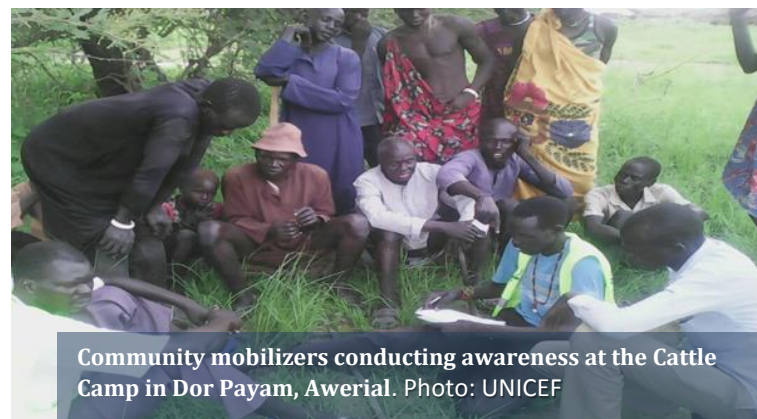




HEALTH CLUSTER

HEALTH CLUSTER BULLETIN # 7
31 July 2017



Community mobilizers conducting awareness at the Cattle Camp in Dor Payam, Awerial. Photo: UNICEF

South Sudan

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



7.5 MILLION
AFFECTED



2.7 MILLION
TARGETED



2 MILLION
DISPLACED



1.9 MILLION
REFUGEES

HIGHLIGHTS

- ❖ Cholera remains a public health emergency in South Sudan. Cumulatively, 19 742 cholera cases including 355 deaths (Case fatality Rate 1.8 per cent) were reported in 24 counties since June 2016 with 11 counties still having active transmission of the disease.
- ❖ The incidence of water-borne diseases including AWD and vector borne diseases like malaria has increased as the rainy season sets in. Since January 2017 a total of 1 232 225 malaria cases including 1 087 deaths have been reported in health facilities, with death caused by malaria representing 63.3%.
- ❖ The Health Cluster in collaboration with WHO conducted OCV campaign training to improve partner's capacity to respond to the cholera outbreak. The number of trainees was 27 from 13 health partners. The trainees were equipped with knowledge and skills to conduct an effective OCV campaign ensuring high coverage. Also they were tasked to go back and train the teams in the four priority counties.
- ❖ The Health Cluster through the SAG reviewed 21 concept notes and selected 18 for the SSHF's 2017 second allocation. Out of the \$4.5 million basket for the Health Cluster, \$1.6 million was allocated to 9 NNGO, \$1.3 million to 6 INGO and \$1.6 million to three UN Agencies for core pipeline. The projects are expected to be implemented between August 2017 and January 2018, focussing on 22 priority counties and priority activities like cholera response as defined by the Health Cluster.

HEALTH SECTOR



35 HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



2030 ASSORTED MEDICAL/RH/SAM/TRAUMA KITS

HEALTH CLUSTER ACTIVITIES



4 186 200 OPD CONSULTATIONS*

VACCINATION - CUMMULATIVE



589 602 OCV 1
161 321 OCV 2

EARLY WARNING ALERT AND RESPONSE NETWORK



31 EWARN SENTINEL SITES

FUNDING \$US



123 M REQUESTED

23.8 M FUNDED (19%)

99.2 M GAP

*Since Jan 2017

Situation update

- Security situation in all states vary from relative calm to active hostility. Fresh fighting in Malakal, Maiwut and parts of Jonglei have led to displacement of populations which are in dire need of humanitarian interventions.
- The insecurity in some parts of the country continues to limit access to communities in need of health and other essential services. Nationwide health facilities attacks and exodus of health care workers have continued to compromise access and functionalities of health facilities and health workforce.
- The incidence of water-borne diseases including AWD and vector borne diseases like malaria has increased as the rainy season sets in which has also affected access to some parts of the country. Cumulatively as of week 31, 1 232 225 malaria cases including 1 087 deaths have been reported in health facilities since January 2017, with death caused by malaria representing 63.3%. For the month of July, routine surveillance completeness and timeliness reporting rates improved in both IDSR and EWARN sites were 75% and 81% respectively. (where possible compare with June data)
- Cholera remains a public health emergency in South Sudan. Cumulatively, 19 742 cholera cases including 355 deaths (Case fatality Rate 1.8 per cent) were reported in 24 counties since June 2016. 11 counties still have active transmission of cholera.

Public health risks, priorities, needs and gaps

- **Population movements and epidemic prone diseases:** Health service delivery to areas where there are increased numbers of internally displaced persons still remains a challenge. There are increased risks to epidemic prone diseases due to frequent movement of people including IDPs to locations with limited or no health services. Program support costs in most of the locations to facilitate response are extremely high. There are ongoing outbreaks of cholera, measles in several locations.
- **Water, sanitation and hygiene remain a challenge nationwide:** Open defecation is still a common practice and has not improved increasing the risks to the population. WHO and the Ministry of Health Public Health Officers are conducting a joint WASH assessment in health facilities including sanitary survey to establish the main gaps in South Sudan.
- **Malnutrition related morbidities:** An estimated 50% of the population (6 million people) are facing severe food insecurity, with acute malnutrition remaining a major public health emergency across country (IPC). Out of 16 SMART surveys conducted in 2017, 14 showed GAM rate above the WHO emergency threshold of 15%. In June and July 2017, reports of hunger related deaths were received through Public media, state authority, national NGOs operating in Greater Mundri area. The Mvolo multi-cluster assessment reported (July 2017) 74 hunger related community deaths. Food production in 2017 has been affected by dry spells, with food stock exhausted in April 2017. 2,529 children aged 6-59 months were screened from 6 sites of the 4 different Payams. Prevalence of High proxy GAM rate of 20.3% and SAM 5.6% indicates the situation is alarming. Children <2 years were more affected due to suboptimal and inadequate infant feeding and dietary diversity, attributable to challenges in accessing food at household level.
- **Morbidities in IDP sites:** The major causes of morbidity and mortalities in IDP locations and host communities remain Malaria, Acute Respiratory Tract Infections, Acute watery Diarrhoea, TB, HIV/AIDS, and measles. Health Cluster partners and the Ministry of Health have combined efforts to keep crude mortality rates for under-fives within the emergency thresholds.
- **Reduced herd immunity:** Routine EPI coverage has remained poor in conflict-affected locations. As of July 2017 44% of children below the age of one received 3rd dose of Pentavalent vaccine, while 52% of children under one year received measles vaccine (HMIS 2017). With this low immunization coverage, herd immunity against vaccine preventable diseases remains low.
- **Measles follows up campaign in conflict affected states:** This campaign is staggered to the end of December 2017 based on county specific readiness status as a result of the crisis. WHO and partners (MoH and UNICEF) have deployed personnel to support County Health Departments to accelerate preparedness plans for implementation of the campaigns. The Director Generals in all the new states in the three conflict affected counties have been involved to lead the campaign process.

- **Mental health, sexual and gender-based violence (SGBV) related services:** Although the South Sudan Mental Health and Psychosocial Coordination Group (MHPSS) has been revived to coordinate the activities of partners working in mental health, close collaboration with the Health Cluster and need to lobby for funding to address mental health and psychosocial support is crucial.
- **Surveillance reporting:** Surveillance reporting remains low and below the 80% target. Cumulatively the completeness and timeliness rates as of week 31 for routine Integrated Disease Surveillance and Response (IDSR) is 73% and 66% respectively, while the reporting rate of the IDP sites is 81% and 78% for completeness and timeliness respectively. On-going displacement of health workers, non-functionality of health facilities due to insecurity, inaccessibility, widespread looting and vandalization continues to increase the risk of multiple outbreaks to the fleeing populations with limited access to healthcare services including surveillance and health alerts.

Health Cluster Priorities

- The cluster prioritises dedicated coordinators and information management officers at both national and subnational levels to translate the implementation of the existing health humanitarian response strategy in famine affected locations, areas of population displacement, disease outbreaks, and to track and analyse data for strengthening support to emergency responders to escalate and provide lifesaving primary health care services, through static and mobile clinics in order to increase and expand access to the affected populations.
- Advocate with multi stakeholders for increased availability of essential pharmaceutical commodities for primary health care response including strategic prepositioning of medical severe acute malnutrition (SAM) with complications kits in facilities for inpatient management of medically complicated severe acute malnutrition.
- Coordinate capacity building of partners to respond to primary health care needs and disease surveillance including the alignment of health capacities to implement SGBV, Clinical Management of Rape (CMR) and Mental Health and Psychosocial Support (MHPSS) response; including emergency preparedness and response.
- Strengthen and sustain on-going inter-cluster collaboration and response with WASH/Nutrition/Food Security and Livelihoods through the ICWG and with development partners in responding holistically to outbreaks.
- Support partners in ensuring and mainstreaming accountability to affected populations in healthcare programs, through feedback and complaints mechanisms, transparency, M&E, leadership and governance and participation.

Needs and Gaps

- Increased need of presence of seasoned emergency health partners to reach populations that are in dire need of emergency health care services, and collaborate and support development partners in their areas of work where new disease outbreaks and displacement is occurring.
- Increased need for dedicated cluster coordinators and information management skills especially at the sub national level and displacement sites to assess and manage the health responses and track data for improved planning in health service provision.
- Increase in the number of surveillance staff in locations of displacement to articulate public health risks associated with health coverage, poor access to health services, poor water quality and sanitation hygiene in facilities and to provide effective oversight to lifesaving health intervention.
- Increased funding to partners to enable them to sustain essential services, build capacity and provide the necessary resources including essential medical supplies and minimum staffing to respond to primary health care needs.

Health Cluster Activities

Coordination

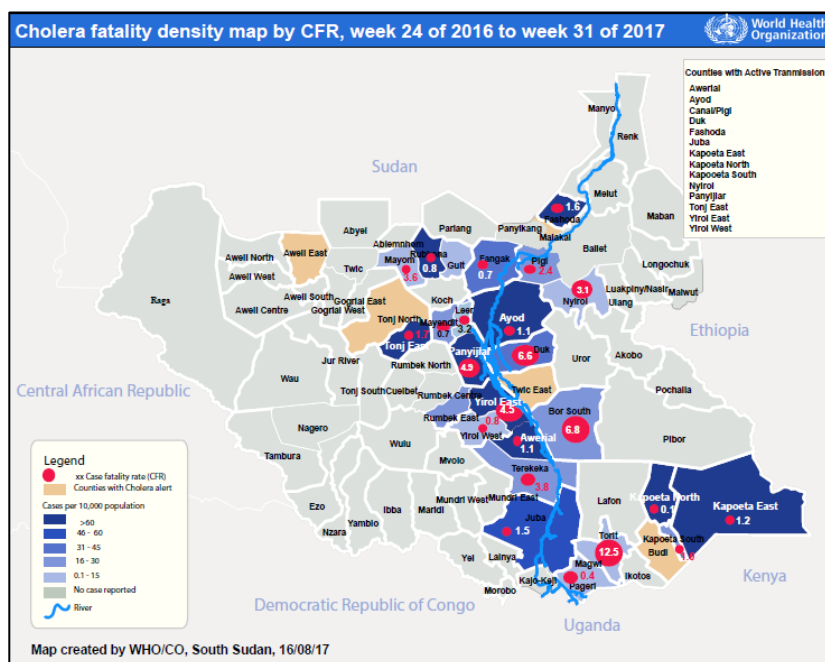
- The 2017 health Humanitarian Response Plan (HRP) has earmarked 35 partners to implement the health cluster strategy. The Health Cluster has since admitted new partners' including several national NGO's whose partnership is key to sustainable and resilient health systems.
- The Health Cluster chairs weekly and bi-weekly meetings catering for emergency responders and development partners at both National and State level where there is a presence of a Sub-National Health Cluster Coordinator. The meetings bring together a number of National and International NGOs and other cluster representation (i.e. WASH and Nutrition Clusters) to provide key health updates, report on disease outbreaks, health presentations such as accountability to affected populations, attacks on health care and the Strategic Advisory Group (SAG) as well as coordinate health response and participation in Inter cluster rapid response missions (ICRM).

Support to Service Delivery

- The Health Cluster in collaboration with WHO conducted OCV campaign training to improve partner's capacity to respond to the cholera outbreak. The number of trainees was 27 from 13 health partners. The trainees were equipped with knowledge and skills to conduct an effective OCV campaign ensuring high coverage. Also they were tasked to go back and train the teams in the four priority counties.
- WHO supported HealthLink to conduct OCV vaccination campaign in Juba (Don Bosco) reaching over 3900 persons. This is because Don Bosco area was experiencing active cholera transmission.
- WHO supported MoH to deploy 6 public health officers in Kapoeta and similar number in Tonj East to support case management in cholera treatment centres.

Communicable Diseases and outbreak response

- Since June 2016, cholera outbreaks remain the major public health concern to population and humanitarian's agencies with 19 742 cholera cases including 355 deaths (CFR 1.8%) reported from 24 Counties in South Sudan. There is a declining trend in cholera cases and deaths across the country specifically in the four counties of Kapoeta North, Kapoeta East, Kapoeta South and Tonj East that have relatively high active transmission of cholera.

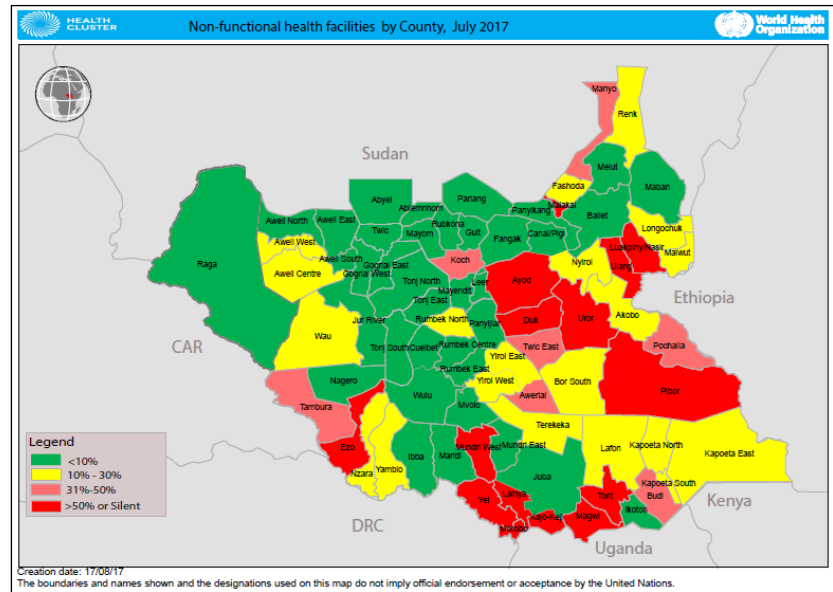


Health Cluster coverage with oral cholera vaccines by site in 2017

Since the beginning of 2017 a total of 611 564 people have been vaccinated in the first round and 161 321 have been vaccinated in the second round. Cholera cases in locations where the OCV has been deployed have reduced significantly.

Mapping and Triangulation of Health Facility Functionality for Planning

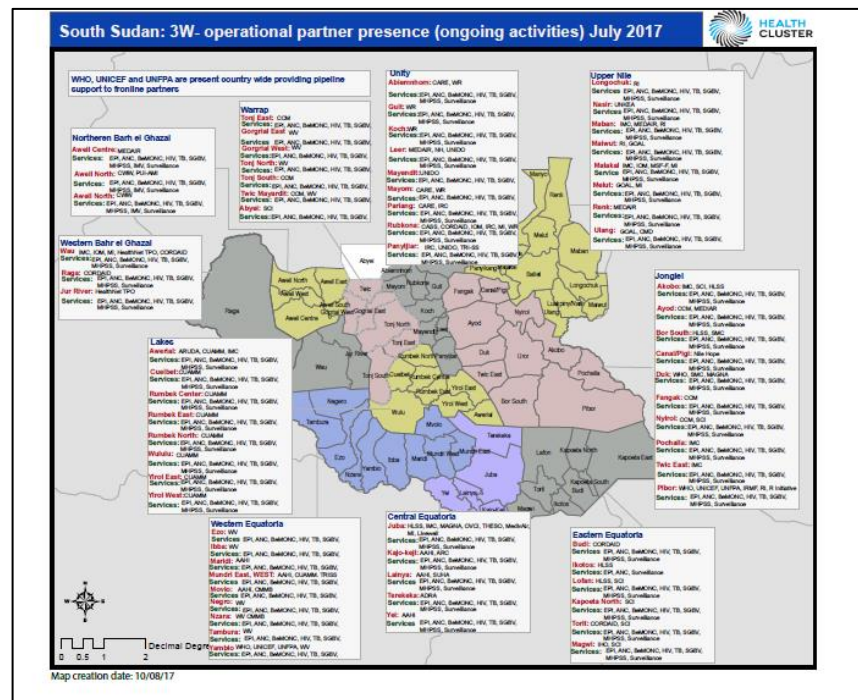
Based on the data received, 268 (17%) out of the 1604 health facilities in South Sudan are non-functional. This is due to a number of factors including but not limited to effects from the conflict such as direct or indirect attacks on health care including destruction, obstruction, looting and/or lack of funds availability of health staff. There are recent reports of active recruitment of health personnel into the armed services thereby further depleting trained health staff



and

Mapping of the concentration of partners and health response in the different states

- Recent data from the Health Cluster indicates that 35 health partners are reporting to the IDSR and EWARS. Major reasons of under-reporting are related funding constraints and insecurity in some locations. maps below show the concentration of partners in the different states.



only to The

Inter cluster Representation and Strategic Decision Making

- Health Cluster continues to advocate on resource mobilization, access and utilization of health services in emergencies. The Health Cluster prioritizes coordination with partners on instituting on reporting attacks on health care and protecting health care in danger. The cluster continues to advocate at strategic level on the practical implementation of the humanitarian development nexus.

Capacity Building, Preparedness and Contingencies

- The Health Cluster in collaboration with WHO conducted OCV campaign training to improve partner's capacity to respond to the cholera outbreak. The number of trainees was 27 from 13 health partners. The trainees were equipped with knowledge and skills to conduct an effective OCV campaign ensuring high coverage. Also they were tasked to go back and train the teams in the four priority counties.

Advocacy and resource mobilization

- The Health Cluster through the SAG reviewed 21 concept notes and selected 18 for the SSHF's 2017 second allocation. Out of the \$4.5 million basket for the Health Cluster, \$1.6 million was allocated to 9 NGO, \$1.3 million to 6 INGO and \$1.6 million to three UN Agencies for core pipeline. The projects are expected to be implemented between August 2017 and January 2018, focussing on 22 priority counties and priority activities like cholera response as defined by the Health Cluster.

Accountability to Affected Population

- In the midterm reporting of the SSHF 2017 Allocation One, 18 partners reported on their progress of accountability to the affected populations. AAP has been emphasised by the Health Cluster as a key deliverable for all health projects in 2017. Partners have been periodically reminded of the 5 commitments to AAP during the Health Cluster coordination meetings.

Attacks on health care

- The Health Cluster with the help of partners has commenced documentation on attacks on health care. In July 2017, there were several incidents of attacks on health care reported in the conflict affected locations, including looting and vandalization and evacuation of health workers.

Health Partner updates

Support to health service delivery

- UNICEF continued to provide most of the supplies required for medical management of cholera cases at both community and facility levels in the affected areas including the scaling up of our response in Juba. UNICEF supported with vaccine management, transportation and social mobilization and training at the state and County levels during the Oral Cholera Vaccine Campaign in Kapoeta North, South and East which started on 29th July 2017 with a target population of 335,520.

UNICEF team offloading the Oral cholera vaccines and other cold chain equipment for the OCV campaign in Kapoeta



- As part of the ongoing cholera outbreak in Ayod County, the IOM Rapid Response Health Teams conducted two rounds of oral cholera vaccination (OCV) campaign in Jiech, reaching 9,337 people with two doses of the vaccine. The first round of the campaign was conducted from 20-26 June, and second round on 18-23 July. The campaign was conducted in collaboration with the SMOH, Health Cluster, WHO, UNICEF, CHD and CMD.
- Similarly, IOM conducted two round of OCV campaign in Bentiu and Rubkona towns in Rubkona County, reaching 30,577 people with two doses (first round 22-25 June, and second round 11-15 July). The campaign was conducted in collaboration with SMOH, Health Cluster, WHO, UNICEF, CHD, CASS, CORDAID and CARE.
- With support from HPF2, DFID, UNICEF, CHF through UNDP, Health Link South Sudan (HLSS) is currently providing both curative and preventive health and nutrition services in Jubek State, Imotong State, Kapoeta State, Jonglei and Central Upper Nile. Overall 241,354 Curative Consultations were conducted from all the project locations

- The International Rescue Committee (IRC) during the month of July deployed four integrated health, nutrition and child protection mobile teams across 12 communities in Nyal and Ganyiel. A total of 407 IDPs were received at these sites. The mobile teams treated 2144 patients within reporting period and 674 children under 5. At Nyal static health structures (PHCUs and PHCCs), a total of 1,304 patients and 368 children under 5 were treated. Malaria continues to be the most common diagnosis for both under 5 and over 5 populations (273 total cases and 58 severe cases). Challenges on the ground include the difficulty of access during the rainy season and the movement of supplies.
- Universal Network for Knowledge and Empowerment agency (UNKEA) registered 4,558 outpatient consultations (2544 under 5 (948M and 1596F); 2014 adults (864 M and 1150 F) in conflict and other vulnerable in both Nasir and Ulang. These were in 3 PHCCs and 8 PHCUs in Ulang and Nasir (Nasir County: Mandeng PHCU+, Jikmir PHCC, Kuetrengke PHCU, Maker PHCU, Dinkar PHCU and Mading PHCC. Ulang County: Yomding PHCC, Kuich PHCU, Makak PHCU Riang PHCU and Ngangoro PHCU).

Provision of essential drugs and supplies

- HealthLink South Sudan (HLSS) completed the rehabilitation and expansion of OPD at Al-Sabbah Children Hospital and fully furnished the OPD. Other Construction Works Completed at Al-Sabbah include the call centre; Child Friendly Space; Latrine for the Patient and the Staffs and renovation of Imehejek PHCC+. Two water tanks – 20,000L capacity were installed at Al-Sabbah Children Hospital and Juba Teaching Hospital. Water treatment Plant for the patients has been installed at Al-Sabbah Children Hospital. A solar system – 18KVA to run the Hospital 24 hours for both Al-Sabbah and Juba Teaching Hospital has been installed.
- As part of the ongoing Cholera response in Juba County, Jubek State HLSS has established 9 ORP Sites. The Sites Include; Al-Sabbah Children Hospital; Kator; Lologo; Gumbo; Kor William; Nyakuron; Don Bosco IDP Camp and Nesitu. Cumulatively 185 cholera suspected cases have been treated at 9 ORP sites in Jubek State with 4 facility deaths, CFR – 2.2%. Nesitu ORP Site was established Last week following 5 reported cases and 1 death from the area by the local authorities at Nesitu
- As part of cholera case management, UNICEF supported 37 oral rehydration points (ORPs), 15 cholera treatment units (CTUs) and two cholera treatment centers (CTCs) in key cholera hotspots in nine counties across five states. UNICEF has engaged 11 national partners along with Ministry of Health (MoH) field staff to respond to the current outbreak in all affected states through community engagement activities, including house-to-house mobilization, community theatre and meetings with community and religious leaders. In the reporting period 4 DDKs were distributed while 100 cholera beds were procured and being distributed to the supported ORPs/CTU/CTCs for effective treatment of suspected cholera cases.

Training of health staff



Lab Assistants training in CMA Keew PHCC facilitated by CMA staff



The trainees are now confident enough to carry out some of the tests well.

- As part of efforts to enhance laboratory staff capacity and competency, Christian Mission AID (CMA) has embarked on a three months' training on intensive theory and practical aspects of laboratory diagnostics. 75% score is required and proof of competency by studying and practical application of skills learnt under close supervision before graduation.

- In July, 2017, the trainees successfully went through the first month where they learnt skills for venous blood collection, making blood smears for malaria parasite diagnosis, urine biochemical testing and centrifugation and microscopy of the deposit. The training will end in September 2017 and will contribute to improved service delivery in Keew, Fangak County and beyond.
- Healthlink South Sudan (HLSS) has also supported training of health workers. They trained 43 Health Care Workers in Emergency Triage Assessment and Treatment (ETAT) in Juba - drawn from Juba Teaching Hospital and Al-Sabbah Children Hospital. 68 Civil and Local authorities in Juba County including Boma Chiefs were trained in BHI, 163 CBDs and 31 CBD Supervisors were trained in Torit and Ikwoto Counties. 58 Health Care Workers Trained in CMAM in Ikwoto and Lopa Lafon Counties, and 66 HCWs trained in HMIS.
- HLSS has set up adequate preparedness in Torit, Magwi, Lopa/Lafon and Ikwoto Counties in which 50 Health Care Workers and 108 Home Health Promoters have been trained in Cholera Case Management and Hygiene Promotion Activities respectively. With Support from UNICEF – Cholera supplies have been prepositioned at 15 health care facilities in these counties. A Standby CTC has been set up in Torit Civil Hospital with basic essential supplies prepositioned
- To date, 7,000 House Holds, about 42,000 individuals have been reached with cholera messages right at their home steads. Radio talks are being conducted in Torit and Magwi and cumulatively 9 Live Talk Shows have been conducted in the reporting period.

Child health: Vaccination

- During the month of July 2017 UNICEF conducted 5 RRM missions in 3 states of Jonglei, Unity and Central Equatorial state: Jonglei: Wan, Haat and Buot communities in Ayod county and Paguer community in Fangak County, Unity: Dablual community in Mayendit county and Central Equatorial State: Yei community in Yei county. During these missions a total of 19,683 children 6 months-15 years were vaccinated against measles, 27,377 children under 15years vaccinated against polio while 2,365 pregnant women had Tetanus toxoid given and clean delivery kits given to 864 pregnant women for clean delivery. A total of 10,173 individuals predominantly children benefitted from primary health care consultations.

IN FOCUS: Baby Solomon



Baby Solomon was baby number six for a mother who died four days after delivery due to birthing complications leading to anemia. Solomon’s grandmother was present when his mother passed and took him in for care. Solomon and grandmother Haram were referred to Gentil for care of the baby. Solomon and grandmother are now in Gentil’s Stabilization Center ensuring proper feeding and nutrient intake for Solomon as the baby has no access to breastmilk.

While awaiting transfer to IMC Clinic in Kaya Camp, where Solomon and Haram live, Haram has developed an enterprise of making and selling cooling plates woven from palm leaves for roasted coffee beans. It takes Haram about two hours’ time to weave a cooling plate (which can also be used as a fan) and she sells them for now to hospital staff for 10SSP each. Haram plans to continue her enterprise after returning to the camp with Solomon and joining their family.

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