HEALTH CLUSTER BULLETIN # 2
28 February 2018

South Sudan
Emergency type: Complex Emergency
Reporting period: 1 – 28 February 2018

5.1 MILLION PEOPLE IN HEALTH NEED
2.4 MILLION TARGETED
1.9 MILLION DISPLACED
2.1 MILLION REFUGEES

HIGHLIGHTS

- Improving Health Access and Scaling up Responsiveness:
  Health cluster partners vaccinated over 21,000 children 6-59 months with measles vaccine.

- Emergency WASH in Health Facilities in Conflict Affected Locations
  20 Health cluster partners target 105 facilities to implement emergency WASH in health care facilities (HCFs).

- Quality Essential Clinical Health Services
  Health cluster partners conduct gender-based violence (GBV) safety audit through focused group discussions in priority locations.

- Health, FSL, Nutrition, WASH advocates discussion on famine reduction using integrated packages.

- Improving Resilience - Mental Health Response
  Health cluster partners assess Malakal PoC to strengthen MHPSS response.

- Humanitarian Development Nexus
  Health cluster and in country development partners continue to forge partnerships to improve health service delivery to vulnerable population.

HEALTH SECTOR

43
HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

230
EMERGENCY MEDICAL KITS (CORE PIPELINE)

360,000
MEASLES VACCINES

HEALTH CLUSTER ACTIVITIES

103,705
OPD CONSULTATIONS

VACCINATION

1,852,988
DOSES OF MEASLES VACCINE

EARLY WARNING ALERT AND RESPONSE NETWORK

42
EWARN SENTINEL SITES

FUNDING $US

130 M
REQUESTED

5.9
FUNDED

124.1 M
GAP
Key Context Update

- Armed conflict erupted in Unity and Upper Nile forcing UN Agencies and INGOs aid workers to suspend operations and relocate staff leaving around 20,000 IDPs without support.
- In February 2017, an influx of over 51,000 IDPs reported from Nhialdiu Payam and Duk Padiet.
- Directorate of international health and coordination has extended the deadline for partners to sign MoUs.
- Forces attack Modit Village of Uror County and totally looted and vandalized Modit PHCU.
- Bentiu facility continues to function at a minimal due to current staff issues.
- Health facility in Nhialdiu Payam looted and occupied by armed forces.

Public Health Risks and Key Gaps

Disease Outbreaks

- By the end of February 2018, timeliness and completeness were 61% and 73% at county level for IDSR reporting and 72% and 77% at the health facilities for EWARS/IPD reporting respectively.
- A total of 150 alerts have been reported countrywide since the beginning of 2018. At least 48% of these alerts have been verified with the most frequent being acute bloody diarrhoea 36 (26%), acute watery diarrhoea 33 (23%), and suspect measles 30 (21%).
- Malaria is the top cause of morbidity in the relatively stable states where it accounts for 37.3% of the consultations. However, among the IDP sites, acute respiratory infections (ARI) are the top cause of morbidity where they account for 25.7% of consultations followed by malaria with 17.5% of the total outpatient consultations.
- Foodborne disease outbreak – diarrhoeal disease event reported in Bor Town, Jonglei state. 434 cases including one community death (CFR 0.23%) were reported. Provisional test results suggest Salmonella species (further testing is underway). MOH and health cluster partners including WHO, UNICEF, ICRC, Doctors of the World, Red Cross South Sudan, Health Link, IMA, UNMISS are currently responding.
- Measles – a new outbreak of measles was confirmed in Aweil East County. A reactive measles campaign is slated for 26 to 31 March 2018 with IOM and IRC. A total of 83 suspect measles cases including one death were reported from 15 counties countywide.
- Rubella – Jur River County - A new outbreak of Rubella was confirmed in Jur River with a cumulative of 53 rubella cases has been reported. Routine EPI immunization has been enhanced in the county.
WASH in Health Facilities
- Emergency WASH in health care facilities (HCFs) remains a neglected area within the current response.

Malnutrition
- Country remains at increased risk of food insecurity and malnutrition concerns with alarming GAM rates peaking up to 30% in under 5 in Western Bahr el Ghazal.

Mental Health Care Gap
- South Sudan has one of the highest suicides rates in the world. In recent weeks, the Protection of Civilian Camp (PoC) in Malakal has been in the spotlight due to increasing incidence of suicide and suicide attempts.

Health Cluster Response

Clinical Package Analysis
  - 19,967 people reached by health education and promotion.
  - 4,208 children 6-59 months receiving measles vaccinations in emergency/outbreak/returnee situation.
  - 291 LLINs issued to pregnant women during antenatal care visits.
  - 489 assisted deliveries by skilled birth attendants.
  - 917 pregnant women attended at least 4 ANC visits.
  - 2,414 children less than 5 year provided with deworming tablets and 115 received vitamin supplementation.
  - 24,065 children screened for malnutrition.
  - 37 children with severe acute malnutrition with medical complication treated in stabilization centers.
- 37,579 people reached through rapid response missions.
- 18 major surgical interventions conducted.
- 36,190 curative consultations of which 41% are children less than five years.

Analysis on beneficiaries reached in February 2018

- 135,249 people reached by 40 frontline partners. Cumulative since January 2018 is 288,486.

Health Cluster Subnational Response Analysis

Bentiu PoC and Bentiu Town
Dog bite cases continue to be seen in the PoC with cumulative cases since January 2018 at 81.

Koch County health service delivery finally resumed only Boaw facility is still not operational due to ongoing clashes.

No new cases of Measles reported in Panyijar during the month.

Mass Measles vaccination campaign in Leer and Mayendit counties commenced.

Meningitis vaccination concluded in Rubkona and Guit counties with 95% coverage reached.

Three cases of suspected human Anthrax reported in Mayom County. The cases have been treated and the Animal Health partners are organising a vaccination and treatment campaign in the area.

5 health cluster meetings were conducted during the month – 3 in Bentiu hub, 1 in Panyijar County and 1 in Pariang County.

Malakal PoC and Malakal Town

- Of the overall consultation ARI represents 64% of consultation followed by malaria (22%) and AWD (14%) in Malakal town while ARI represents 49% of consultation followed by AWD (28%) and Malaria (23%) in Malakal PoC.

- Advocacy is required for Renk County in Upper Nile to have a secondary health care facility to cater for estimated population of over 75,000 people and to mitigate the risks of population movement across the border.

Wau PoC and Wau Town
Health Cluster Core Pipeline

<table>
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<tr>
<th>Agency</th>
<th>Items prepositioned and distributed in February 2018</th>
<th>Distribution locations</th>
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<tbody>
<tr>
<td>WHO</td>
<td>30 IEHK, SAM, Cholera kits, 1200 bags of Ringer lactate, 40 Cholera RDTs, 10 Carry Blair media and one tent of 42m2 capacity</td>
<td>Bor Hospital, WHO Torit hub office, and partners namely Health and Relief organization (HERO), IMAWorld Health Juba, Tearfund (Uror) and UNKA</td>
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<td>UNICEF</td>
<td>335,630 doses of measles issued. 6 ARKTEK, 30 Cold boxes and 76 vaccine carrier (rush)</td>
<td>Measles - Ayod-Jiech, Awerial, Pibor, Juba, Bor, Aweil, Kuajok, Meer Island, Padeah, Leer, Rumbek, Malakal, Kapoeta, Torit, Mayandit and Thaker</td>
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<td>UNFPA</td>
<td>Currently over 200 RH kits prepositioned in various humanitarian hubs</td>
<td>Kapoeta North-42, Kapoeta South-42, Kapoeta East-42, Bor South-21, Duk-21, Malakal-42, Tonj East-42, Tonj North-42, Tonj South-42, Kajojeji-21, Lainya-21, Terekeka-21 and Yei-21=415</td>
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Progress on Health Cluster Work Plan

- Coordination – in February 2018, nine coordination meetings held both at national and sub national level.
- Health cluster and partners continue to work towards realizing the HRP ask of a 130 million USD. The overall gap is 124.1 million USD. With an increase of 1.4 million USD raised in February the first quarter gap r 29.9 million USD.
- Integrated response - Health cluster, Nutrition, food security & livelihood, and water sanitation and hygiene (WASH) clusters Scale up integrated response efforts to prevent famine in priority areas.

Partner Implementation Key Highlights

- **Medair** vaccinated 6 542 children 6-59 months in Northern Ayod, 9 000 in Aweil Centre and 6 423 in Leer and Mayendit with measles vaccine.
  - **Christian Mission Aid (CMA)** delivered some essential medicine and medical supplies to reach over 16 000 residents of Keew community; vaccinated over 900 children with different antigens in response to suspected whooping cough in Kueraphone, Paguir payam, Fangak County; distributed 21 long lasting insecticidal nets, carried out meningococcal vaccination and over 12 000 consultations in Fangak County.
  - **CMD** conducted mass measles vaccination in greater Ayod County.
  - **CARE International** trained 100 vulnerable women and girls on life skills, 88 community leaders on gender-based violence (GBV) basic concepts, guiding principles and referral pathway, 150 community members on psychosocial support and psychosocial first aid training and 1 GBV safety audit through focused group discussions. During the reporting period 11 cases of GBV were identified, of which 10 were managed with 1 referred. One women and girls friendly space was also established in Lopa.
  - **WHO** provided both human and logistical support including a consignment of 1.5 metric tons of infusions, drugs and outbreak investigative materials to support the suspected food poisoning in Bor; provided guidelines for
surveillance and sample collection to the Anthrax alert, as well as facilitating shipment of the sample to a regional reference laboratory; provided both technical and logistical support to the suspected meningitis deaths in Kormush, Nyara West villages, Torit County; issued 2 SAM kits to support inpatient care in two stabilization centers in Fangak County; three-level mission to critically analyse the malaria situation in the country and propose innovative solutions conducted.

**Humanitarian Development Nexus**

- Health cluster and in country development partners continue to forge partnerships to improve health service delivery to vulnerable population.

**Implementation Challenges**

- HRP asks still remains low at only 5.1 million USD funded.
- More displacement sites that require dedicated sub national health cluster coordinators.

**Contacts:**

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