








## Bulletin # 05 May 2016



### HIGHLIGHTS

	<b>CONSULTATIONS</b>	115,556
	<b>ASSISTED DELIVERIES</b>	1,583
	<b>ANC SERVICES</b>	9,053
	<b>MEASLES VACCINATION</b>	102,809
	<b>% HRP FUNDED</b>	26%
	<b>HEALTH CLUSTER PARTNERS</b> <i>(47-INGO, 16- NNGO, 4 - UN)</i>	67

### In this issue

- [Situation Overview P.1](#)
- [Coordination Structure P.1](#)
- [Surveillance and communicable disease control P.1](#)
- [Health partners response P.2](#)
- [Assessment and response P.4](#)
- [Gaps and challenges P.5](#)

 <p>4.73 M PEOPLE IN NEED</p>	 <p>2.5 M TARGETED FOR HEALTH</p>	 <p>1.6 M DISPLACED</p>	 <p>300,000 REFUGEES</p>
--	--	--	---

Dear Partners,

We would like to use this opportunity to send our sincerest thanks to you and your incredibly dedicated teams for the support of the health cluster response.



## May 2016 Gallery



## Situation Overview

Ongoing insecurities have resulted in the looting of humanitarian operational bases including health facilities and health commodities. The most recent being the hospital in Raga.



The

POC's spaces within the UNMISS base and IDP settlements have largely remained calm and have continued to receive health intervention. With the peace promise that the return of the Vice president brought, health cluster partners are seeing more and more regular IDP movements outside of the POC's and reportedly heading to their places of origin or other settlements. This has engaged health partners on strengthening of early recovery discussions and a return framework on the health preparedness to receive the returning individuals into the communities.

With the onset of the rainy season, the health cluster and partners remains vigilante on surveillance and an imminent scaled up response to Malaria. There is also heightened alert and preparedness against cholera.

Following the Measles campaigns that took place in Yirol East and West, the cholera assessments and preparedness in the Juba hot spots and the states and the high malnutrition rates in under 5's and pregnant and lactating women in May, Health, Nutrition and WASH Clusters defined a draft inter cluster concept note for strengthening response and moving forward.

The Health cluster in May has continued to engage energies on strategically supporting partners to respond to emerging disease surveillance data and outbreak alerts. Partners responding in locations that are alerting health risks are followed and guided to interrupt transmission as has been the various responses to the measles alerts/ VHF alerts. The risk of measles outbreaks in

South Sudan in 2016, was predicted especially for the three conflict affected states where measles mortality could be as high as 15 - 20%. The low coverage of Routine Immunization in South Sudan show at national level the Penta 3 and measles coverage are respectively 41% and 48%. In the 3 states affected by the conflict the situation is worse, in Unity state (penta3: 11%, measles 13%), Upper Nile (penta3: 5%, Measles: 10%), Jonglei (Penta3: 8%, measles: 12%).

## Coordination Structure

At the national level, the HC has engaged partners on biweekly coordination for a: The themes in focus have been on response to the emerging IDSR/EWARN data of interest and response based on active engagements with partners providing response in those areas. At the State level, a combination of monthly and biweekly coordination modalities have been used to focus partner engagements in response. State focal points with cluster partners are finalizing state level health contingency plans.

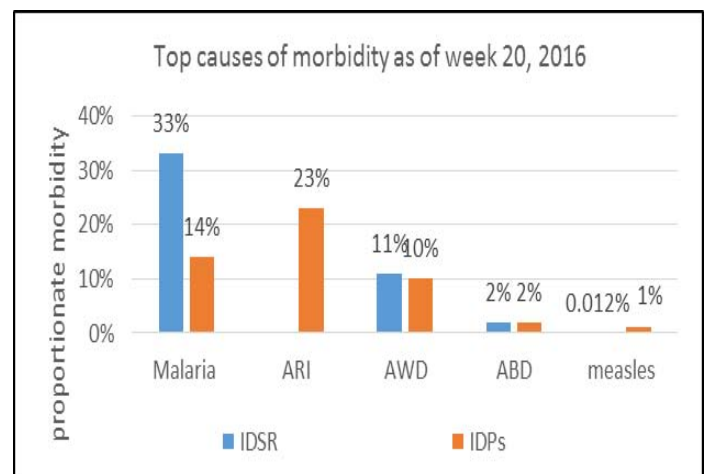
## Surveillance and communicable disease Control

### Highlights - IDSR/EWARS

Completeness: 47% for IDSR and 63% for EWARS.

# of Consultations: 1,851,445 consultations in 2016 (1,347,363 under IDSR and 504,082 under EWARN).

- ◆ **Measles:** At least 174 new suspect measles cases including one death were reported in May 2016.
- ◆ **Cholera:** No new cholera cases have been reported.
- ◆ **HF:** No new suspect cases have been reported since 6 May 2016.





## Health Partners Response

**CEmONC:** As part of its CEmONC program to improve access, availability and quality of maternal and child health in Kuajok, WHO trained 14 staff nurses and medical officers on key aspects of infection prevention, management of Eclampsia and neonatal care to improve their skills in delivery and new born care. As a result, the infection rate of neonates delivered in the hospital has dropped significantly compared to the previous periods. Women's access to essential services including antenatal and postnatal care has extremely improved, deliveries increased from 54 in April to 64 in May 2016. Besides, WHO delivered drugs and essential equipment to Kuajok hospital for MNCH services and this has reduced drug stock outs.



WHO technical Officer in the delivery room in a fact finding mission. Photo: WHO

**EmONC:** To effectively provide focused Antenatal Care services in Fangak and Nyirol Counties, Christian Mission Aid (CMA), established 4 functional basic EmONC units. Through the project, 939 women (slightly higher than the projected) attended at least 3 antenatal care sessions in both Fangak and Nyirol, 962 pregnant women received TT2 vaccination and 30 basic emergency obstetric and new-born care services were delivered. Additionally, to prevent malaria attacks, 621 pregnant women received Long Lasting Insecticide Treated Net (LLINs) and 448 of them received IPT2 treatment.

In an effort to improve survival, growth, and development of children with equity, 437 pregnant women 453 lactating women and caretakers of children under 6 months and 705 lactating women and caretakers of children between 6-24months attended individual Infant Young Child Feeding (IYCF) counseling sessions. In line with this, 10 IYCF groups, including Mother Support groups were formed and made operational.



Lactating mothers in a group discussion at Juaibor PHCC. Photo: CMA

**Measles:** To boost the children's immunity against measles and vitamin A deficiency, IMC and partners carried out an integrated campaign in Malakal town reaching 919 (96.7% of the target population).



A child being vaccinated in Malakal town. Photo IMC

Following confirmed cases of Measles in Bentiu and in Malakal PoC sites, IOM and partners conducted Measles Vaccination Campaigns. During the campaign a total of 45,897 children (94.3% of the target population) were vaccinated over 5 days in Bentiu PoC and a total of 7,282 children (91.2% of the campaign target) were vaccinated in three days in Malakal PoC.



IOM staff vaccinating a child during the Measles vaccination campaign in Malakal PoC. Photo IOM.

## Health Partners Response continued...

**Emergency Response:** As part of its ongoing efforts to scale up access to life-saving interventions aimed at controlling communicable diseases based on the trend of disease epidemiology, WHO donated emergency lifesaving essential drugs to Catholic Diocese of Tambura and Yambio (CDTY). This institution provides primary health care (PHC) to 15 health facilities all over former WES (Amadi, Maridi and Gdudue) to over 75,000 individuals. The donated drugs will support these health facilities for the coming three months to prevent or treat malaria, ARI and AWD.



The WHO logistician supervising as the drugs were prepared for road dispatch. Photo WHO.

**SMART survey:** With funding from UNDP CHF and technical support from UNICEF, UNKEA conducted a SMART survey in Nasir County, Upper Nile State. The results of the survey shows alarming global acute malnutrition (GAM) rates of 21.8% and under five mortality rates (U5MR) of 2.57 /10000/day above the World Health Organization (WHO) emergency thresholds. These alarming malnutrition and under five mortality rates are likely to worsen if no funding is secured for health. A SMART survey conducted last year at the same period shows GAM rates of 19.9% and U5MR of 0.43/10000/day. While the increase in GAM rates from 2015 to 2016 is small, the increase in U5MR is of a great concern.



MUAC measurement during the survey-Nasir County. Photo UNKEA

**Health Education:** To prevent and control communicable diseases, Sudan Medical Care (SMC) reached 13,991 beneficiaries with health education. The health education was carried out in health facilities and church congregations. It is worth mentioning that SMC has now completed renovating four health facilities participating in the health education strategy, including the installation of the cold chain machines, solar panels as well as power generators



Health education session in a churches: Duk County. Photo: SMC

**Cold Chain:** Since December 2013, Longechuk had been without a medical cold chain. During the conflict, refrigerators, freezers, and solar panels were all looted to safely store and keep basic temperature-sensitive pharmaceuticals and supplies, such as vaccines. Relief International (RI) and cluster partners with financial support from the Common Humanitarian Fund (CHF) established the medical cold chain and commence vaccination and expanded program of immunization (EPI) activities. Through the project, RI provided 59,003 consultations, immunized 2,806 children under the age of one, and 101 pregnant women against Tetanus Toxoid, provided antenatal care to 901 pregnant women, and assisted 148 deliveries.

Additionally, RI procured and distributed essential drugs, including emergency surgical and obstetric drugs kits, medical supplies, basic medical equipment, and laboratory supplies from the CHD to the facility level.



Vaccinations being carried out as part of RI's CHF-funded program in Longechuk. Photo: RI.



## Health Partners Response continued...

**Combating Malnutrition:** CUAMM supports the nutrition program in Rumbek North. To combat malnutrition among under-five children due to shortage of nutritious foods, in which the supply of the food supplements from WFP and UNICEF serve as the panacea as well as the degree of knowledge of the care givers (mostly mothers) about the correct and safe feeding of the children with the food supplements is significantly associated with the success or failure of the feeding programs. Hence, since March 2016, CUAMM brought a paradigm shift in the technical direction involved in the implementation of the malnutrition therapy program: by recruiting five Community Nutrition Volunteers (CNVs) trained by CUAMM nutrition experts, by providing on the job training to the Community Health Workers (CHWs) and Community Nutrition Volunteers (CNVs) on the need to magnify health education with hygiene practice on the appointment days for the therapeutic feeding program and continuously educating mothers/caregivers on the need to feed the children with natural foods (and not just the therapeutic foods alone). Thus, these are some of the best practices that are currently improving the positive trends recently experienced in the project of combating malnutrition among under-five children in Rumbek North.



Children screened by community nutrition volunteer. Photo: CUAMM.

## Assessments and Response

Initial Rapid Needs Assessment (IRNA) was conducted by UNOCHA, WHO, CUAMM, World Vision, UNICEF, Intersos, UNHCR, UNMISS and the Relief and Rehabilitation Commission in Yambio to identify the basic needs of the internally displaced persons in the conflict affected areas of Birisi, Nangume Bethlehem, VTC, Nakpangau, Duduma and Gangura.



Abandoned Bisiri PHCU .

The team assessed the following sectors: Health, Nutrition, Child Protection, Food Security, Education, WASH and Livelihood were among others.

The team found that there is no or limited access to health care services, education; high risk of malnutrition (no nutritional facilities); no safe drinking water and sanitation facilities; unsafe shelter and overcrowding; crime and additional social problems. Besides, immunization activities have not been conducted since July 2015.

The team recommended that there is a need to setup services to ensure that basic human needs (nutrition and primary health care, water and sanitation, shelter and personal safety) are in place.



Severely Malnourish child in Birisi.

## Assessments and Response continued...

Similarly, IRNA was conducted outside of Wau town showed that due to fighting and continued insecurity in the Greater Baggari area has resulted in the displacement of an estimated 21,400 people. In most of the areas visited by the team, homes were visibly burned and civilians had to rush into the bush for safety. People reported that their food stocks have been looted or depleted and that they are eating wild roots and leaves. Social services, including schools and health facilities, were looted and vandalized and teachers and health workers have fled to Wau town.

Preliminary malnutrition screenings showed high proxy SAM (5.1 per cent) and MAM (13.7 per cent) rates among children and pregnant and lactating mothers (SAM 3.5 per cent and MAM 18.6 per cent). The communities also reported high rates of sexual violence, including rape, and killing of civilians. The most urgent needs identified by the population were food and agricultural inputs, shelter and non-food items, WASH and health services, and nutrition supplies.

During the mission partners responded to the most urgent needs by providing high-energy biscuits to about 2,000 children and pregnant and lactating mothers and plumpy nut to 22 children with severe acute malnutrition. Sick children were treated for skin diseases and malaria. While there have been limited improvements in access to the Great Baggari area, at the time of writing it remains a challenge and ongoing negotiations will be required to ensure immediate, free, safe and unhindered access to the affected communities.

The IRNA team also found that there were an estimated 5,570 Internally Displaced People (IDP) sheltering in Udici Payam, Jur River County, who had fled from the villages of Kiyango, Bararoute, Kwot, Kondogo, and Makot. A preliminary proxy nutrition screening (MUAC) found that, among 221 children screened, Severe Acute Malnutrition (SAM) was 8 per cent and Moderate Acute Malnutrition (MAM) 15 per cent; among 56 pregnant and lactating women screened, SAM was 5 per cent and MAM 25 per cent. The community reported that their top three needs were: food, NFIs and clean water.

The Primary Healthcare Unit (PHCU) nearby is operational, but has run out of many essential drugs, including Oral Rehydration Salts (ORS) and diarrhoeal drugs. Diarrhoea, measles and malaria were the main causes for healthcare consultations in the seven days previous to Wau County headquarters is moved from Wau Town to Baggari. Out of the 11 deliveries in the previous week, none occurred with a skilled birth attendant or in a facility. The cold chain at the PHCU is not functioning, and the last immunization campaign was carried out in March.

## Gaps and Challenges

- ◆ The health cluster is targeting 2.4M for assistance in the Humanitarian Response Plan and a further 6941 SAM cases for comprehensive medical interventions in stabilization centre's. Progress towards some activities has major gaps due to funding shortages. Despite progress made, there is limited progress in delivering health services in hard-to-reach and besieged areas. As of May 2016, only 26% of funding requirement for health sector had been received. This severely limits the potential to implement planned activities or their expansion.
- ◆ With overcrowded locations and poor water and sanitation access, there is high risk of epidemic prone, endemic diseases, vaccine preventable and other diseases.
- ◆ Severe shortage of health human resources to respond to frontline health needs.
- ◆ Due to destruction, damage and closure, 45% of health facilities are nonfunctional in the conflict affected states, and are unavailable to provide effective surveillance or serve as referral mechanisms, especially for maternal obstetric complications.
- ◆ The overall national investment in health is at \$146 million. This represents only 4% of the national budget. Of this, \$50 million was allocated for transfers from the national government to pay salaries of health workers and cover operational costs for the state Ministries of Health, County Health Departments and state and county hospitals. There is evidence that transfers are being sent to state ministries of finance and reaching the intended targets, but budgeting processes at the State and County levels are often not strong and delays are experienced.
- ◆ Pharmaceutical supply chain is currently heavy on the push system with a weakness in the reporting that is necessary for introducing the pull system.
- ◆ Delay in procurement of goods and services and timely prepositioning supplies in hard to reach areas.

### *For further information, please contact:*

Ms Magda Armah | Health Cluster Coordinator  
Email: [armahm@who.int](mailto:armahm@who.int) | Mobile: +211 955036448  
Ms Jemila M. Ebrahim | Communications Officer  
Email: [ebrahimj@who.int](mailto:ebrahimj@who.int) | Mobile: +211 950450007  
Dr Henry Ilunga Kasongo | Health Cluster Co-Coordinator  
Email: [sshealthclusterlead@gmail.com](mailto:sshealthclusterlead@gmail.com) | Mobile: +211 956418177