexually transmitted infections

- JDF is providing Maternal Child Health (MCH) services in Poktap PHCC. 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 66 mothers have received ANC services with 28 mothers referred to SMC clinic for HIV/AIDS counseling and testing under Prevention of Mother to Child Transmission (PMTCT). In addition, JDF conducted 6 deliveries by skilled birth attendants (with no maternal death) while 28 mothers received LLITNs. Also 6 mothers received mama kits after delivery with 2 newborns attending postnatal clinic.

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