HEALTH CLUSTER

IOM Clinic Opening- Wau PoC 2. Photo: IOM©

HEALTH CLUSTER BULLETIN # 1
31 January 2017

South Sudan

Emergency type: Complex Emergency
Reporting period: 1 – 31 January 2017

5.1 MILLION AFFECTED | **2.7MILLION** TARGETED | **1.8 MILLION** DISPLACED | **1.4 MILLION** REFUGEES | **1 942** INJURED | **382** DEATHS

HIGHLIGHTS

- The scale and magnitude of the crisis, and the speed at which it is deteriorating, is alarming and profound. Besides, the continued and sharp devaluation of the South Sudanese pound has affected all population groups. This rapid depreciation has dramatically increased the prices of imported food and non-food commodity. Over 200 000 IDPs are in PoCs and about 277 610 are displaced in greater Equatorial region.
- The health, WASH and Communication for development (C4D) clusters carried out a situation analysis of the current response to the cholera outbreak in UN House PoC site. Since 1 January 2017, 43 cases have been treated in UN House PoC.
- Health cluster coordinated Rapid Response Mission (RRM) to over 30 000 Internally Displaced Populations (IDPs) in Kajo Keji and coordination of IRNA through UNOCHA to Jikmir- Nasir county where over 32 000 IDPs are displaced due to the fighting as from 4 December 2016.
- GOAL, one of the leading health partners providing humanitarian response in 51 health facilities in 5 counties have significantly scaled down their operation in South Sudan. These led to the closure of many of the health facilities they were operating. For January 2017, the organizations will maintain 12 health facilities. The remaining 39 health facilities will be handed over to the respected county health department who will be looking for potential partners. The closure of the 39 health facilities is a concerning gap to the already deteriorating functional health facilities in the country.

HEALTH SECTOR

37	HEALTH CLUSTER PARTNERS CURRENTLY OPERATING IN SOUTH SUDAN
MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS	
30	KITS (IEHK , BASIC UNIT HEALTH KITS AND DDK)
HEALTH FACILITIES	
1 392	TOTAL NUMBER OF HEALTH FACILITIES
6%	DAMAGED/LOOTED/ NOT FUNCTIONAL **
HEALTH ACTION	
63 051	CONSULTATIONS
EWARN	
50	EWARN SENTINEL SITES
FUNDING $US	
0	% FUNDED
$123 M	REQUESTED

*** This information is based on report received from 37 health partners responded to the health cluster partner capacity request.*

Situation update

- The conflict in South Sudan continues to create challenges in the provision of health care services, including primary health care and the provision of essential lifesaving medicines and supplies.

- The scale and magnitude of the crisis, and the speed at which it is deteriorating, is alarming and profound. Besides, the continued and sharp devaluation of the South Sudanese pound has affected all population groups. This rapid depreciation has dramatically increased the prices of imported food and non-food commodity. Over 200 000 IDPs are in PoCs and about 277 610 are displaced in greater Equatorial region.

- According to the January 2017 food security alert of FEWS NET, nearly one third of the population is in need of emergency food assistance. All regions of South Sudan are in need of significant humanitarian response. Crisis is widespread and Emergency outcomes exist in parts of Unity, Western Bahr el Ghazal, Northern Bahr el Ghazal, Central Equatoria, and Western Equatoria. An estimated 675,000 people are currently in emergency.

Public health risks, priorities, needs and gaps

Risks

- Health conditions in South Sudan remain precarious with over 1.8 million people displaced with more displacement occurring in the Equatoria regions, greater Upper Nile, Northern Bahr el Ghazal and other conflict affected locations. After the July 2016 crisis, many health facilities have been unable to provide the basic health care package or have closed due to limited funding, insecurity, or widespread looting and vandalization, while those that remain open struggle to meet the health needs of the displaced. In the greater Equatorias, over 277 610 IDPs have been reported with limited access to health services. With minimal access health partners have managed to offer live saving primary health care services through Rapid Response missions (RRM)

- Alarming measles alerts/outbreak is reported nationwide in and outside of displaced populations. . There is a plan to conduct a nationwide mass campaign in the month of March 2017. Currently, training is on-going. Health cluster is also in coordination with MoH- EPI to use rapid response team to reach displaced population and population in logistically difficult to access locations.

- Medical complications of malnutrition, severe pneumonia, severe malaria and perinatal complications remain the most common causes of death in under 5 , although the crude and under five mortality rates remain within the emergency threshold.

- On-going reports of country-wide essential medicines and pharmaceutical stock outs at the facility level. Health cluster continues advocacy for mobilizing medical supplies and supporting partners with cluster stocks managed by the 3 health core pipeline agencies- (WHO, UNFPA and UNICEF) , Current stocks are earmarked for the Equatorias with a concerning gap for the response in the remaining response locations

- Limited availability and access to Mental Health and SGBV related services remain a challenge to the holistic health care response across the country. Through the newly established MHPSS cluster, the health cluster has positioned to provide mental health leadership on existing and challenging MHPSS issues for strategic coordination and response.

- Challenges with the timeliness and completeness of reporting on IDSR and EWARN at response sites: With the ongoing displacement of health workers, widespread looting and vandalization that has rendered many health facilities non-operational, there is an increased danger of multiple outbreaks to the fleeing population with no access to healthcare services as the public health mechanisms are unable to capture and report on the health status of large fleeing communities.

- Cholera remains a challenge even in dry season along the River Nile, Malaria, Acute Respiratory Tract Infections, TB/HIV/AIDS, and Measles are the major public health morbidities/ mortality in IDP locations and surrounding host communities.

- Inflation on food security and livelihood in the country remains a big challenge to the household, with the increase in food prices and much less affordability the population is prone to malnutrition related complications.

Priorities

- Strengthen and support emergency responders to scale up and provide lifesaving mobile response emergency health services to displaced populations
- Strategically preposition nutrition kits for inpatient management of medically complicated severe acute malnutrition (SAM) in facilities in facilities where food insecurity and malnutrition rates are high and build capacity of partners to respond in those locations.
- Support SGBV sub-cluster to continue to map facility capacity to implement SGBV, CMR and MHPSS response.
- Improve partner capacity to scale up surveillance on disease with outbreak potential.
- Advocacy with health stakeholders to support the on-going response to scale up emergency TB/HIV/AIDS and cholera interventions.
- Advocacy for increased funding for essential medicines for strategic prepositioning to support the response.
- Improve partner's capacity on Emergency Preparedness and Response.
- Promote the establishment of feedback mechanism and accountability to the affected population and health care providers.

Needs and Gaps

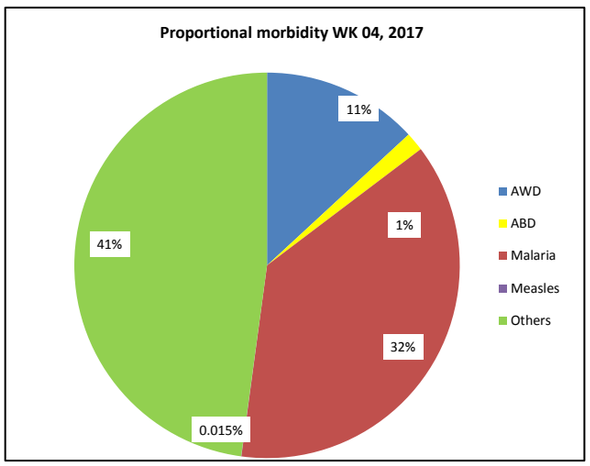
- Inadequate numbers of emergency responders to support response in new displacement sites due to less funding and or lack of access
- Lack of core human resource team required for effective delivery of cluster functions especially dedicated sub-national health cluster coordinators and information management personnel for an improved coordinated response.
- Inadequate surveillance staff in new displacement sites.
- Inadequate funding to partners to respond to acute and chronic emergencies.
- GOAL, one of the leading health partners providing humanitarian response in 51 health facilities in 5 counties namely; Twic (24) Ulang (8), Melut (2) Maiwut (9) Abeyie Administrative Area (8) have significantly scaled down their operation in South Sudan. These led to the closure of many of the health facilities they were operating. For January 2017, the organizations will maintain 12 health facilities. The remaining 39 health facilities will be handed over to the respected county health department who will be looking for potential partners. The closure of the 39 health facilities is a concerning gap to the already deteriorating functional health facilities in the country.

Communicable diseases

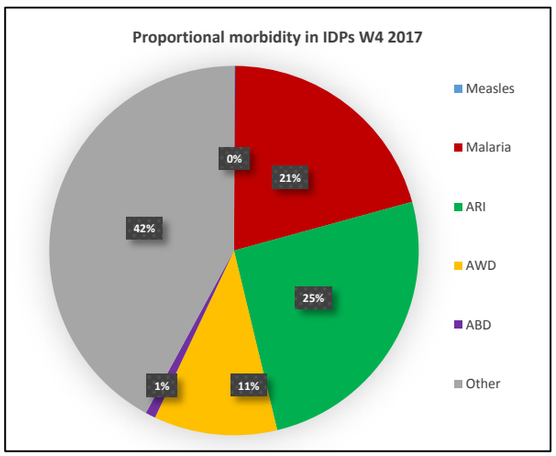
- Completeness of reporting rates in non-conflict and conflict areas were 39% and 72% respectively. Malaria is the top cause of morbidity and accounts for 32% consultations while ARI is the leading cause of morbidity in the IDPs where it accounts for 25% of consultations.

Morbidity statistics as of week 4 of 2017

Non conflict areas



Conflict areas



- While malaria remains the top cause of morbidity in the non-conflict areas, the current trends are within the expected levels. In fact within the IDPs, ARI has surpassed malaria as the top cause of morbidity.

- Sporadic suspect measles outbreaks continue to be reported countrywide with most of the transmission being reported from Wau PoC where a confirmed outbreak has been raging since December 2016. During the week ending 29 January 2017, 39 measles cases were reported from Wau PoC and Cathedral IDPs in Wau. A cumulative of 660 measles cases including 9 deaths (7 children and 2 adults) Case Fatality Rate [CFR 1.36%] have been reported since the beginning of the year. A countrywide measles follow up vaccination campaing targeting children 9 to 59 months is slated for mid-March 2017.

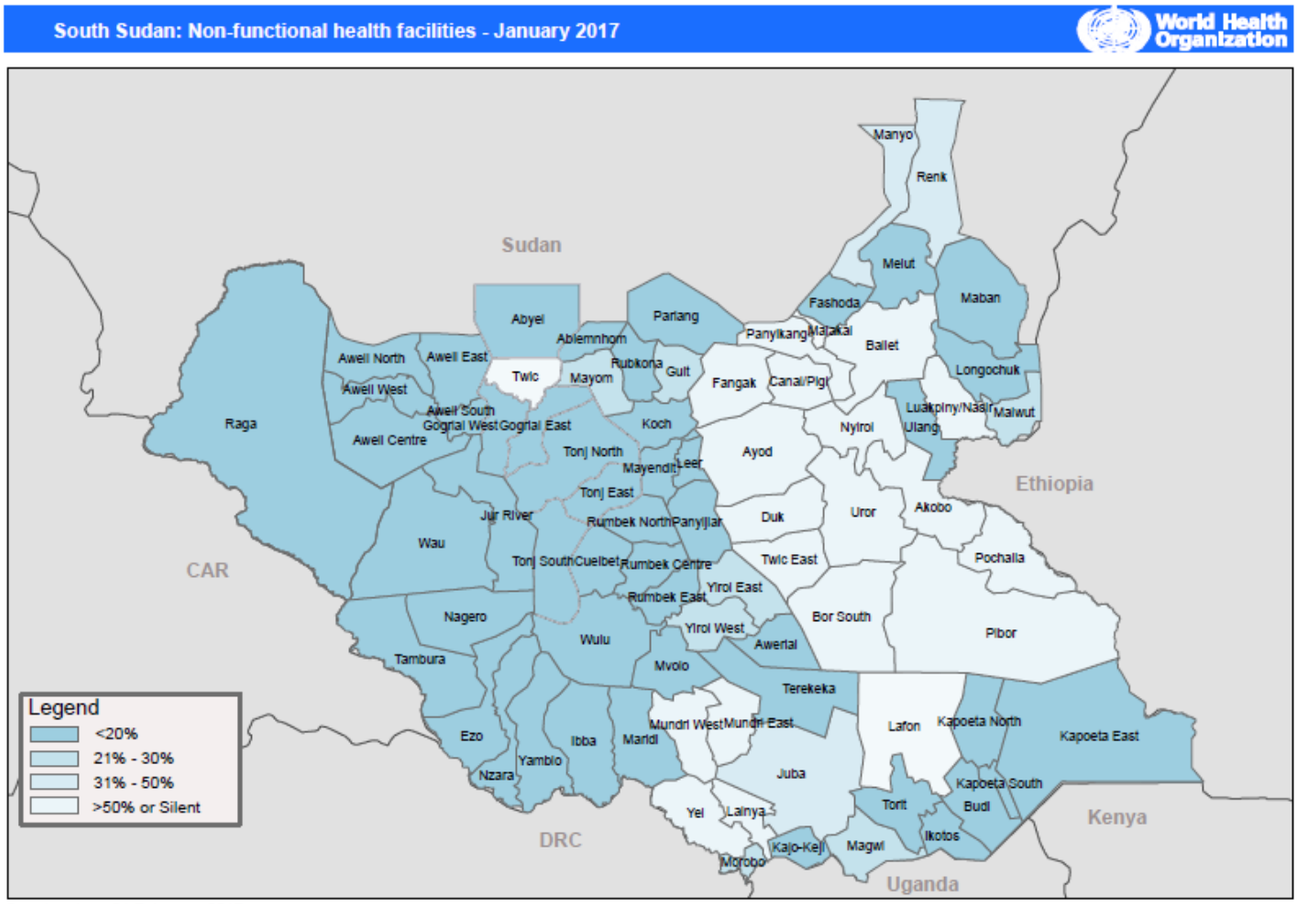
- Since the beginning of 2017, a total of 236 cases of kala azar including at least 7 deaths (CFR 3.0%) were reported from 11 treatment centers. During the corresponding period in 2016, a total of 212 cases including 4 deaths (CFR 1.9) were reported from 21 treatment centres.

- A total of 11 counties in nine states have confirmed cholera cases since 18 June 2016. Active but declining transmission is currently limited to four counties – Southern Liech (Leer and Panyijiar); Northern Liech (Rubkona – Bentiu PoC); and Jubek – UN House PoC. There unconfirmed cases in Mayendit where nearly 160 suspect cases have been reported since 7 October 2016. Alerts of suspect cholera cases are being investigated and responded to in Yirol East (Adior and Shambe); Jalle and Kwei Island in Bor South County; Mingkaman IDP settlement in Awerial; and at least 8 neighborhoods in Juba Town, Jubek. Samples collected by the WHO/MoH teams in Bor have confirmed one case of cholera in Bor and 3 positive cholera cases in Jalle. Five samples from suspect cases in Juba town tested negative on 9 February 2017. Another 16 samples from Mingkaman are being tested and six samples from Yirol East are being transported to the National Public Health Laboratory for testing. Cumulatively, 4 705 cholera cases including 90 deaths (46 facilities and 44 community) (CFR 1.91%) have been reported in South Sudan since 18 June 2016. The current outbreak has lasted seven months compared to four months for the 2015 outbreak and seven months for the 2014 outbreak. Nonetheless, the case fatality for the 2016/17 outbreak is lower than 2014 and 2015.

- The high mortality due to TB/HIV/AIDS in the IDPs remains a major concern and a priority for the health cluster. Partners have been supported to provide comprehensive TB/HIV/AIDS services in 2017.

Functionality of health facilities

- According to data collected from partners, 38 % of the health facilities in the former Equatoria state, housing 1.6 million people, are non-functional, due to conflict related destruction, damage and closure and are unavailable to provide primary health care services.



Creation date: 01 February, 2017

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Availability of essential drugs, vaccines and supplies

- With the insecurities some development supported health facilities lack drugs, the pattern is widespread across the country and coupled with limited funding and access challenges, there continues to be a heavy reliance on Health cluster core pipeline medical supplies which are limited in the provision and type and not sustainably packaged for regular development response. Current core pipeline stocks are earmarked for the Equatoria response. Without further funding, stock situation for the rest of the 10 former states is of concern.

Health Cluster Action

Health cluster coordination

- Currently, the health cluster coordinates the humanitarian health response of over 35 partners in South Sudan. Regular meetings have continued to hold at the main emergency response sites and also at new displacement sites. Strategic and continued updates on health status, needs assessments and response, accountability to the affected population remain a key focus to the activities of the cluster.

- The cluster remains central to the planning of the upcoming health summit.

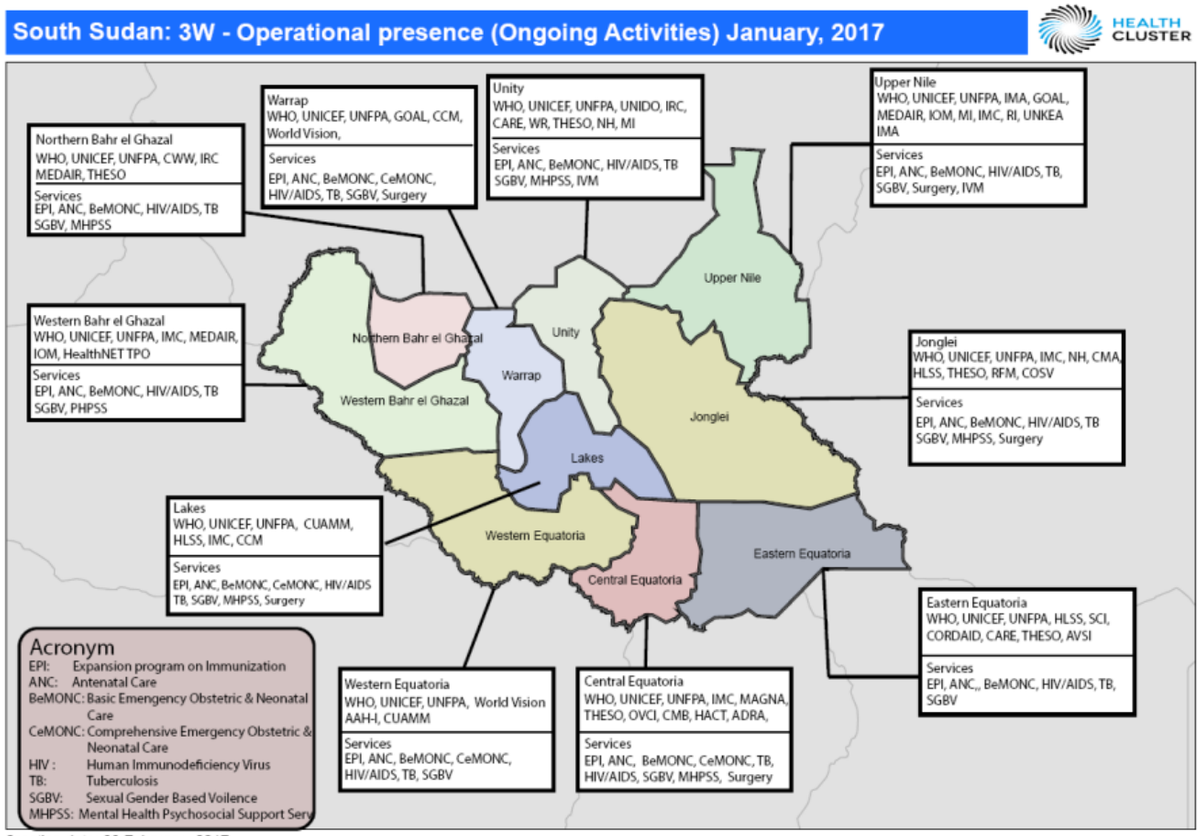
- Inter-cluster coordination and planning is active and has promoted collaboration with other clusters particularly WASH, Nutrition and Protection culminating in an integrated package of response to the counties reporting high malnutrition rates, malaria upsurges and ongoing cholera outbreak

- Following the fighting between two groups in Kajo keji County Yei river state, the cluster coordinated a response to address the health needs of the displaced population. In Week 4 there were a 2 300 medical consultations conducted at the three clinics, 845 (37%) below 5 years and 1,455 (63%) above 5 years of age. The leading morbidity was Malaria constituting 33% of all consultations (N=770), followed by upper respiratory tract infections constituting 18% of the total consultations (N=422).The mission is on going with a lot of insecurity challenges.

- The health, WASH and Communication for development (C4D) clusters carried out a situation analysis of the current response to the cholera outbreak in UN House PoC site. Since 1 January 2017, 43 cases have been treated in UN House PoC.

- Health cluster coordinated Rapid Response Mission (RRM) to over 30 000 Internally Displaced Populations (IDPs) in Kajo Keji and coordination of IRNA through UNOCHA to Jikmir- Nasir county where over 32 000 IDPs are displaced due to the fighting as from 4 December 2016.

- Recent data from the Health Cluster indicates that, only 37 health partners are reporting to the IDSR and EWARNs. Major reasons of under-reporting are related to funding constraints and insecurity in some locations. The maps below show the concentration of partners in the different states after the current crises in comparison with their presence in August 2015.



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Support to health service delivery

Health facilities

- To deliver quality and effective healthcare to the IDP community in Wau, IOM set up a new clinic in Wau PoC 2. The new clinic was fully operational as of 9 Jan 2017.

- GOAL in collaboration with IMA and the County Health Department (CHD) continues to provide integrated health and nutrition services in Maiwut, Melut and Ulang counties, former Upper Nile state and in Ulang with ICRC county to manage cases of gunshot wounds and in Twic County with World Vision International to deliver health and nutrition services .

Provision of essential drugs and supplies

- In response to the urgent health care needs in Kajo keji County, Leer and Nasir, WHO provided two IEHK, 250 Basic Unit kits which was delivered through the implementing partner (RRM) The kits will serve a population of over 80 000 for a period of 1.5 months. Cholera response kits and other investigative supplies (Diarrhea kit, RDT, Carry Blair) were delivered to partners responding to cholera in Juba and Greater unity state. Besides two trauma kits were also distributed to stabilize patients in Maiwut.

Training of health staff

- WHO supported the MOH to conduct a five day training for laboratory personnel from 16 to 20 January 2017 in Juba. The training aimed to intensify cholera and meningitis surveillance in South Sudan.

- From 17 to 21 January 2017, WHO in partnership with the MoH, UNICEF and other partners planned and discussed training of lower levels on micro plan development at Payam level; implementation of measles follow up campaign in all counties; how to enhance the skills of the key personnel in the areas of advocacy, communication and social mobilisation for the campaign; managing the cold chain system including vaccine storage and ice packs distribution; strategies for implementation in high health risk/security compromised areas; strategies for increasing the capacities of the personnel involved on other important aspects of the campaign namely: monitoring and supervision, data management, managing clients with adverse events following immunization (AEFIs) and timely reporting AEFIs during the campaign as well as waste management.

Child health: Vaccination

- MAGNA Medical Aid is providing immunization and health education services to children, pregnant women and non-pregnant women of child bearing age at UN House PoC site Juba. In January 2017;
    - 2 new mobile vaccination teams have been created targeting new arrivals to the camp.
    - A total of 2 201 persons (1 948 children, 57 pregnant and 196 women of child bearing age) were immunized against vaccine preventable diseases. A total of 1 816 people (958 Female and 858 Male) were reached with health education services to create awareness about the importance of immunization and to improve uptake of immunization services.

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