



HEALTH CLUSTER BULLETIN # 8

31 August 2018



Oral Cholera Vaccination Campaign (OCV) in Leer County. Photo: MEDAIR.

South Sudan Emergency type: Complex Emergency Reporting period: 1 – 31 August 2018

5.1 MILLION PEOPLE IN HEALTH NEED

2.4 MILLION TARGETED

1.9 MILLION DISPLACED

2.1 MILLION REFUGEES

HIGHLIGHTS

Cumulative analysis for the year 2018

Improving Health Access and Scaling up Responsiveness

20 mobile teams were deployed in hard to reach areas to conduct Inter-cluster Rapid Response Mechanisms- ICRM-RRM activities.

13 361 normal deliveries attended by skilled birth attendants.

Emergency WASH in Health Facilities in Conflict Affected Locations

680 health workers trained on disease surveillance and outbreak response.

142 health workers trained on integrated health (WASH and Nutrition) response.

372 health facilities have functional incinerators.

Quality Essential Clinical Health Services

145 health workers trained on clinical management of rape.

230 sexual and gender based violence (SGBV) survivors referred to health facilities.

Improving Resilience- Mental Health Response

373 health workers trained on mental health and psychosocial support (MPHSS) in conflict affected areas.

HEALTH SECTOR



43 HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



195 ASSORTED EMERGENCY MEDICAL KITS (CORE PIPELINE)

HEALTH CLUSTER ACTIVITIES



543 619 OPD CONSULTATIONS

VACCINATION



1 950 955 CHILDREN (6-59 MONTHS) VACCINATED AGAINST MEASLES

EARLY WARNING ALERT AND RESPONSE NETWORK



41 EWARN SENTINEL SITES

FUNDING \$US

130 M REQUESTED

33.8* FUNDED

96.2 M GAP



* As of September 2018, the amount reported in FTS is 24.3 million. This may change as partners upload funding received.

Key Context Update

- South Sudan is one of the four high-risk countries (Burundi, Rwanda, South Sudan, Uganda) prioritized by WHO to enhance preparedness and operational readiness based on the proximity to the outbreak area as well as the capacity to manage EVD outbreaks. The country is implementing a contingency plan to enhance EVD preparedness to mitigate the risk which includes screening at points of entry, mapping the Ebola treatment centre site and securing tents to allow rapid establishment of treatment centre in the event suspect EVD cases are detected.
- To strengthen preparedness and response activities, the Ministry of Health with support from WHO, Centre for Disease Control (CDC) and other partners engaged in a series of strategic leadership and multi-sectoral response activities. These include the activation of multi-sectoral Ebola taskforce at all levels, advocacy with key leaders at the national level; donors; humanitarian partners; state and county level leadership and other stakeholders.
- Health cluster partners are implementing a comprehensive response including case management, post exposure prophylaxis, dog culling, and awareness and community engagement to control the suspected rabies cases. Besides anti-rabies vaccines have been secured to support the response.



The high level Ebola Preparedness Team and the top leadership of Gbudue State posing for a group photo at the Gangua screening facility. Photo:WHO.

Public Health Risks and Key Gaps

- The integrated disease surveillance and response (IDSR) and Early Warning Alert and Response Network (EWARN) remain the core national disease and event surveillance systems in South Sudan.
- By the end of August 2018, timeliness and completeness were 75% and 80% at county level for IDSR reporting and 67% and 70% at the health facilities for EWARS/IDP reporting respectively.

Malaria trends

- Malaria remains the top cause of morbidity and accounts for 45.2% and 26.2% of the consultations in the relatively stable states and IDP locations respectively. During the current reporting period, counties with malaria trends that exceed the threshold (mean+2 standard deviations of trends for the period 2013-2017) included: Aweil Center; Aweil South; Cueibet; Jur River; Terekeka; Tonj South; and Wulu.

Animal bites (suspect rabies), Yambio town

- During the reporting period, a cluster involving 12 cases of animal bites (suspect rabies) including 2 children were reported in Yambio town and were attributed to stray dogs. The state government convened a multisectoral meeting involving partners. Support for comprehensive response entailed technical guidance towards a one-health approach that includes surveillance and case detection; delivery of 100 doses of human rabies vaccine; commitment from FAO to vaccinate domesticated dogs and adaptation of IEC materials to support rabies risk communication.

Suspect HEV cases, Fangak county

- In Fangak, at least 8 HEV RDT positive cases were reported since week 31 of 2018. This brings the cumulative to 13 HEV RDT positive cases (including one PCR HEV confirmed case) in Fangak since 28 July 2017. All the cases have occurred in adults (one in a postpartum female). The cases appear to be occurring sporadically and are using River water (largely from Phow river). Community awareness and hygiene promotion are ongoing. Samples sent to Uganda for PCR testing.

Suspect Yellow Fever (YF), Pibor Town

- A 23 year old male presented to Pibor PHCC on 12/08/2018 with history of fever, yellowing of eyes, agitation, convulsions, vomiting, coma, and bleeding from 06/Aug/2018. Patient died and autopsy sample tested PCR negative for YF, Dengue virus type 3 (DENV3) and DENV4. Further histochemical testing underway. Follow up case search in the case residence neighborhood revealed no additional cases with similar presentation.

Suspect Ebola virus disease (EVD), Bakiwiri, Yambio

- One EVD alert reported and investigated by the rapid response team during the reporting period in Bakiwiri Boma, Yambio county. The presentation was not consistent with EVD case definition and there was no epidemiological linkage to EVD case or the outbreak in DR Congo. Surveillance, border screening and risk communication have been enhanced in light of the current EVD outbreak in North Kivu and Ituri in the Democratic Republic of Congo.

South Sudan EVD preparedness update

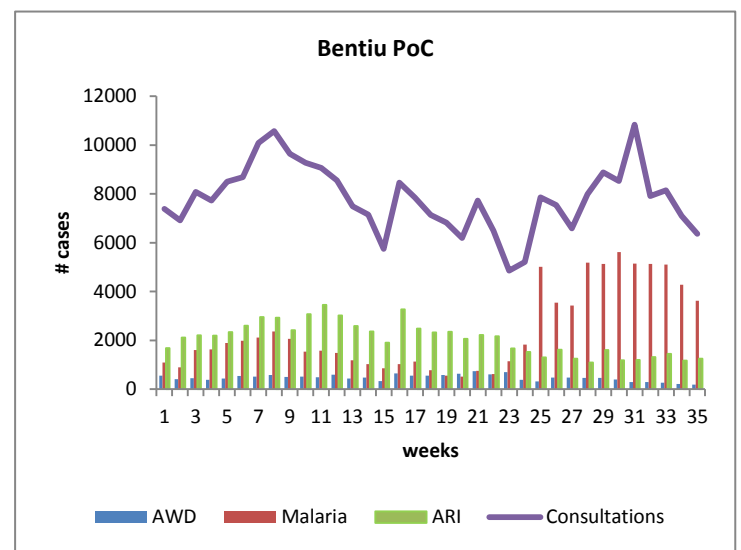
- South Sudan, as a priority one (1) country for Ebola virus disease outbreak (EVD) preparedness continues to make progress to enhance capacities for EVD case detection, investigation, response, and prevention.
- The national Ebola taskforce continues to meet twice weekly and is coordinating the implementation of the EVD contingency plan. The Ebola taskforce working groups are currently updating and implementing the EVD contingency plan to enhance readiness capacities for EVD response.
- In-country surveillance and at the frontiers (Nimule, Juba International Airport, Yambio airport, Wau Airport, Gangura, and Sakure) is ongoing. There plans to open additional border screening points based on the risk of EVD importation from DR Congo.

Health Cluster Sub-national Response Analysis

Bentiu PoC and Beyond Bentiu Response

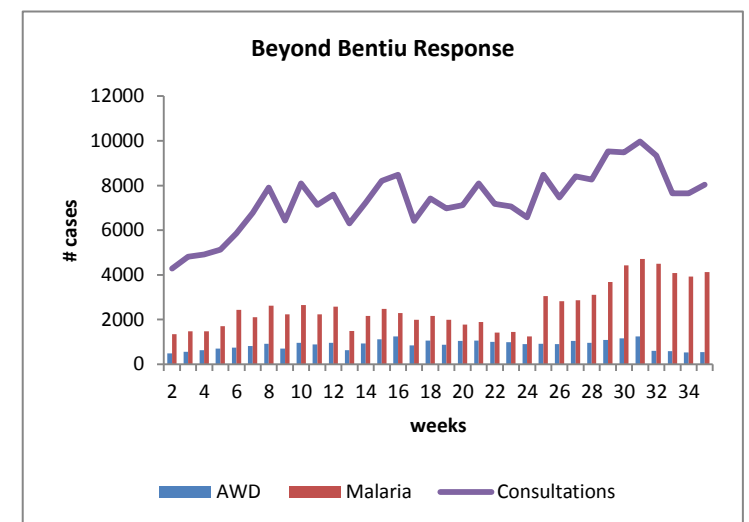
Bentiu PoC

- Under 5 mortality rate = 0.25/day/10,000 Crude mortality rate = 0.19/day/10,000
- The top 3 causes of death are malaria, perinatal cases and TB/HIV.
- Malaria cases started declining, this can be attributed to the intensive implementation of the Malaria prevention strategy which included indoor residual spraying, larviciding, early diagnosis and treatment, promotion of the use of mosquito nets and increased community awareness.
- IOM clinics remained closed for the whole month of July due to a disagreement with community leaders.
- A reactive campaign is underway in response to the suspected Measles cases.
- WHO conducted a water quality monitoring training for Health and WASH partners as well as community leaders from the PoC.



Beyond Bentiu Response and Southern Unity

- UNIDO were able to reopen the Boaw clinic after months of not operating due to insecurity
- UNICEF is working with partners and SMOH to increase cold chain capacity in the counties through distribution of solar fridges and ARKTEKs.
- ARC staff returned to Mayom County after having been evacuated as a result of armed robbery on their compound.
- Second rounds of OCV campaigns were in Leer and Panyijar counties, awaiting the coverage reports.



Malakal PoC and Beyond Malakal Response

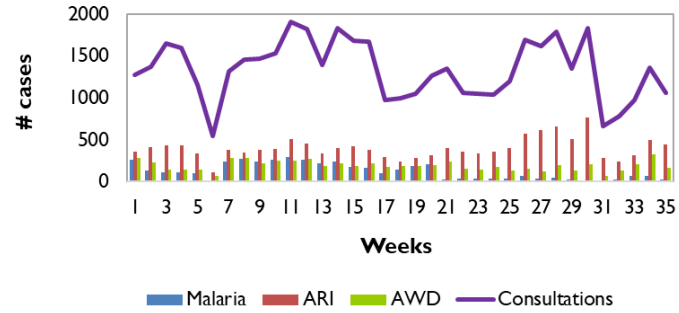
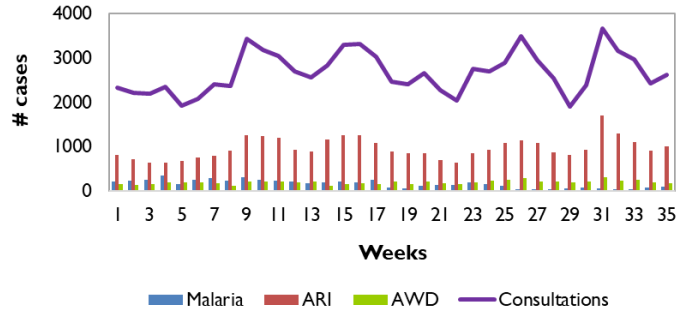
Epidemiological analysis Malakal PoC and Malakal town *

Week 1 to 35 2018

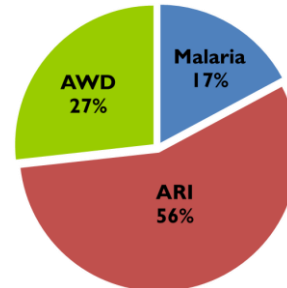
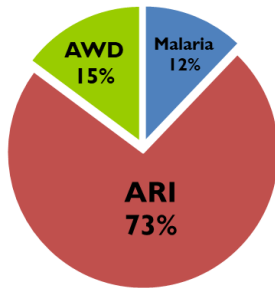
Malakal PoC. All clinics (IMC, IOM, MSF)

Malakal Town. All clinics (IMC, MSF)

Total number of consultations versus number of AWD, ARI and Malaria cases

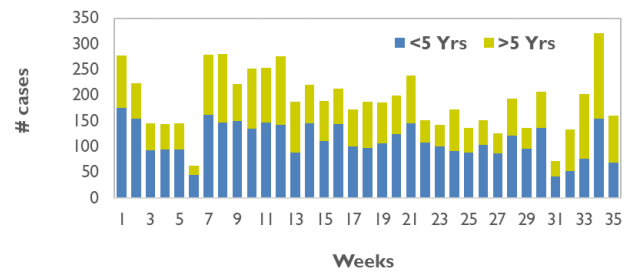
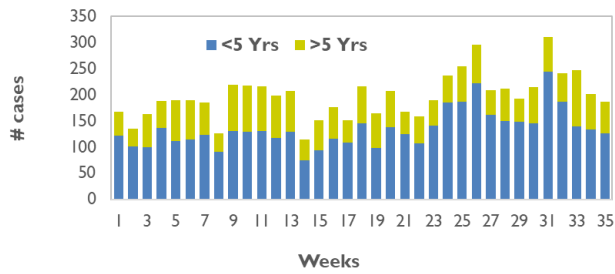


% of priority diseases amongst all consultations

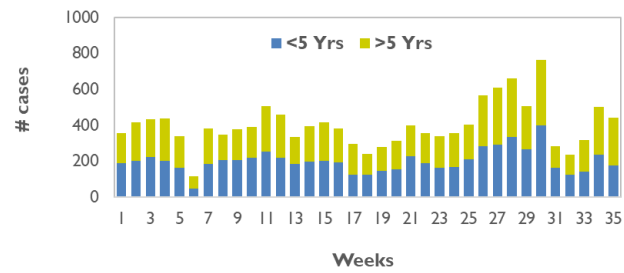
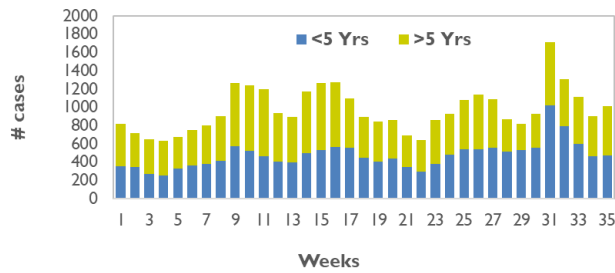


Number of AWD, ARI and Malaria cases with % of under 5 and over 5 by epidemiological week

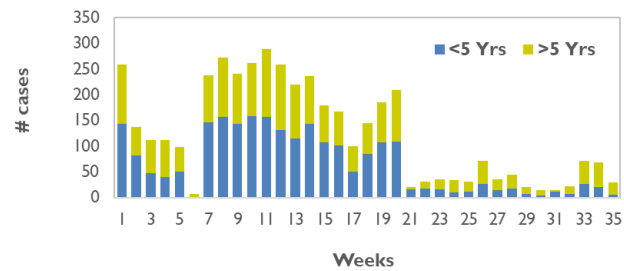
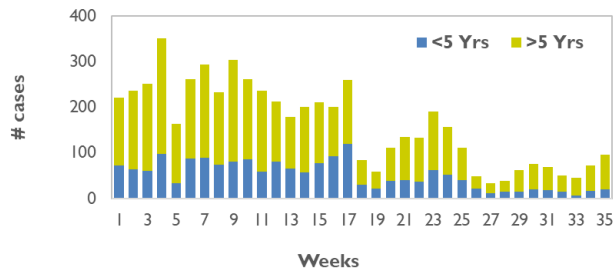
AWD



ARI



Malaria



* IMC data for Malakal PoC not available for week 6-8 and for Malakal town not available for week 6.

Health Cluster Core Pipeline Update

No	Description	Unit	Items prepositioned to partners in August 2018										Total	
			WHO Malakal	WHO Yambio	ALIMA	HealthLink South Sudan	IMC	Live Well	National prison Service Juba	THESO	World Vision	MAGNA		Juba Teaching Hospital
1	IEHK basic unit without malaria	kit	10		5			5		1	2	2		25
2	IEHK basic malaria module	kit	10		5			5		1	1	2		24
3	IEHK, Supplementary Malaria	kit	10		1			1		1		1		14
4	Malaria RDT of 25 tests	pk	20		10			10				10		50
5	Cholera central reference kit, 1.1 central drugs module	kit	2						4					6
6	Cholera Periphery, 2.1 drugs module	kit	1											1
7	Cholera Periphery, 2.1 Renewable supplies	kit	3											3
8	Cholera community kit, 3.1 drugs module	kit	7											7
9	Cholera community kit, 3.2 ORP care base module	kit	7											7
10	Cholera community kit, 3.3 document module	kit	5											5
11	Cholera investigation kit	kit	5											5
12	Surgical supply kit	kit												
13	Trauma kit, type A	kit						1						1
14	Trauma kit, Type B	kit						1						1
15	Cholera periphery complete kits	kit												
16	SAM kit	kit				1						1		2
17	AANTI-Rabies Vaccine	pcs	30	100									5	135

NOTE: Personal Protective Equipment (PPE) were deployed to the following entry points for screening visitors

- Juba international airport 5 kits
- Nimule border point 5 kits
- Yambio 5 kits
- Yei 5 kits

Progress on Health Cluster Work Plan

- The Health Cluster (HC) has developed and shared a template for mapping health partners who are active in Ebola risk counties. After mapping, the concerned partners will be trained on Ebola response by the National Task Force (NTF) as a part of Ebola Preparedness.
- Developed and shared the needs analysis document for Humanitarian Needs Overview (HNO) to inform the Humanitarian Response plans.
- The cluster prepared and shared with OCHA the people in need (PIN) based on the four public health parameters (malaria endemicity, cholera hot spots, IPC and penta 3 coverage) .
- The cluster produced and shared severity indicators analysis with OCHA as a part of Humanitarian Program Cycle (HPC) process.
- Disability being one of the cross cutting issues, the health cluster has produced a Disability Tracking Tool through Disability Working group and shared with partners as an attempt to track the disability in South Sudan being a first milestone to achieve services for disabled.

Partner Implementation Key Highlights

- **IOM** – in collaboration with partners conducted reactive measles vaccination campaign and oral polio vaccine in Bentiu POC; reached 35 418 people through OPD consultation and 53 890 people through health and hygiene awareness raising messages in static and outreach clinics at various locations.
- **MAGNA** - vaccinated 183 children (6-59 months) with measles vaccine, 521 children (0 to 11 months) with 3 doses of pentavalent vaccine, 32 mothers with tetanus vaccine, 739 children (0 to 11 months) with oral polio vaccine and reached 198 people with

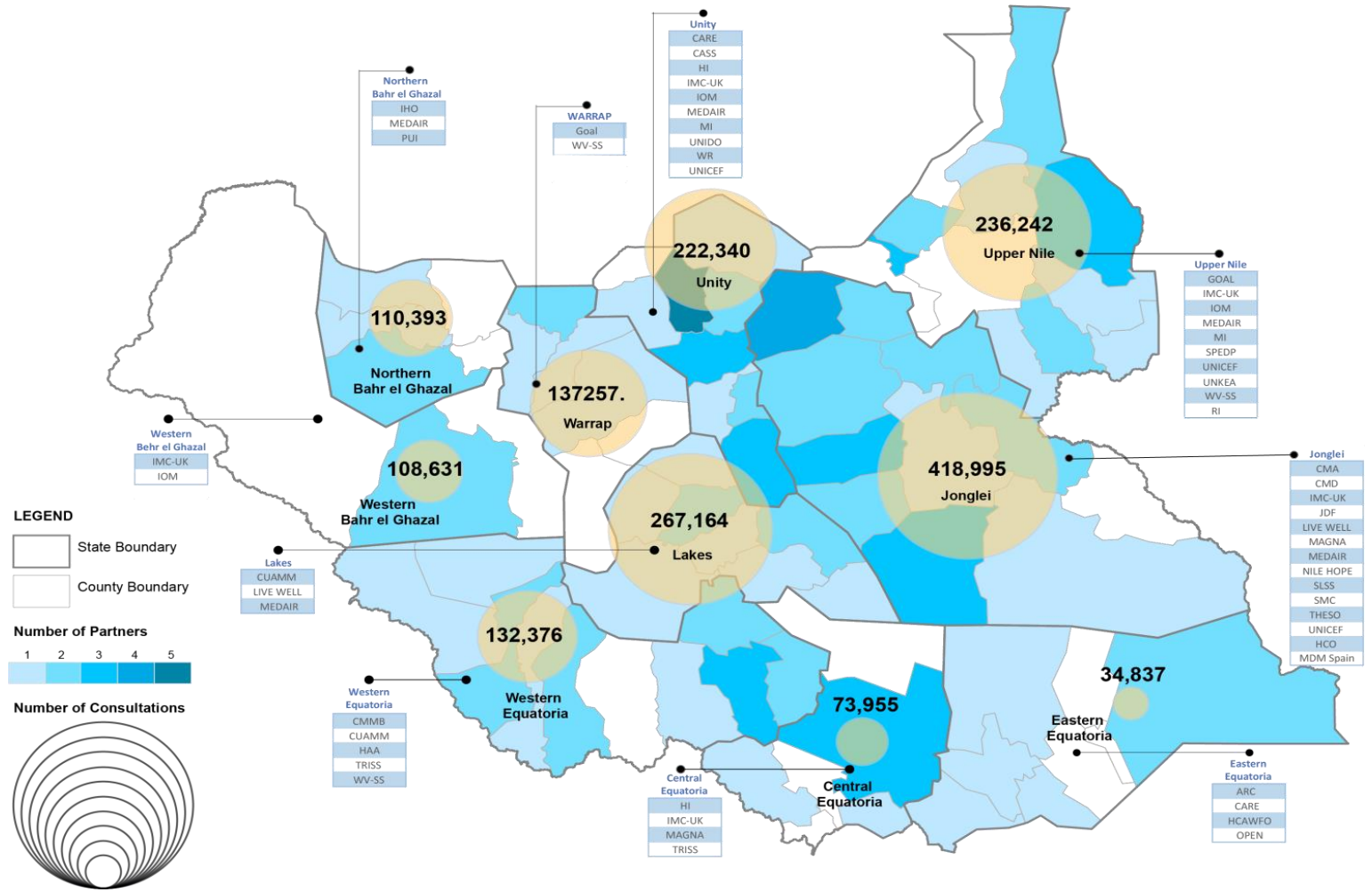


health education in Juba PoC.

- **MEDAIR** – carried out an emergency two-dose Oral Cholera Vaccination Campaign (OCV) across Leer County, former Unity State. Between June and August 2018, a total of 28,930 people were vaccinated with at least one dose and of those, 21,819 received two doses of OCV; trained 408 local staff to undertake the oral cholera vaccination campaign; conducted mass MUAC screening for all children under 5 years, and mass hygiene promotion related to prevention of cholera.
- **John Dau Foundation (JDF)** – conducted 13 400 (8 400 children under 5 years) consultations; 5 503 children received malaria treatment, 18 220 people reached with health education, 3 200 children reached with integrated community case management (ICCM) services, 1 800 under five children screened for SAM and MAM, 120 mothers attended by skilled birth attendants, 1 200 children vaccinated against vaccine preventable diseases, 800 pregnant and women of childbearing age received tetanus toxoid vaccine, 620 pregnant mothers received antenatal care services, 320 pregnant women counselled and tested for HIV, 32 mothers counselled and enrolled in family planning, 1 000 long lasting insecticidal nets (LLINs) distributed to pregnant women and children under one year old.
- **Support for Peace and Education Development Programme (SPEDP)** – conducted 721 outpatient consultations, vaccinated 508 children and women with BCG, OPV, Penta, MCV, 3 074 men, women, boys and girls received health education in Fashoda County.
- **WHO** - trained prepositioned 4.4 metric tons of strategic supplies (IEHK, Cholera and WAH kits) to Malakal hub office to strengthen the emergency preparedness and response; supplied 10 IEHK Basic unit, 10 IEHK basic malaria kits, 2 IEHK supplementary malaria module and 515 pieces malaria RDT to Live Well South Sudan and ALIMA; prepositioned assorted supplies which included: 2 IEHK Basic unit, 22 IEHK basic malaria kit, 1 IEHK supplementary malaria module to MAGNA; supplied assorted infection prevention (IPC) supplies including five personal protection equipment (PPE), hand sanitizers, nitrile gloves to the Ebola screening center at Juba international airport; prepositioned 1 complete chlorination kit combined with consumables and testing tool to enforce Ebola preparedness for Wau; distributed 2 SAM kits to MAGNA and Health Link, 5 Cholera Central reference kits, 4 Anti Rabies vials, 400 vials Paromomycine 750mg to Nile Hope; facilitated a three-day meeting to develop a comprehensive, multisectoral five-year national action plan for health security (2018-2022) to strengthen the country's International Health Regulations (IHR 2005) core capacities; conducted a health facility assessment in Wadkona, Manyo county, Upper Nile State; distributed 2 Interagency Emergency Health Kits (IEHK) and 1 IEHK to World Vision South Sudan; redeployed the mobile medical team to conduct both clinical consultations and preventive health services in Bentiu; conducted EVD preparedness trainings on EVD Surveillance, Laboratory, PoE Screening, Case management, infection prevention and control, risk communication, safe and dignified burials, contact tracing and Coordination; deployed EVD state support teams to Nimule border point, Yei River (Yei), Gbudwe (Yambio) and Wau to support the states to operationalize preparedness activities especially screening, surveillance, risk communication, and infection prevention and control in health facilities; conducted a 2 day OCV training for supervisors from eight Payams of Torit county; supported the OCV campaign in Torit county; provided support supervision and monitoring; trained a total of 16 participants, including nine doctors and nurses from MoH and Wau teaching hospital, three health cluster partners (IOM, Health net TPO) and health and hygiene promoters on strengthening Emergency WASH response in health facilities including good hygiene management, infection prevention and control, healthcare and hazardous waste management, donning and doffing and use of personal protection equipment, Water Quality Control, WASH requirements in cholera treatment centres, and safe burials and held the National Action Plan for Health Security workshop to develop a five-year national action plan for health security (2018-2022).
- **UNICEF** – vaccinated 18 838 (male 9 074 and female 9 764) with oral polio vaccine, 12 366 (male 7 174 and female 6 367) with measles vaccine, 6 760 pregnant women with tetanus toxoid vaccines; conducted 3 365 (1 450 children under 5) curative consultations and distributed 7 000 long-lasting insecticidal nets (LLINs) in Fangak County, Jonglei State and Koch County in



Distribution of Health Consultations and Partners



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