




CHD director receiving the medicine in Keew airstrip. Photo: CMA.

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

 **5.1 MILLION PEOPLE IN HEALTH NEED**

 **2.4 MILLION TARGETED**

 **1.9 MILLION DISPLACED**

 **2.1 MILLION REFUGEES**

HIGHLIGHTS

HEALTH SECTOR

▪ **Improving Health Access and Scaling up Responsiveness:**

Health cluster partners vaccinated over 21 000 children 6-59 months with measles vaccine.

Mobile team vaccinated 465 children under 5 with oral polio vaccine and 70 pregnant mothers with tetanus toxoid in Tonga, Panyikang County.

Partners vaccinated 14 536 children 6 months -15 years (7,683 male and 6,853 female) with measles vaccines, 17 156 children 0-15years with Oral polio vaccines, 1 726 pregnant women with Tetanus Toxoid vaccines in former Upper Nile and Western Bahr el Ghazal State.

▪ **Quality Essential Clinical Health Services**

Harmonize the priority actions to strengthen Medical Laboratory system for emergencies

▪ **Improving Resilience- Mental Health Response**

Health cluster partners trained humanitarian workers on Psychological First Aid, Stress Management and Trauma in Maban.

▪ **Humanitarian Development Nexus**

Health cluster partners deployed a mobile health team to provide much needed lifesaving health services in Keew, Nyirol County.



43

HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



278

EMERGENCY MEDICAL KITS (CORE PIPELINE)

HEALTH CLUSTER ACTIVITIES



543 939

OPD CONSULTATIONS

CUMULATIVE VACCINATION



1 852 988

DOSES OF MEASLES VACCINE FOR 1ST ROUND SIA

EARLY WARNING ALERT AND RESPONSE NETWORK



42

EWARN SENTINEL SITES

FUNDING \$US

130 M

REQUESTED



8.9

FUNDED

121.1 M

GAP

Key Context Update

- During the reporting period, numerous reports of armed clashes were reported in the former Central and Eastern Equatoria, Upper Nile, and Unity States displacing large numbers of the communities/civilians in the affected areas.
- The Ministry of Health and the Ministry of Livestock and Fisheries declared a Rift Valley Fever (RVF) outbreak on 12 March 2018 in Yirol East, Yirol West and Awerial Counties of Eastern Lakes State.

Public Health Risks and Key Gaps

Disease Outbreaks

- By the end of March 2018, timeliness and completeness were 70% and 74% at county level and 73% and 77% at the health facilities for IDSR and EWARS/IDP reporting respectively.
- A total of 177 alerts have been reported countrywide since the beginning of 2018. At least 54% of these alerts have been verified with the most frequent being acute watery diarrhoea 120 (68%), acute bloody diarrhoea 50 (28%), and suspect measles 36 (20%).
- **Malaria** is the top cause of morbidity in the relatively stable states where it accounts for 32.7% of the consultations. However, among the IDP sites, acute respiratory infections (ARI) are the top cause of morbidity where it accounts for 26.2% followed by malaria with 15.7% of the total outpatient consultations.
- **Suspect meningitis** Partners continued to respond to the suspect meningitis outbreak in Lyire and Lmurok payams in Torit County. Following the interagency response, cases have continued to decline. The cumulative suspect meningitis cases stand at 173 cases with 31 deaths (CFR 17.92%).
- **Rift valley fever (RVF)** the RVF outbreak in Yirol East, Yirol West and Awerial Counties of Eastern Lakes State, is still ongoing. By the end of March 2018, a total of 40 suspected human RVF cases were reported. On the other hand, a cumulative of 28 animal samples have been tested to date with nine (9) being RVF positive (3 IgM and 6 IgG). Following the declaration of the RVF outbreak, the response plan is being updated to facilitate resource mobilisation and implementation of preventive and response activities at the animal-human interface.
- **Malnutrition** despite the seasonal improvements resulting from harvest, food security and nutrition situation is still alarming and has deteriorated compared to the same period last year. The results from IPC analysis show that 57% of population are in critical and emergency phase. This proportion is projected to increase to 63% in the period May to July.

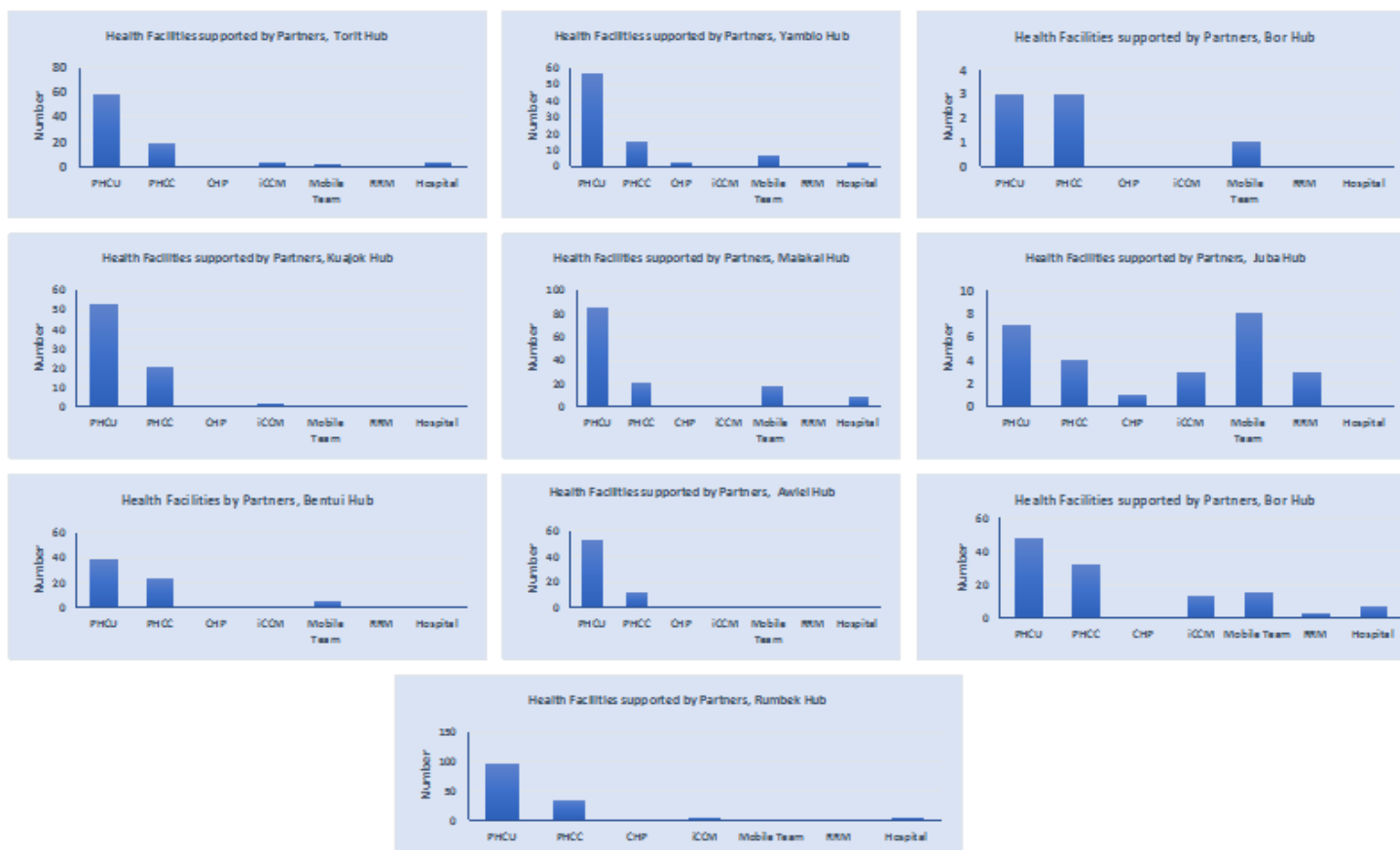
In March 2018, the WHO training on management of SAM children with medical complication has targeted health and nutrition staff working in Unity state; 21 participants attended the training, for partners operating in Unity, including AHA, IRC, CARE, UNIDO, World Relief and UNICEF, covering 8 PHCC in Pariang, Payjar, Mayom, Mayendit, Koch and Abienmon, and one hospital in Rubkona (Bentiu hospital).

Health Cluster Response

Analysis of Who is doing what and where [3W]

The Health Cluster has a membership of 62 humanitarian partners including the 43 approved for the 2018 HRP. These 62 partners provide emergency health response in 908 locations, targeting IDPs and host communities in hard to reach areas across the country. These locations include the following structures; hospitals (10), PHCCs (184) PHCUs (501), outreach mobile clinics (59), iCCM (27), RRM (7) and CHPs (5).

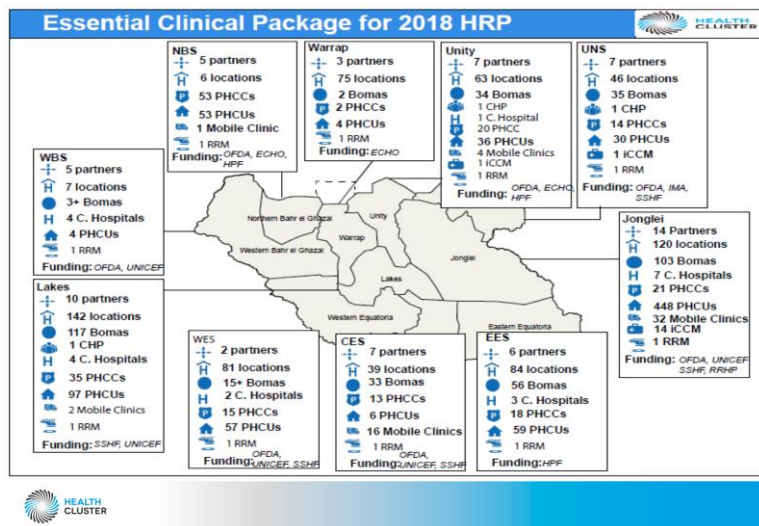
Distribution of number of Health Cluster Clinical Packages in the 10 hubs, South Sudan, 2018



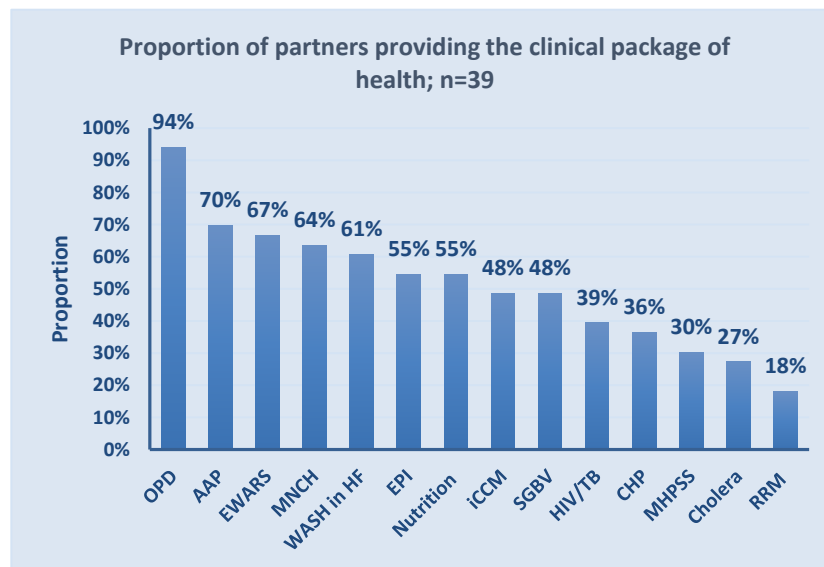
Clinical Package Analysis

The health intervention for the 2018 humanitarian plan is implemented by 40 frontlines and 3 pipeline partners. These partners provide reports on the indicators of the clinical packages they are implementing in locations housing internally displaced persons and other vulnerable populations. Through the concerted efforts of the following 39 frontline partners:

- 158,084 outpatient consultations (OPD) were provided during the period review. 37% of the OPD consultations were given to U5 children.
- Screening for malnutrition was provided to 31,618 U5 children. Furthermore, 3,007 U5 children were provided with deworming tablets in conflict affected and hard to reach areas.
- Mental health and psychosocial support was provided to 644 people.
- 30 health workers received training on MPHSS.
- 1,051 women delivered assisted by trained health workers whilst 1,549 pregnant women attended at least 4 ANC visits.

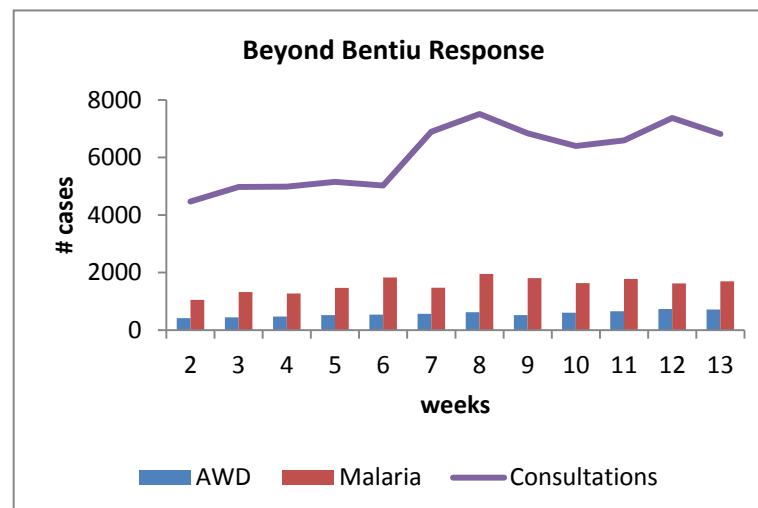
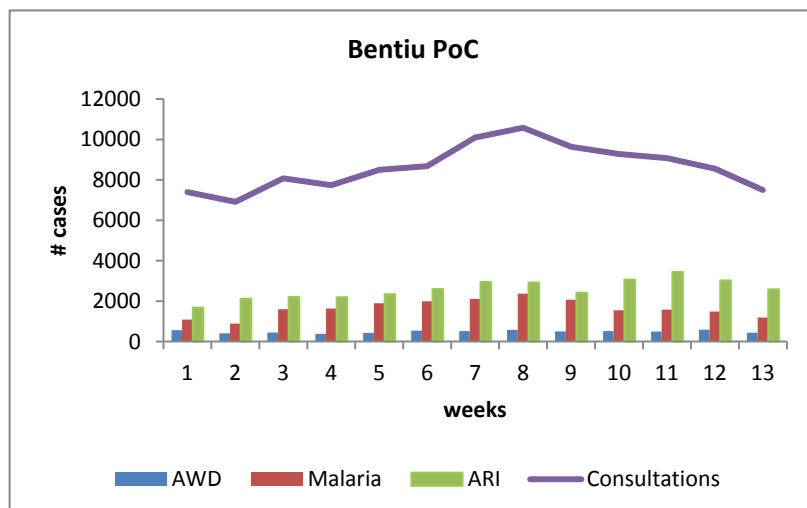


Health Cluster Clinical package by partners and locations quarter 1 2018 South Sudan



Health Cluster Subnational Response Analysis

Bentiu PoC and Beyond Bentiu Response (covering Rubkona, Guit, Koch and Mayom counties)



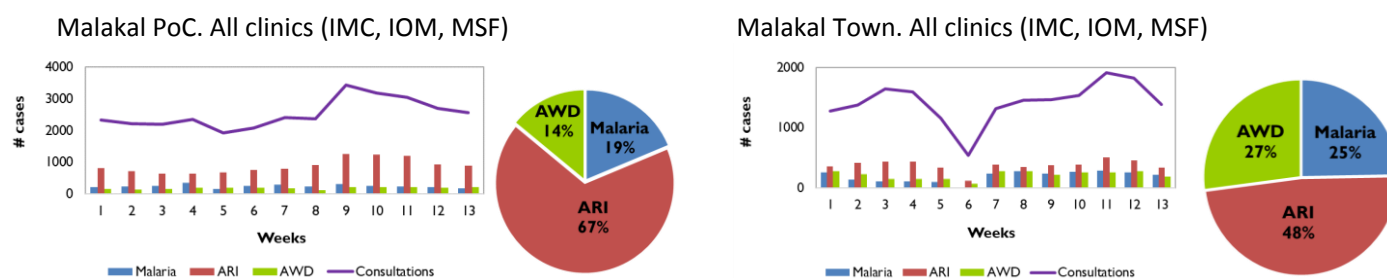
- Dog bite cases continue to be reported in the PoC with cumulative cases since January 2018 at 126.
- Service delivery at Nhialdiu PHCC resumed after 5 months of closure due to insecurity.
- A static temporary facility has been set up at Ding ding and is being run by CASS and IOM.
- Periodic Intensified Routine Immunization (PIRI) and Tetanus (TT) campaign was conducted in Leer. Report is yet to be shared.
- 3 health cluster meetings were conducted during the month



State Health Cluster Meeting chaired by the Northern Liech State Minister of Health. Photo: WHO.

Malakal PoC and Malakal Town

Total # of consultations versus number of AWD, ARI and Malaria cases and % of priority diseases amongst all consultations



- Decrease in the number of consultations in all clinics both in the PoC as well as in town. There is a deep in the number of consultation in week 6.
- Most consultations are due to ARI, especially in the PoC at 67%, compared to town with 48%.
- Larger proportion of AWD cases in town than in the PoC (27% compared to 14% respectively)
- All priority diseases are decreasing, proportional to the lower number of consultations.

Health Cluster Core Pipeline

| Agency | Items prepositioned and distributed in March 2018 | Distribution locations | Training |
|--------|--|---|---|
| WHO | 278 different types of kits (IEHK basic, IEHK Malaria, IEHK supplementary malaria, IEHK supplementary medicine module, SAM/MC kit, Cholera investigation kit, Cholera community kit, pneumonia kit, Emergency preparedness supplies, and personal protective equipment) and 51,000 pieces of malaria RDT | Hub offices - Yambio, Torit, Wau, Awiel, Kuajok, Rumbek, Bentiu and Bor Partners - CMA, IOM, UNEKA and PCC | 29 participants from 14 different health cluster partners have been trained on the Health Kits The second-round training will be conducted in May 2018. Training of WHO hub office Log/Admin staff on basics of WHO Emergency health kits is scheduled to be conducted in April 2018. |
| UNICEF | 319 500 doses of measles issued. | Pochalla, Pibor, Akobo, Buong (Akobo west), Lankien, Punchol, Pieri, Aweil, Rumbek, Kapoeta, Ulang, Maban CHD, Maban MSF Belgium, Mayom, Abiemnhom, Ganyliel, Nyal, Leer-PIRI, Pochalla, Pibor, Lankien, Yambio, Mundri East. | A total of 37 participants from the county and HRP partners (20 EPI supervisors, vaccinators, cold chain technicians) in Fashoda County and 17 HRP partners were trained on effective vaccine and cold chain management practices for improved immunization service delivery. |

Progress on Health Cluster Work Plan

- The table below is summary of the indicators achievement on the implementation of the HRP from January through March 2018.

Quarter 1 [January to March] progress update on the 2018 Humanitarian Response Plan

| Indicator | Annual Target | Achieved | % Achieved | Remark |
|---|---------------|-------------|------------|---|
| Improve access and scale-up responsiveness to essential health-care needs of the vulnerable populations by focusing on the major causes of morbidity and mortality | | | | |
| % decrease in U5 mortality rate among IDPs in camps | 0.4/10,000 | 0.02/10,000 | 105% | Mortality data is received from 4/6 PoCs |
| # of normal deliveries attended by skilled birth attendants | 85,747 | 4,318 | 5% | The target for Q1 (101,825) is achieved by 177% |
| Prevent, detect and respond to epidemic-prone disease outbreaks and promote WASH in health facilities in conflict-affected and vulnerable populations | | | | |
| % of epidemic prone disease alerts verified and responded to within 48 hours | 90% | 55% | 61% | Cumulative annually |
| # of children 6-59 months receiving emergency measles vaccination in IDP camps | 407,298 | 180,398 | 44% | The target for Q1 (21,437) is achieved by 20% |
| Implement inclusive and dignified essential clinical health services targeting specific needs of vulnerable people. | | | | |
| # of health facilities providing SGBV services | 100 | 142 | 142% | Cumulative annually |
| # of rape survivors who received CMR services in health facilities | 150 | 40 | 27% | The target for Q1 (38) is achieved by 107% |
| Increase access to mental health and psychosocial support services for vulnerable people | | | | |
| # mentally ill persons received mental health and psychosocial support | 385,861 | 1290 | 0.3% | The target for Q1 (96,465) is achieved by 1% |
| # of health facilities providing MHPSS in IDP camps | 30 | 68 | 227% | Cumulative annually |

Partner Implementation Key Highlights

- **WHO** conducted supportive supervision to assess the quality of services provided in stabilization centers and fill gaps in supplies and equipment and provide technical support in Wau, former Western Bahr el Ghazal State.
- Harmonize the priority actions to strengthen Medical Laboratory system for emergencies as part of the process to implement the recommendations from the Joint External Evaluation and Laboratory Gap Analysis.
- Supported a high-level advocacy mission to Yirol East, Eastern Lakes State to consolidate the Rift Valley Fever response efforts and soliciting for more commitment;
- Conducted a technical supervisory visit to Torit State Hospital Blood Bank; provided technical support to the suspected meningitis outbreak in Torit to strengthen overall coordination, surveillance and laboratory confirmation, case management and social mobilization.
- Established an Antiretroviral therapy (ART) treatment Center in Pochalla Primary Health Care Center to provide services to hard to reach community bordering Ethiopia. It kicked-off with a total of seven (7) clients on ART and three (3) clients on IDOVUDINE/LAMIVUDINE/NEVIRAPINE (AZT+3TC+NVP) who started on that regimen in Ethiopia.
- **Christian Mission for Development (CMD)** trained health workers on basic management of laboratory to perform the routine laboratory tests as per the standards and guidelines in Pagil PHCC in Ayod County.
- **IOM's** mobile medical team conducted 413 curative consultation; vaccinated 465 children under 5 with oral polio vaccine and 70 pregnant mothers with tetanus toxoid; trained four health promoters; reached 2 233 people with health education messages in Tonga, Panyikang County. In collaboration with CASS, IOM also initiated outreach primary health care services in Ding- ding, greater Rubkona County.
- **Save the Children** opened 24 hours treatment center in Khormosh PHCU, Imuruk and Nyara PHCU in Iyire payam, Torit, former Eastern Equatoria State to support the suspected meningitis response in Torit through deployment of medical personnel to provide case management, contacts management, hygiene and infection control as well as community awareness.
- **Christian Mission Aid** delivered 150 cartons of medicine to Keew PHCC and 108 cartons of essential drugs to Pultruk, Lankien and Chuil, Nyirol County to improve the quality of diagnosis and management of patients; collected and transported specimens of the suspected whooping cough cases from eight children in Kueraphone and Paguir Payam to Juba; conducted joint supervision in Nyirol County and CMAM training to improve nutrition services.
- **LiveWell** conducted a total of 2 139 consultations at Tinagau PHCU and reached 2 031 people with health education in Yirol East.
- **UNICEF** during the rapid response mission 14 536 children 6 months -15 years (7,683 male and 6,853 female) vaccinated with measles vaccines, 17 156 children 0-15years with Oral polio vaccines, 1 726 pregnant women provided with Tetanus Toxoid vaccines Gaireng, Gum, Meer, Kiechkuon in Nasir county in Upper Nile state and Raja and Dolo in Wau in Western Bahr el Ghazal. 11 100 LLINs distributed to families, 2 280 reached with curative consultations with 1 022 of the beneficiaries being children under 5, 506 pregnant women were provided with clean delivery kits.
- **ALIMA** provided lifesaving health services to case of severe acute pneumonia with malaria referred from periphery facility in Mangayat to Raja, former Western Bahr el Ghazal State.
- **Humanity and Inclusion** (former Handicap International) flying team supported 900 persons with disabilities in Lankien and 500 in Akobo. The teams provided physical rehabilitation and distributing mobility or assistive devices to persons having in particular physical and visual impairments; trained 20 humanitarian workers on Psychological First Aid, Stress Management and Trauma in Maban; 55 humanitarian workers from Protection partners in Juba PoC and Intersos teams in Juba were trained on Psychological First Aid.
- **CARE** is constructing a semi-permanent structure to provide antenatal care (ANC), delivery room and a ward for



WHO officer showing various emergency kits to training participants at central warehouse. Photo: WHO.



Training session for the Health workers in Pagil PHCC in Ayod County. Photo: CMD.



OPD consultation in Yirol East. Photo: LiveWell.



Severe acute pneumonia cases referred to facilitates. Photo: ALIMA.

expectant mothers in Panyang PHCC, in Ruweng State. Besides equipment such as bed screens, a delivery bed, hemoglobin and blood pressure monitors have been provided to increase service delivery and reduce maternal mortality.

Humanitarian Development Nexus

- CMA deployed a mobile health team to provide much needed lifesaving health services in Keew, Nyirol County.

Implementation Challenges

- Access difficulties
- Continued displacement because of fighting, looting and attacks on health care workers
- Funding challenges
- Strengthening humanitarian and development partnerships to define the actual health needs.
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Physiotherapist showing how to help a man sitting after he had been laying for months following an injury. Photo: HI.

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