



HEALTH CLUSTER

HEALTH CLUSTER BULLETIN # 5

31 May 2018



Distribution of mosquito nets in the Bentiu POC. Photo: IOM.

South Sudan Emergency type: Complex Emergency

Reporting period: 1 – 31 May 2018

 **5.1 MILLION PEOPLE**
IN HEALTH NEED

 **2.1 MILLION**
TARGETED

 **1.9**
MILLION
DISPLACED

 **2.1 MILLION**
REFUGEES

HIGHLIGHTS

Improving Health Access and Scaling up Responsiveness

Four mobile teams deployed in hard to reach areas by IOM. 1,135 assisted deliveries by skilled health workers

Emergency WASH in Health Facilities in Conflict Affected Locations

195 health workers trained on disease surveillance and outbreak response and 4 on WASH and Nutrition response. 30 health facilities with functional incinerators.

Quality Essential Clinical Health Services

One health worker was trained on clinical management of rape while 9 sexual and gender based violence survivors referred to health facilities.

Improving Resilience- Mental Health Response

73 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



120

ASSORTED EMERGENCY
MEDICAL KITS (CORE
PIPELINE)

HEALTH CLUSTER ACTIVITIES



346 340

OPD CONSULTATIONS

VACCINATION



1 950 955

DOSES OF MEASLES VACCINE
1ST ROUND SIA

EARLY WARNING ALERT AND RESPONSE NETWORK



48

EWARN SENTINEL SITES

FUNDING \$US

130 M

REQUESTED



33.8

FUNDED

96.2 M

GAP

Key Context Update

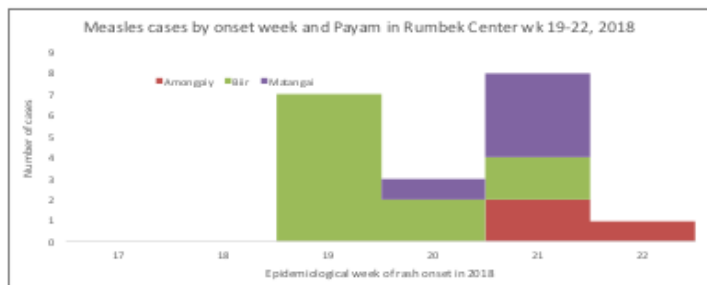
- Food security and nutrition situation deteriorates: Despite seasonal improvement resulting from the harvest, the food security situation has deteriorated significantly compared to the same time last year. According to the latest World Food Programme Vulnerability Analysis and Mapping (VAM) bulletin, only 61 per cent of the 2018 national cereal needs are met by the harvest.
- Humanitarians released after five days of detention in Yei: Ten aid workers who were detained while on an assessment mission near Yei, Central Equatoria, have been freed. The humanitarian workers were held by an armed opposition group in South Sudan for more than five days, since 25 April
- IGAD postpone South Sudan peace talks to mid-May: The IGAD mediation team announced, for the second time, the postponement of the second phase of the High-level Revitalization Forum (HLRF) process for South Sudan until mid-May, saying there are still “wide gaps” between parties to the conflict and that it wants to “narrow” the gaps before the next round of talks begin.
- EVD alert in Western Equatoria state, South Sudan: A 31-year-old person who is a registered Congolese refugee in Makpandu refugee camp whose illness started on 21 May 2018 with abdominal pain, followed by diarrhoea that became bloody, associated with painful urine, haematuria, and vomiting with blood stains. No fever was reported (axillary temp. 36.6 deg. Cent.). There was history of travel (on 14/05/2018) to Tongo Tongo village in Bayote county in Dunggu district of DR Congo, 50km from Nabia Apai borderpost of Gbudue state. No history exposure to symptomatic case (alive/dead), game meat in last 3 weeks. Sample was collected and result was negative for EVD.

Public Health Risks and Key Gaps

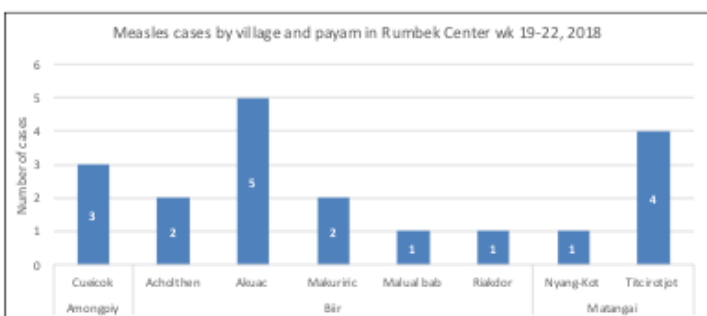
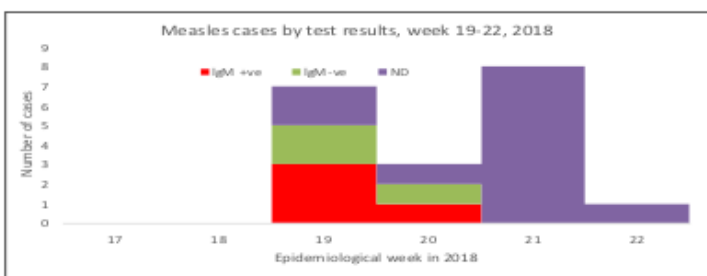
- By the end of May 2018, timeliness and completeness were 65% and 74% at county level for IDSR reporting and 70% and 74% at the health facilities for EWARS/IDP reporting respectively.
- A total of 350 alerts have been reported countrywide since the beginning of 2018. At least 68% of these alerts have been verified with the most frequent being acute watery diarrhoea 159 (45%), acute bloody diarrhoea 90 (25.7%), and suspect measles 65 (18.6%).
- Malaria is the top cause of morbidity in the relatively stable states where it accounts for 31.9% of the consultations. However, among the IDP sites, acute respiratory infections (ARI) are the top cause of morbidity where they account for 22.5% of consultations followed by malaria with 15.1% of the total outpatient consultations.

Notable events/outbreaks in April 2018

Measles outbreak - Rumbek Center County



Age	Female	Male	Total cases	%age	Cum%
<1yr	1	1	2	10.5%	10.5%
1-4yrs	3	8	11	57.9%	68.4%
5-9yrs	2	0	2	10.5%	78.9%
10-14yrs	0	1	1	5.3%	84.2%
15-44yrs	3	0	3	15.8%	100.0%
Total	9	10	19	100.0%	



- Measles outbreak confirmed in Rumbek Center after 3 IgM positive cases were confirmed
- A cumulative of 19 measles cases with no deaths have been line listed since week 19
- Most cases are from Akuach village (2km from Rumbek hospital) in Biir Payam. This is where the index cluster originated
- Nearly 70% of the cases are under 0-59 months
- Routine measles coverage for 1st qtr of 2018 for the county was 19%
- As part of the response; outbreak investigation completed; line listing underway; and vaccination microplan targeting 44,049 children 6-59 months of age has been completed
- A meeting convened in Juba on 5 June decided that CUAMM will lead the response and may be supported by MedAir depending on availability of resources to respond
- Long-term strategy for improving routine immunization is being developed by EPI-program

Malnutrition

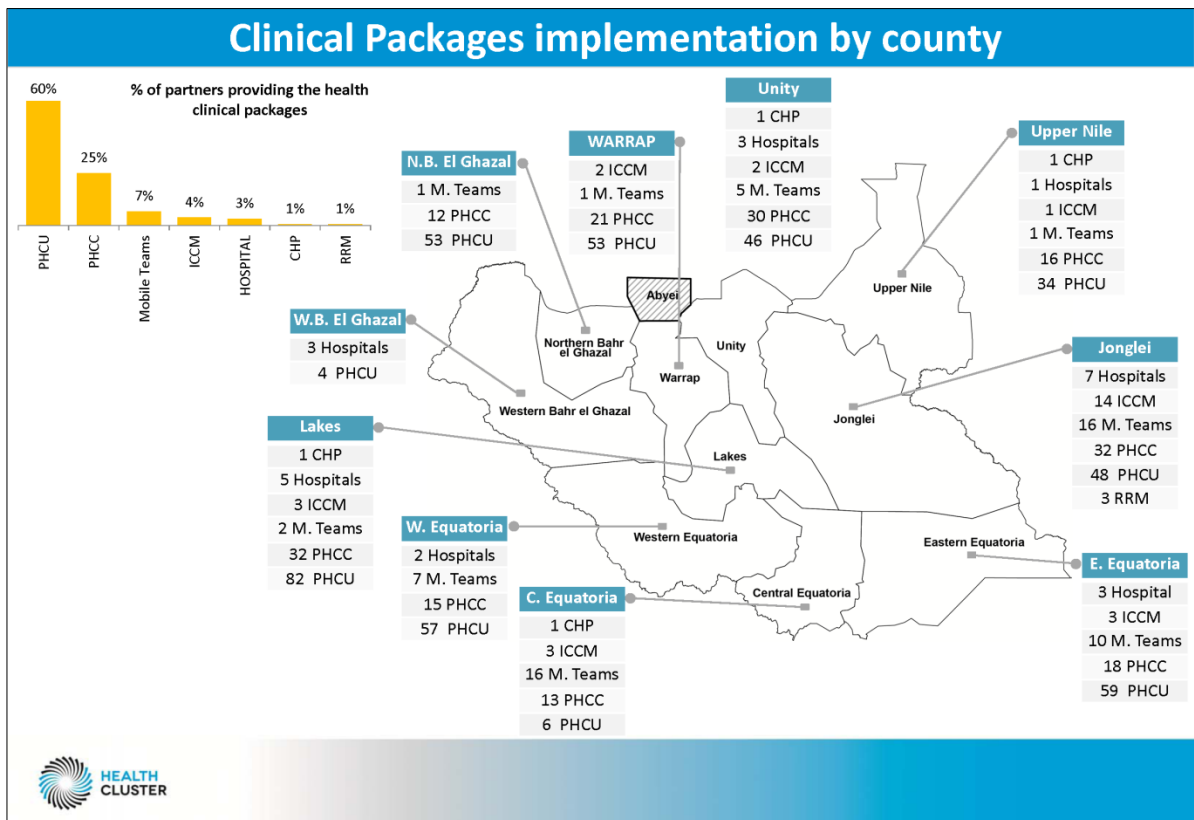
- South Sudan remains at increased risk of food insecurity and malnutrition with an estimated 6.3 million (57% of the population) in crisis (IPC Phase 3) and 50,000 in catastrophe (IPC Phase 5).

Mental Health Care Gap

Under the umbrella of the South Sudan Mental Health and psychosocial Support, the WHO and lead partners in mental health IMC and IOM conducted joint training for health workers and community mobilizers in Malakal PoC. This is in response to the high suicides rates reported in the PoC. 22 health workers were trained on principles of care, diagnosis and management of mental health conditions associated with suicide (depression, suicide and acute stress) and 31 community mobilizers were trained on suicide prevention. These trainings are aimed at strengthening ongoing multi-agency approaches to reverse the high suicides rates at the PoC.

Health Cluster Response

Clinical Package Analysis

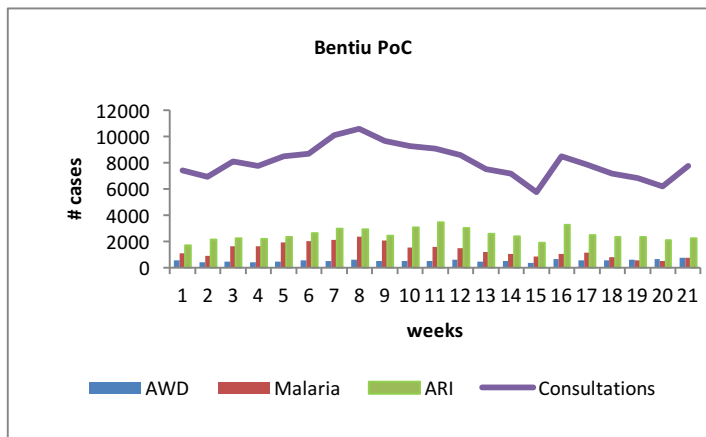


Health Cluster Sub-National Response Analysis

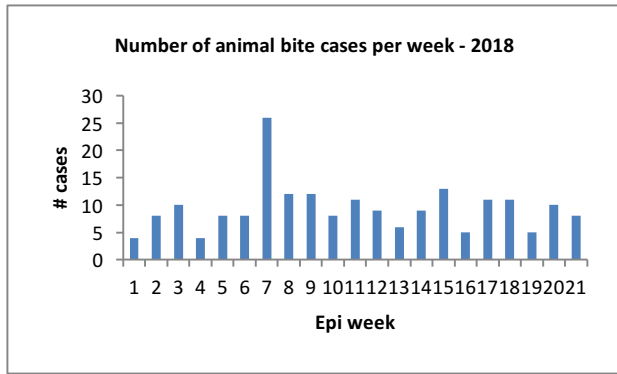
The population in the PoC increased from 113,310 in April to 116,725 in May.

- Under 5 mortality rate = 0.15/day/10,000 Crude mortality rate = 0.11/day/10,000
- Acute respiratory infections (ARI) continue to be the top morbidity

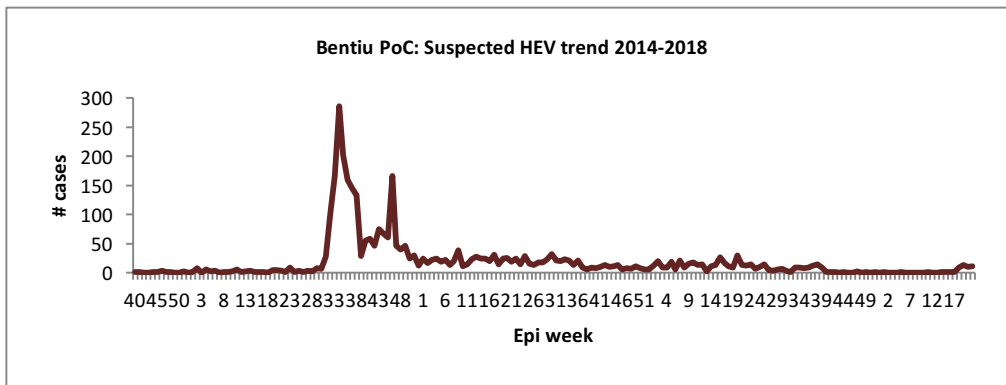
Bentiu PoC and Beyond Bentiu Response



- Dog bite cases in the PoC are cumulatively at 219 since 5 December 2017 including 2 deaths.



- VSF arrived end of the month and have started training the teams that are going to be involved in culling and sterilization of dogs in the camp.
- Health Cluster partners continue to work closely with WASH partners to respond to the Hep E in the PoC.



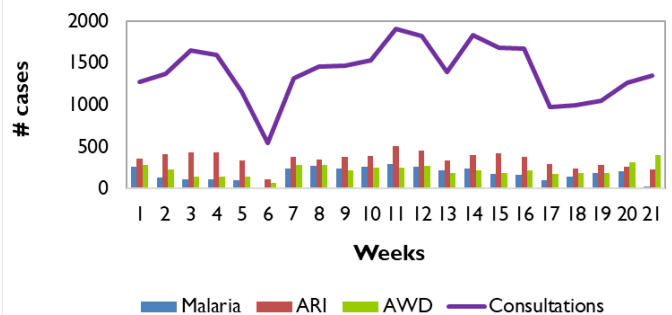
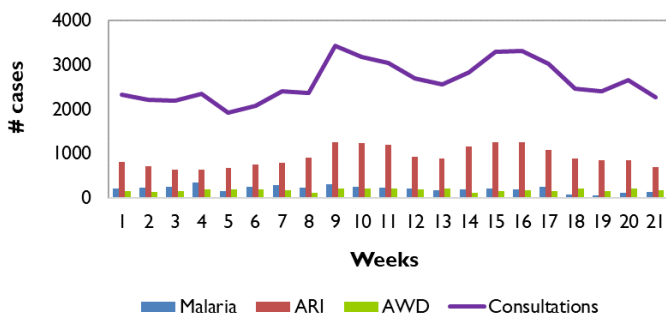
Beyond Bentiu Response and Southern Unity

- Insecurity in 6/9 counties continues to make consistent health service delivery to target population difficult.
- In Leer and Mayendit only 25% of health facilities are operational.
- Increased reports of SGBV cases in the locations with active conflict.
- The population in the Leer TPA has increased to 2,145 and the living conditions of the IDPs in the TPA are poor. The Health Cluster is working with UNIDO to provide health services.
- 18 kits were distributed to partners operating in the PoC, Rubkona, Koch and Leer.

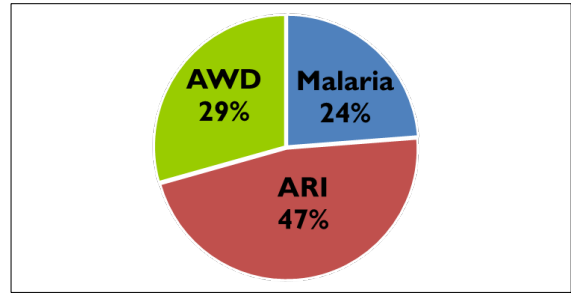
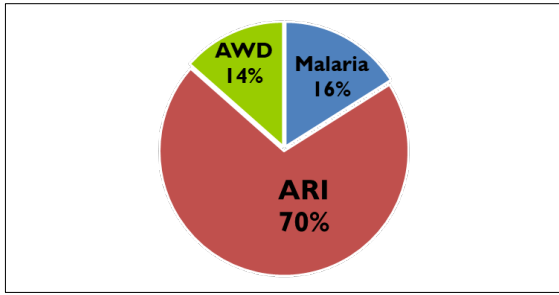
Malakal PoC. All clinics (IMC, IOM, MSF)

Malakal Town. All clinics (IOM, MSF)

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

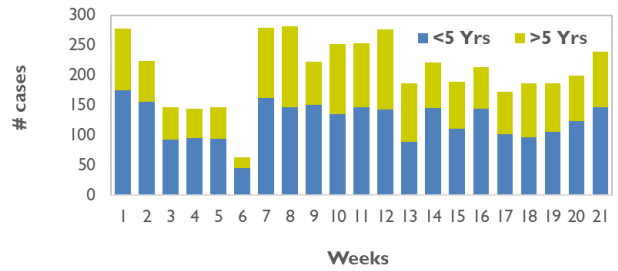
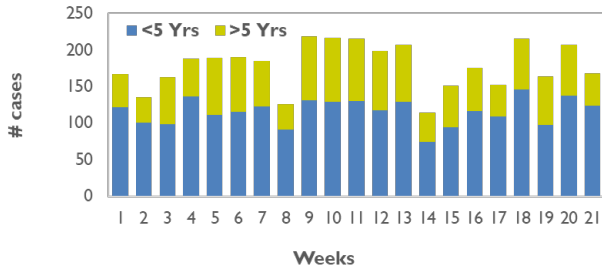


% of priority diseases amongst all consultations

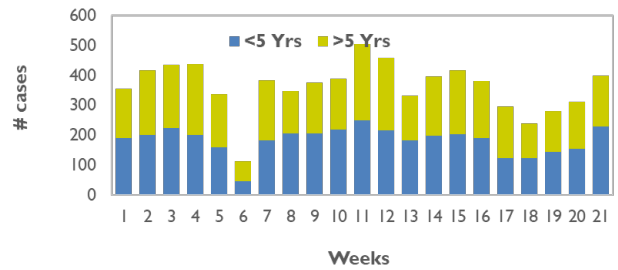
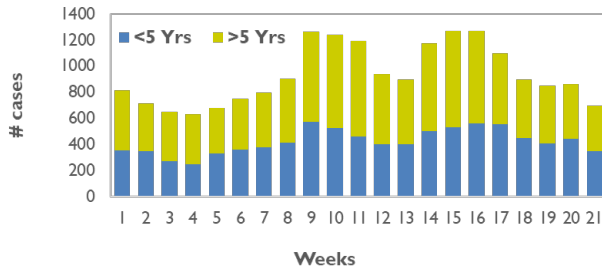


Number of AWD, ARI and Malaria cases with % of under 5 and over 5 by epidemiological week

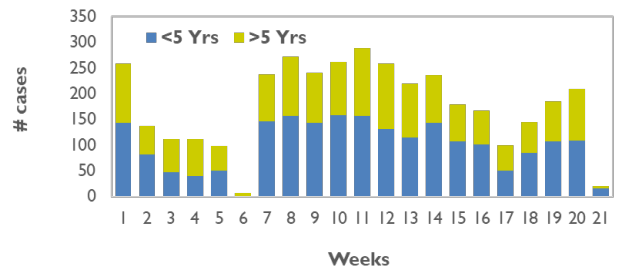
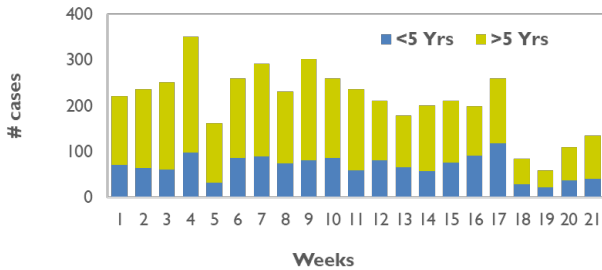
AWD



ARI



Malaria



Health Cluster Core Pipeline Update

- In May 2018, WHO prepositioned 18 complete cholera Central drugs module, 6 complete cholera periphery kit, 28 complete cholera community kit and 16 cholera investigation kits in Bentiu, Kuajojk, Wau, Awiel, Torit and Bor hub offices.
- WHO dispatched a total of 52 IEHK (31 IEHK basic without antimalarial, 3 IEHK malaria module, 13 IEHK supplementary malaria module and 5 IEHK supplementary module). Of which, 16 IEHK kits were prepositioned in Malakal hub office along with other items including 3 000 malaria RDT, one complete cholera central drug module, 3 cholera community kits, 6 kits of cholera investigation and one PPE Module B) and partners (TDH, UNIDO, THESO and CUAMM). In addition, a total of 30 cholera investigation kits, 100 pieces of cary blair, 10 rolls of absorbent cotton and 200 pieces of biohazard bag dispatched to Rapid Response Team.
- In April- May 2018, WHO has distributed 23 Severe Acute Malnutrition (SAM) kits in Jonglei, Upper Nile, Unity and Equatorias. The kits are enough to treat 1 150 SAM with medical complication children.

- In the reporting period, WHO received 50 Cholera central drugs module, 14 cholera periphery drugs module, 14 cholera periphery renewable supplies module, 70 Cholera community drugs module, 70 cholera community ORP care module, 70 cholera community document modules and 36 vials of ant rabies vaccine
- Second round training on health emergency kits, Reproductive health kits and emergency vaccines conducted.
- Training on Inpatient Management of Severe Acute Malnutrition with Medical Complications has been conducted between 4 – 10 May 2018 in Wau, former Western Bahr el Ghazal State.
- WHO has conducted a training on Nutrition Surveillance in Kapoeta East, targeting Kapoeta Hospital Staff (SMoH and ARC), to collect and report MUAC screening of children 6-59 months.
- Rapid response Mission was conducted in Longechuk (Mathiang and Udier) in Upper Nile state and Iholong in Torit Eastern Equatoria state with 7 494 children 0-15years immunized with OPV, 5 899 children 6month-15years immunized against measles, 3 000 LLIN distributed and 1 438 OPD consultation.

Agency	Items distributed in March 2018	Distribution locations	Remark
UNICEF	<ul style="list-style-type: none"> ▪ 7 500 doses of measles issued. ▪ 1 000 doses of measles issued. ▪ 800 doses of measles issued. ▪ 1 500 doses of measles issued. ▪ 14 000 doses of measles issued. 	<ul style="list-style-type: none"> ▪ Mundri East-Rescue International ▪ Iholong RMM ▪ Nyirol-MSF-Holland ▪ Pibor-MSF Belgium ▪ Kuajok SMOH 	

Progress on Health Cluster Work Plan

- Two verification and monitoring visits took place in this month. One PHCC and one stabilization visit was visited and conduct discussion at Health cluster coordination meeting to share lesson learnt and best practices.
- 4 Health cluster coordination meetings at National level and 8 sub-National health cluster coordination meetings took place in the month.
- Health Cluster-Donor coordination meeting was conducted in Juba with SIDA, OFDA, ECHO, DIFID.
- An IMO has joined the health cluster team in the country who will be of immense support for the HC.

Partner Implementation Key Highlights

- **John Dau Foundation (JDF)** - a total of 4,861 beneficiaries were reached at various health services including curative, immunization, Nutrition, anti-natal care/post-natal care with malaria cases leading in morbidity. Through ICCM, additional 2,523 children under 5 years were reached with health services by CBDs. 560 U5 children screened for SAM and MAM. In the same period, 100 births were attended by skilled birth attendants with 13 mothers of new born attending PNC, 479 children under age five were vaccinated with different antigens such as BCG, OPV, IPV, Pentavalent, Measles and while 216 women of child bearing age received TT and 344 pregnant mothers attended ANC services with 174 receiving Fansidar as a prophylaxis and 110 new pregnant women were counselled and tested for HIV. Also 16 mothers were counselled and enrolled in family planning methods, and 6000 people reached with health promotion messages. Over 500 LLIN were also distributed to pregnant women and children under one-year-old. With support from UNICEF assorted medical supplies required for medical management of health cases including cholera at both community and facility levels were supplied to 1 ORP, 2 CTU.
- **Health Link South Sudan** – Reached 35,399 people with curative consultations; sensitized 3340 beneficiaries; 1 285 children screened for malnutrition; reached a total of 5,675 children under five with iCCM services.
- **MENTOR Initiative** - carried out the Indoor Residual Spray (IRS) campaigns in two of the refugee camps in Maban; Gendrassa and Batil. A total of 8,435 out of 8869 houses were sprayed with Ficam (Bendiocarb) insecticides with

the excellent coverage rate of 95%. In addition, 753 out of 754 animal hosting shelters were also sprayed. A total of 42,195 individuals were protected by IRS that comprised 23,791 in Kaya and 18,404 in Gendrassa camps respectively.

- **IOM** – conducted 50 115 consultations; distributed 50 200 mosquito nets in Bentiu in collaboration with UNICEF in all the five PoC sectors. In Bentiu and conducted training for WASH, Health, and Nutrition partners on Hepatitis E case detection, prevention and control.
- **LiveWell South Sudan** –screened 136 children for SAM and MAM, and reached 1 768 people with health education.
- **Christian Mission Aid (CMA)** – conducted Boma health team training in Lankien, Nyirol County.
- **WHO** in collaboration with MOH and other partners is trained a total of 270 data collectors and field supervisors across the ten-former state in South Sudan in preparation for the assessment of 1800 health facilities using Services Availability and Readiness Assessment (SARA) methodology.
WHO is training 20 staff from stabilization centers on inpatient management of Severe Acute Malnutrition with medical complications in Wau.
Following the declaration of Ebola Virus disease outbreak in DRC, WHO is working with the MoH and key partners strengthened preparedness and readiness capacities at national and points of entry. An assorted consignment of emergency kits was prepositioned at border points to facilitate suspected case investigation and response.
To scale up access to lifesaving essential health services during emergencies as well as improving time of response to outbreaks, WHO recruited and trained national emergency mobile medical team.
WHO supported MoH and partners to roll out the capacity building program for health staff to skilfully manage patients with SAM/MC in SCs targeting 9 priority counties with high burden of acute malnutrition, in Western Bahr el Ghazal, Warrap, Unity, Jonglei and Eastern Equatoria.
WHO rolled out the third phase of the Early Warning, Alert and Response System (EWARS), a web-based and mobile devise enabled electronic platform to overcome the reporting challenges of transmitting standardized paper-based IDSR data tools and strengthen surveillance and response capacities in South Sudan.
- **Hold the Child** - Out of the 121 (Female 63 and 58 male) SAM Children screened for Malaria, 95 (Female 49 and 46 Male) tested Positive and 78 (42 female and 36 Male) were treated.



CMA and Medair teams during the multi-sectoral needs assessment in Nyadin Photo: CMA

Humanitarian Development Nexus

- CMA together with Medair carried out a multi-sectoral needs assessment in Nyadin. The assessment took place from 7th to 14 May and encompassed health, nutrition, NFI and WASH to identify and prioritize emergency needs and inform an integrated response as necessary.

Implementation Challenges

- Insecurity leading to inaccessibility of the implementation sites
- In accessible due to rain and flooding in some area of the country will be a challenge
- Resurgence of violence between warring parties in Southern and Central Unity state leading to displacement, looting of health facilities and relocation of health care provider
- Inadequate funding- the health cluster is still having a balance of more than 100 Million to raise.

Contacts:

Ms Magda Armah
Health Cluster coordinator
Mobile : +211 916 251 148
Email : armahm@who.int

Dr. C. B. Uday Raj Naidu
Health Cluster Co-Lead
Mobile: + 211 922 047 115
Email:
SouthSudan.HealthCluster@savethechildren.org

Ms Jemila M. Ebrahim
Communication Officer
Mobile : +211 921 647 859
Email : ebrahimj@who.int