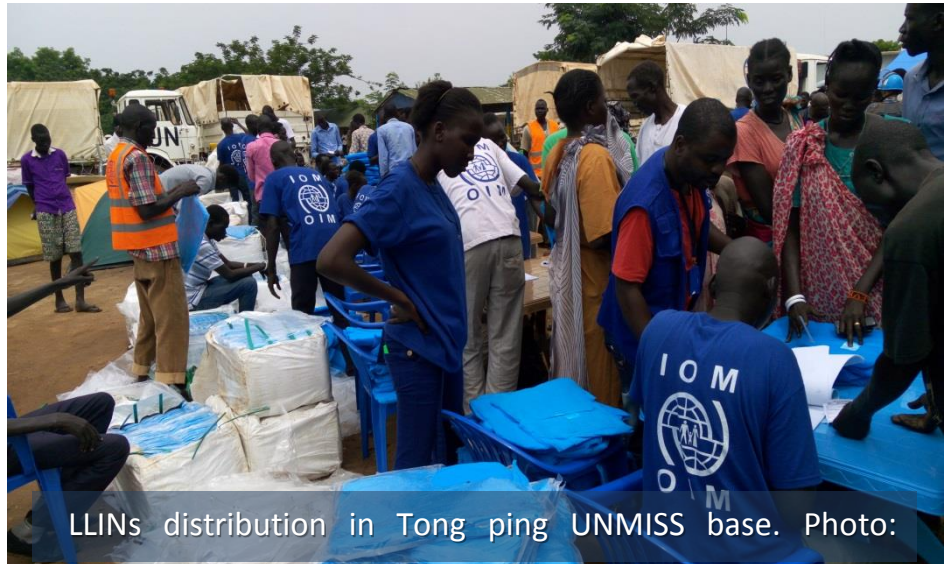




HEALTH CLUSTER BULLETIN # 2
09 August 2016



LLINs distribution in Tong ping UNMISS base. Photo:

South Sudan










Emergency type: Complex Emergency
 Reporting period: 26 July - 09 August 2016



HIGHLIGHTS

- ❖ Health partners have reported a sharp increase in the influx of IDPs in the Bentiu PoC site, Unity State and are responding to the increasing needs. Mass casualty plans have been updated, while WHO is supporting partners on the ground with provision of anti-malarials, other medicines and surgical kits
- ❖ Reports from the field reveal a weakened health system. Health facility functioning is constrained by the lack of sustainable inventory systems and a reliable supply of essential medicines/supplies. Probable drug stock outs across the states and the anticipated country wide stock out of essential medicines remain a huge public health concern due to limited humanitarian access.
- ❖ Malaria is the number one cause of morbidity in the country accounting for 69% of all morbidity. The malaria cases in several locations including Bentiu PoC, the greater Northern Bahr el Ghazal, and the greater Warrap have exceeded expected levels. Enhancement of malaria preparedness and response protocol is required to reduce new infections and death from complicated malaria.

HEALTH SECTOR

	11	HEALTH CLUSTER PARTNERS CURRENTLY OPERATING IN SUDAN
	67	PARTNERS AFFILIATED WITH THE HEALTH CLUSTER IN SOUTH SUDAN
MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*		
	40 KITS	ESSENTIAL MEDICINES
HEALTH FACILITIES		
	1 392	TOTAL NUMBER OF HEALTH FACILITIES
	988	HEALTH FACILITIES FUNCTIONING
HEALTH ACTION		
	3 089 370	CONSULTATIONS*
VACCINATION AGAINST		
	7 098	ORAL CHOLERA VIRUS
	181 694	MEASLES
EWARN		
	49	EWARN SENTINEL SITES**
FUNDING \$US		
	29	% FUNDED
	\$110M	REQUESTED

*Since Jan 2016 ** 1392 IDSR sites reporting through HDIS

Situation update

- The security situation in Juba and the states remained relatively calm but unpredictable and extremely volatile. Ongoing clashes in the Greater Equatoria region led to increased population migration to neighboring countries.
- The conflict has exacerbated the country's long-standing humanitarian challenges and restricted access to people in need. Consequently, movement of humanitarian agencies is restricted to PoC sites and other nearby settlement sites. Some field sites remain completely inaccessible due to ongoing fighting.
- The United Nations Security Council has extended the mandate of its peacekeeping mission in South Sudan until 12 August 2016.
- UN staff members are facing challenges in entering South Sudan on international flights and are routinely being held up at Juba International Airport. The UN Office is working with the Ministry of Foreign Affairs and Immigration officials to develop a standard system to allow regular information sharing with the authorities. UNMISS has already deployed UNPOL to assist staff members arriving at Juba International Airport.
- Skirmishes in Leer, Unity state forced humanitarian workers to seek protection in the Ghanbatt compound. Humanitarian compounds in Leer were looted for the third time since the crisis started in 2013 and currently there are no health service providers on the ground.
- Health partners have reported a sharp increase in the influx of IDPs in the Bentiu PoC site, Unity State and are responding to the increased needs. Mass casualty plans have been updated and WHO is supporting partners on the ground by providing anti-malarial, essential primary health care medicines and surgical kits.

Public health risks, priorities, needs and gaps

- Cholera and Acute Watery Diarrhoea (AWD) cases have increased due to the disruption of hygiene and sanitation systems. Furthermore, malaria accounts for high morbidity across counties and access to treatment is compounded by limited access to health care, medicines and medical supplies which remain the main public health concerns among partners. According to the EWARN system, malaria is the first cause of morbidity in the country accounting for 69% of all consultations. The trend is being monitored closely while health supplies have been prepositioned at some health facilities that are reporting high number of cases. Health Cluster partners in areas with high caseloads are being contacted to evaluate their health/malaria supplies, medical capacity to respond and to make further requests of these material from WHO pipelines. In line with prevention activities, LLINs are being distributed to vulnerable populations progressively and IECs targeting behavioural change to use LLINs are in place.
- Re-establishing and reinforcing water safety measures and strengthening vector borne diseases including outbreak control measures are critical to avert risk of communicable diseases.
- Major health facilities in large states including Eastern Equatoria, Warrap, Western Bahr El Ghazal, and Central Equatoria are currently running with limited staff responding to primary health care needs and traumatic emergencies. Furthermore, some health facilities operate in a very limited capacity in a large part of the country and more were destroyed in Wau following the fighting in Western Bahr El Ghazal.
- Reports from the field reveal a weakened health system. Health facility functioning is constrained by the lack of sustainable inventory systems and a reliable supply of essential medicines/supplies. Probable drug stock outs across the states and the anticipated country wide stock out of essential medicines remain a huge public health concern due to limited humanitarian access.
- Restoration of disrupted primary health care delivery, including the management of non-communicable diseases, mental health and psychosocial support through the provision of essential medicines and supplies, and rehabilitation of damaged health facilities.
- Prepositioning of essential medical supplies in hard-to-reach areas which may be further isolated due to insecurity and road blocks.
- The economic situation continues to affect and destabilize prices on the market, making access to much needed health services for the majority of the population a challenge.
- Limited funding is currently the most pressing challenge. With only 29% of the required \$110 million having been received, leaving a 71% gap. Consequently, partners cannot implement most of the planned interventions.

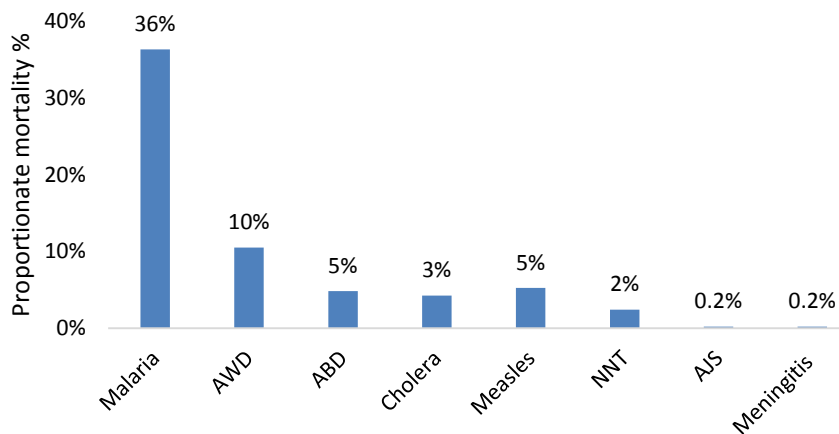
Communicable diseases

- A cholera outbreak was reported in the Terekeka, Juba and Duk Counties in Central Equatoria and Jonglei States. Surveillance data

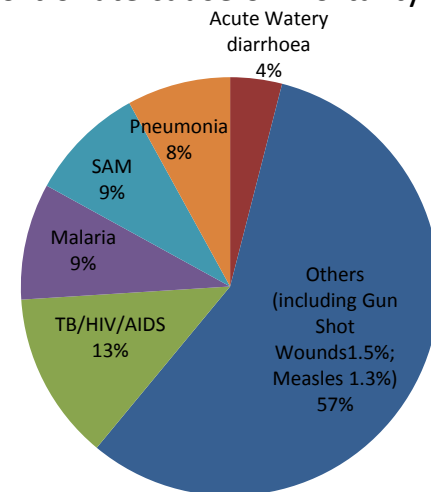
obtained from the MoH shows increasing cases of cholera. As of 07 August 2016, a total of 904 cholera cases including 22 deaths (CFR 2.43%) have been reported in Juba, Terekeka and Duk Counties. In Juba County, 829 cases including nine deaths (CFR 1.08%) have been reported from Gorom, Khor William, Juba Na Bari, Giada, Lologo, and UN House. In Duk county, 61 suspected cases including eight deaths (CFR 13.11%) have been reported from Kawer, Long, and Moldova islands. In Terekeka, 14 cases including five deaths (CFR 35.71%) have been reported. Currently, the Juba Teaching Hospital has been designated as a CTC, with a total of 21 new suspected cholera cases reported in Juba on 07 August 2016. A new CTC has been set up in UN House to receive cholera cases.

- Since the beginning of 2016, a total of 1 580 cases of suspected measles cases have been reported. Laboratory confirmed measles outbreaks in 12 counties have been responded to reaching 181,694 children 6 – 59months above the target of 161,990. A country wide measles campaign is planned for October 2016 with only 50% of budgeted funds available. Preparations towards it have been disrupted by the current crisis. The MoH however intends to reactivate resource mobilization for the follow-up campaign through the Inter-agency Coordinating Committee Meeting scheduled on 11 August 2016.
- Malaria is the number one cause of morbidity in the country accounting for 69% of all morbidity. The malaria cases in several locations including Bentiu PoC, the greater Northern Bahr el Ghazal, and the greater Warrap have exceeded expected levels. Enhancement of malaria preparedness and response protocol is underway to morbidity and mortality from malaria. Detailed analysis of malaria data is underway to identify the most affected counties and other high risk groups.
- In the general population, malaria accounts for 36% of the major causes of death followed by Acute Watery Diarrhoea and Acute Bloody Diarrhoea, for the period Jan - July 2016. In the same period, among the displaced population, a total of 858 deaths have been reported from all IDP sites with TB/HIV/AIDS accounting for 12.6% deaths while malaria accounted for 8.6% deaths. Overall, Bentiu, Unity state registered the highest number of deaths followed by Malakal and Juba PoC.
- During 2016, the most common causes of death in under five were severe malaria, severe pneumonia, medical complications of malnutrition, and perinatal complications.
- As of week 30, a total of 188 suspected cases of AFP have been detected and 6 cases were investigated (two from Lakes and four from Warrap). Currently the state NPAFP rate is 4/100, 000 for under 15 years with a stool adequacy of 92%, compared to 95% for 2015.

IDSR causes of mortality W1 to W29 2016



Proportionate cause of mortality in IDPs



Trauma and injury

- Since the start of the current violence in Juba, the humanitarian partners have documented over 120 cases of sexual violence and rape against civilians in the Juba PoC sites. To scale up the response on the sexual and gender based violence (SGBV) cases around the PoCs in Juba, a UN interagency task force has been formed by senior leaders. UNFPA has been tasked to lead the group with the participation of WHO, UN Women, Office of Human Rights and other agencies.

Reproductive health

- In spite of extreme challenges, UNFPA and its partners continue to deliver humanitarian interventions in both GBV and RH and strengthen the coordination efforts. Reproductive Health services mainly screening, PMTCT, counselling, ANC, family planning and maternity delivery has resumed at Wau Teaching Hospital, Western Bahr El Ghazal State.

Non communicable diseases and mental health

- Thousands suffering from trauma and psychological distress amid a chronic shortage of mental healthcare services in the country. The recent events have fuelled a number of sexual and gender violence issues. This has also heightened the need for providing adequate access to mental health services nationwide.

Functionality of health facilities

Availability of health staff

- The capacity of the Ministry of Health to deliver basic health services is limited and humanitarian actors continue to cover 80% of the response in all the states. Human Resources remain a major constraint, with local manpower non-available and unable to be deployed due to tribal dimension of the crisis. Lack of payment of government health workers is also placing pressure on humanitarian partners.
- The provision of health services in the facilities has been also halted/delayed as main operational partners moved out their field staff.
- The currently devaluation of the South Sudanese Pound against the US dollar has rendered staff remuneration and health partners have been challenged/pressured to raise salary rates.

Availability of essential drugs, vaccines and supplies

- The MoH requested WHO and health partners support with provision of medical supplies including test kits and laboratory reagents. However, the movement of medicines/supplies from Juba to the states remains a priority. Transportation remains a key challenge to field sites as access via air or road isn't possible at times.

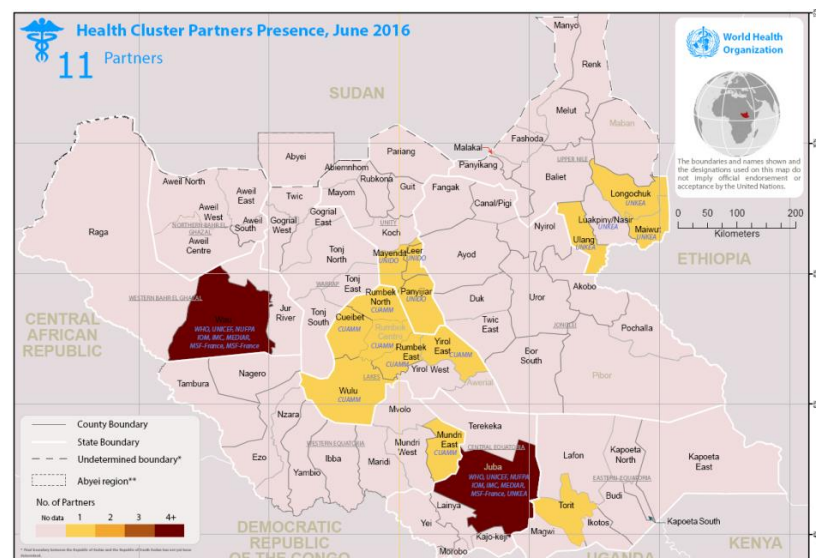
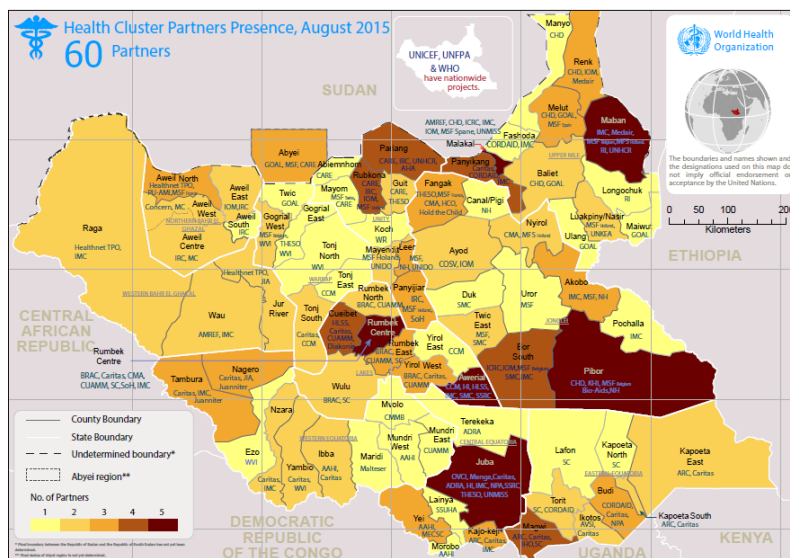
Health Cluster Action

Health cluster coordination

- The Health Cluster and WHO continue to support the MoH to coordinate medical relief through Health Cluster coordination at the central level and operational cluster meetings in the highly affected states, with a focus on the severely affected areas. Operational health cluster meetings continue in a number of states, including Wau, Bentiu, Malakal, Bor and Yambio. A Health cluster mass causality plan has jointly been developed with other clusters to ensure the timely preparation to manage mass causality incidents and disasters.
- A National Cholera Taskforce led by MOH and co-chaired by WHO has been activated to respond to the cholera outbreak through daily meetings at the Juba Teaching hospital.
- The Health and WASH clusters supported the MoH to develop a cholera response coordination matrix based on the National Cholera response guidelines and operational plan to coordinate the cholera response. The matrix captures information on the six thematic areas of the cholera response in order to inform coordination needs and decisions in daily cholera taskforce meetings. The response is currently being tracked with reports submitted by partners including; IOM, MSF-B, IMC, Medair, MADA, GOAL, ARUDA, HLSS, ACROSS and the Medical Corps. Synergy between local partners and International NGOs has been ensured to scale up the cholera response around the affected sites.
- An inventory of WHO and health cluster pipeline supplies has been finalized and shared to facilitate cholera response by partners. Health partners are accessing supplies to support the cholera, malaria and measles response.
- Health partners have begun a series of Oral Cholera Vaccination (OCV) Campaigns in concerted efforts to contain the outbreak of the disease amongst vulnerable populations. This has been done for IDPs in UN Tong ping, Orphanages, Frontline health staff and

other special populations. Since 27 July 2016, over 7 000 persons were vaccinated with OCV in Juba.

- WHO is supporting the MoH in disease surveillance and overall coordination as well as ensuring the continuity of essential services, including maternal and child health care services with the help of UNFPA and UNICEF. WHO is presently enhancing logistic capacity of its field presence in the states, to ensure the relevant and appropriate support is provided to the State MoH and partners to mitigate bottlenecks, especially in delivery of supplies and equipment.
- In response to the new deterioration in the health service delivery following the recent conflict, WHO developed a health sector strategy with the aim to mitigate excess mortality and morbidity through mitigating risks to health security, ensuring increased access and ensuring equitable access to a package of life-saving healthcare services for conflict affected population in South Sudan. The health sector strategy developed by WHO with input from the Health Cluster partners is under finalization.
- WHO continues to lead the coordination of humanitarian and development cluster partners to respond in an effective and timely manner to the current emergency including cases of cholera reported in Juba, Terekeka & Duk. As shown below, recent data from the Health Cluster indicates that, only 11 out of the 67 health partners are still in country with limited number of staff and are currently responding to the humanitarian crises under challenging circumstances. The map below show the concentration of partners in the different states since the fighting has erupted in South Sudan in comparison with their presence in August 2015. The situation is expected to improve as soon as the security situation allows for the return of the Health Partners to operate in South Sudan.



Assessments

- Assessments of the health care needs of the affected population in Wau WBG were conducted by MoH and health partners. Indeed, to identify and assess potential communicable disease threat and other needs.
- WHO has supported cholera verification and response missions to Terekeka and Duk Islands where cholera outbreaks have been confirmed.

Support to health service delivery

- To reduce the spread of disease in Tong ping UNMISS PoC site, IOM health and hygiene promoters continue house-to-house health and hygiene education sessions. Outreach workers also conducted shelter to shelter census registration in the Tong ping UNMISS PoC site. IOM also distributed 2 625 LLINs as a preventive measure against malaria. Malaria is number one top morbidity in IOM Tong ping UNMISS base clinic.

- To Strengthening disease surveillance, response and control system in Warrap state, WHO conducted supportive supervision visit from 11 to 16 July. The aim was to assess the knowledge and performance of field staff on active detection of diseases and the reinforcement of the performance of the health system, build the skills and competencies of staff, improve the exchange and dissemination of relevant information, and ensure accessibility to the information derived from the system.

Health facilities

- Cholera preparedness and response activities are being scaled up in Duk Island with the setup of oral rehydration points by John Dau Foundation, a national NGO.

Community level

Provision of essential drugs and supplies

- In its response to the Ministry of Health's requests to fill the critical gaps in essential medical supplies and service delivery:
 - WHO provided five measles and three rubella test kits and additional laboratory reagents to the National Public Health Laboratory to facilitate testing for cholera and other enteric pathogens.
 - WHO is supporting health cluster partners to respond to cholera outbreaks and malaria upsurge by providing surveillance guidelines, tools, case management protocols, rapid diagnostic tests and Carry Blair transport media.
 - WHO prepositioned cholera and malaria kits in high-risk states to enhance readiness capacities for cholera and malaria response.
 - WHO has supported two (ARUDA and Gifted Hands) national NGOs to setup two oral rehydration points at Check Point community, one of the inaccessible locations in Juba.
 - WHO and partners have trained health and hygiene promoters in Juba who daily reach 49 711 people with distribution of cholera prevention and control messages.
 - UNICEF prepositioned 100 cholera beds, 67 Diarrheal Diseases Kits (DDK), 28 tents of 72 sqm, 67 tents of 42sqm in CES, EES, Jonglei, Upper Nile and Unity states. In addition UNICEF prepositioned 1 266 boxes of water purifier (NADCC), 3 810 boxes of soap, 8 970 buckets and 40 drums of 45 kg of chlorine in Juba, Malakal, Yambio and Rumbek and 3 000 Cholera/AWD IEC kits containing various communication materials in 3 high risk state ministries of health and partners along with radio broadcasting across the country.
 - UNICEF also scaled –up WASH activities by providing 10 000 litres of water per day to Juba Teaching Hospital (JTH) (for drinking and sanitary purposes), repairing all latrines including sewage collection and disposal as well as construction of 40 latrines at UNMISS Thong Ping PoC site.
 - As part of its contribution to cholera prevention, UNICEF has constructed 40 latrines at UNMISS Thong Ping PoC site and has repaired all latrines in Juba Teaching Hospital (JTH). In addition, UNICEF is delivering 10 000 litres of water per day to JTH for drinking and sanitary purposes as well as conducting sewage collection and disposal.
 - With operational and technical support from UNICEF, Health Link South Sudan (HLSS) established 11 Oral Rehydration Points at Al-Giadar, El-Sabah, Gorom, Gumbo, Gurei, Kator, Kor-William, Lologo, Mahad, Munuki and Nyakuron and a network of 55 Home Health Promoters (HHPs) reached 57 316 people with cholera preventive messages and WASH supplies.

Child health: Vaccination

- To protect children from vaccine preventable diseases, Magna continued to provide health services through three fixed and three mobile facilities in the UN House PoC site. Over the last two weeks, a total of 589 (402 children and 187 women) immunizations were provided to children and women of child bearing age. In addition, 123 people were reached with health education services to create awareness and improve uptake of immunization.

- World Vision International (WVI) in collaboration with state Ministry of Health (SMOH), WHO, South Sudan Red Cross (SSRC) and Gogrial West County Health Department conducted a large mopping-up immunization activity targeting over 29 000 children from 25 to 29 July 2016 in Kuac North, Kuac South & Riau counties, Warrap state.

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