



HEALTH CLUSTER BULLETIN # 4

30 April 2018



Provision of essential PHC services in Kajo-keji County.. Photo: TRI -SS.

South Sudan Emergency type: Complex Emergency Reporting period: 1 – 30 April 2018

5.1 MILLION PEOPLE
IN HEALTH NEED

2.4 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

1 969 assisted deliveries by skilled health workers
- Emergency WASH in Health Facilities in Conflict Affected Locations**

40 health workers trained on disease surveillance

27 on WASH and Nutrition response

154 health facilities with functional incinerators
- Quality Essential Clinical Health Services**

One health worker trained on clinical management of rape

32 sexual and gender based violence survivors referred to health facilities
- Improving Resilience- Mental Health Response**

28 health workers trained on Mental health and psychosocial support (MPHSS)

HEALTH SECTOR



43

HEALTH CLUSTER PARTNERS
EARMARKED IN HRP TO
IMPLEMENT HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



87

EMERGENCY MEDICAL KITS (CORE PIPELINE)

HEALTH CLUSTER ACTIVITIES



366 998

OPD CONSULTATIONS

VACCINATION



1 945 639

DOSES OF MEASLES VACCINE
1ST ROUND SIA

EARLY WARNING ALERT AND RESPONSE NETWORK



48

EWARN SENTINEL SITES

FUNDING \$US

130 M

REQUESTED

29.3

FUNDED

100.7 M

GAP



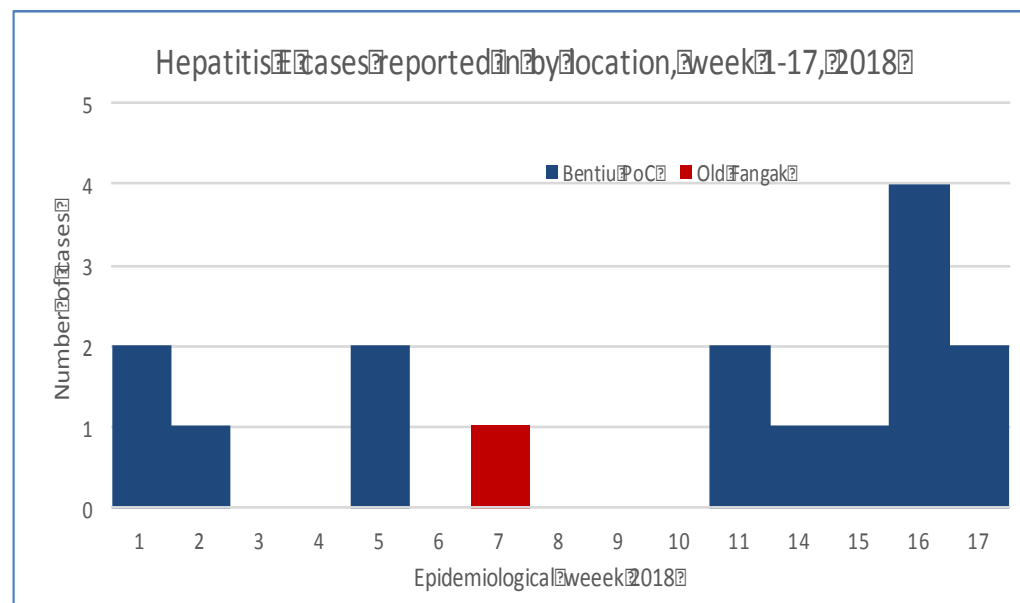
Key Context Update

- In April 2018, an influx of over 15 000 IDPs reported from Nyergeny, Lekwangule payam of Pibor County.
- UNIDO evacuated essential staffs to Bentiu due to the fighting in Koch town.
- The second round of National Immunization Days targeting 3.4 million children under five with Vitamin A and Albendazole countrywide commenced on 10 April 2018 and is ongoing in all states. So far data received from 5 states indicates that 1,316,964 (40%) children have been vaccinated.
- A consignment of 113 800 doses of Oral Cholera vaccines requested from the Global Task Force on Cholera Control (GTFCC) were received in the country to complete the scheduled campaigns.
- WHO and Health cluster secured sufficient quantities of anti-rabies vaccine to support the response to the suspected rabies outbreak following increased dog bites in Bentiu, Malaka and Aweil.
- A joint cross-border multi-sectoral disease surveillance meeting conducted in Nimule, South Sudan from 24-26 April, 2018 to strengthen implementation of cross boarder disease surveillance and outbreak response in the region.
- The African Vaccination week was celebrated under the theme ‘Vaccines work: Do your part!’. During the week-long event various activities that included provision of routine immunization services, health talks, distributed of Long Lasting Insecticide treated bed nets implemented.

Public Health Risks and Key Gaps

- By the end of April 2018, timeliness and completeness were 57% and 74% at county level for IDSR reporting and 71% and 74% at the health facilities for EWARS/IDP reporting respectively.
- A total of 276 alerts have been reported countrywide since the beginning of 2018. At least 67% of these alerts have been verified with the most frequent being acute watery diarrhoea 141 (51%), acute bloody diarrhoea 74 (26.8%), and suspect measles 54 (19.6%).
- Malaria is the top cause of morbidity in the relatively stable states where it accounts for 31.3% of the consultations. However, among the IDP sites, acute respiratory infections (ARI) are the top cause of morbidity where they account for 23.9% of consultations followed by malaria with 14.8% of the total outpatient consultations.

Notable events/outbreaks in April 2018



Hepatitis E – Bentiu PoC and Fangak county

- In 2018, at least 19 suspect cases of Hepatitis E (HEV) have been reported. Of the 19 suspect cases, a total of 10 cases have been PCR confirmed as HEV (9 in Bentiu PoC and 1 in Old Fangak). At least 57.9% of the cases are 1-9 years of age; and 63% being male. The current response is coordinated by Health-WASH partners that are conducting regular meetings in Bentiu PoC since 26 Apr 2018.

Rift valley fever – Yirol East county

- By the end of April 2018, a total of 57 suspect RVF cases were reported in Eastern Lakes state. Based on epidemiological investigations and laboratory test results, a total of 6 RVF confirmed cases, 3 probable cases, and 22 suspect RVF cases (no definitive lab test results) were reported. The remaining 26 cases were discarded as non-cases following negative laboratory results for RVF and other common causes of viral haemorrhagic fever. A cumulative of 28 animal samples have been tested to date with 9 being RVF positive (3 IgM and 6 IgG).

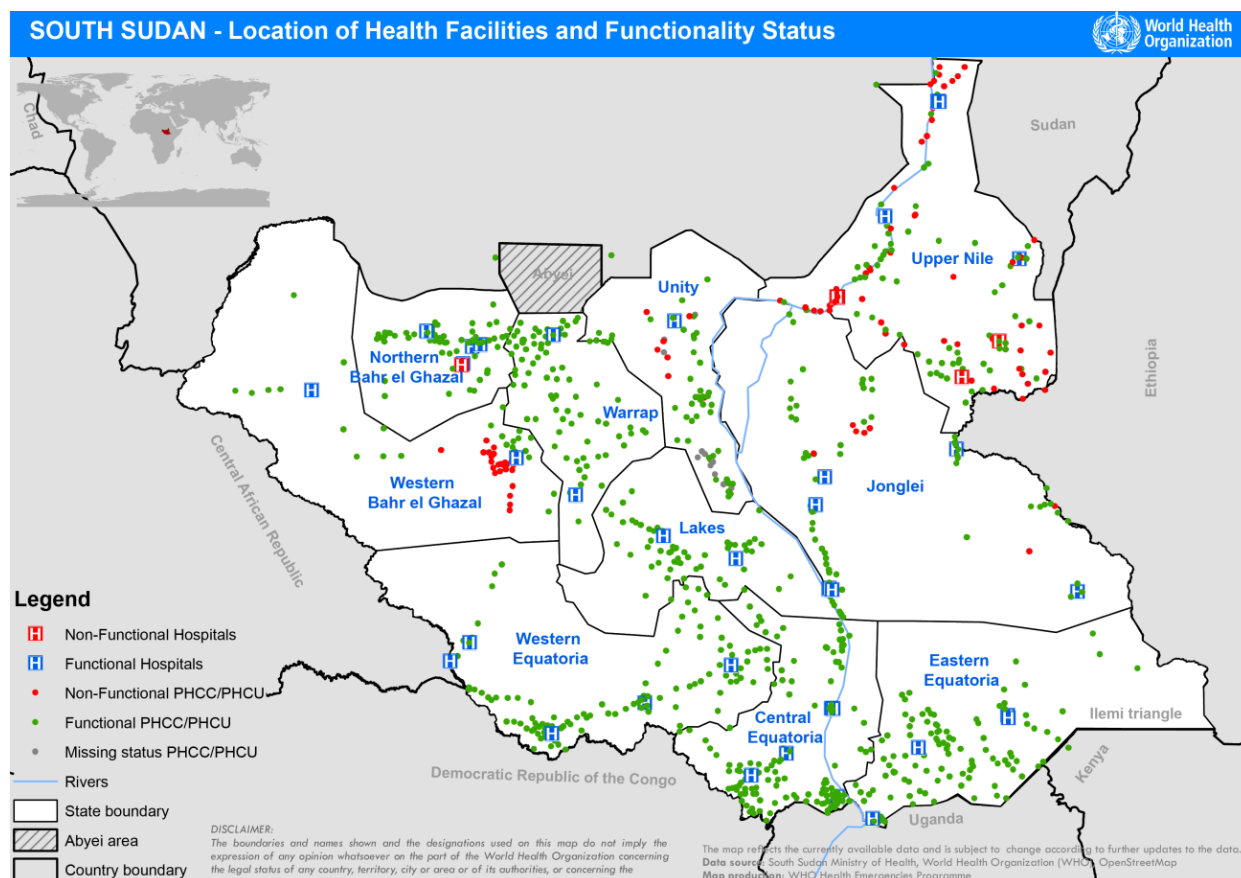
Malnutrition

- 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

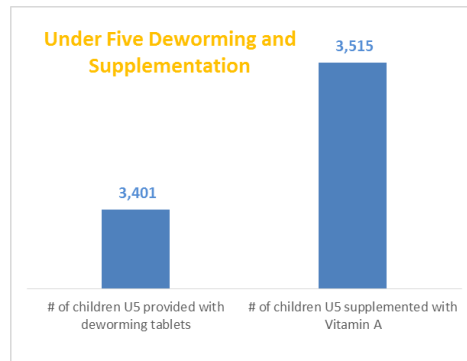
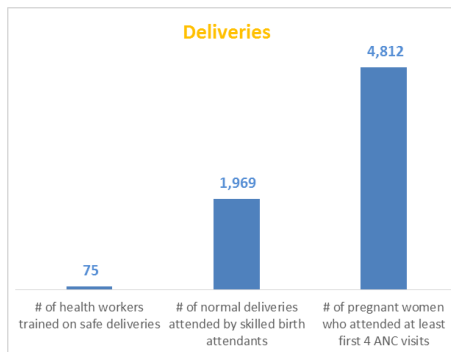
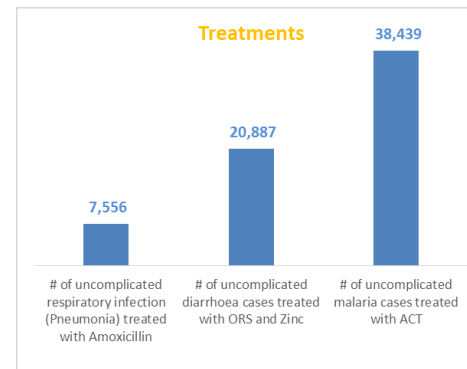
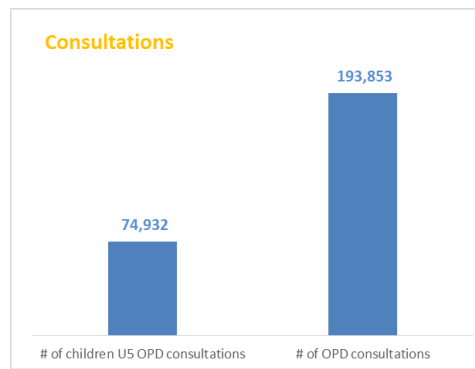
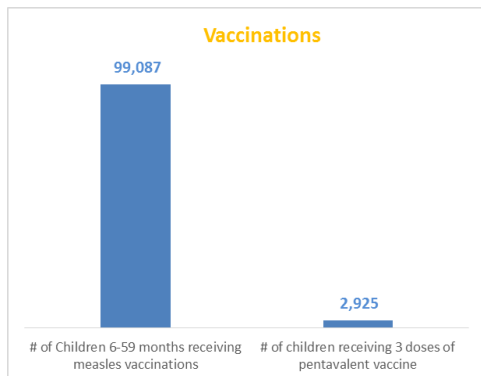
- Following reports of increasing cases of suicide in Malakal PoC, a joint general training for the main actors on suicide prevention and a specialized training for health workers on conditions associated with suicide scheduled to take place in May 2018.

Health facility functionality



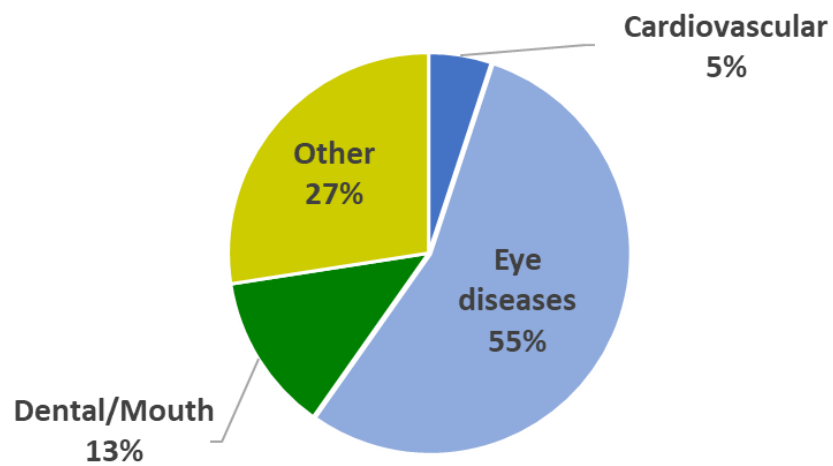
Health Cluster Response

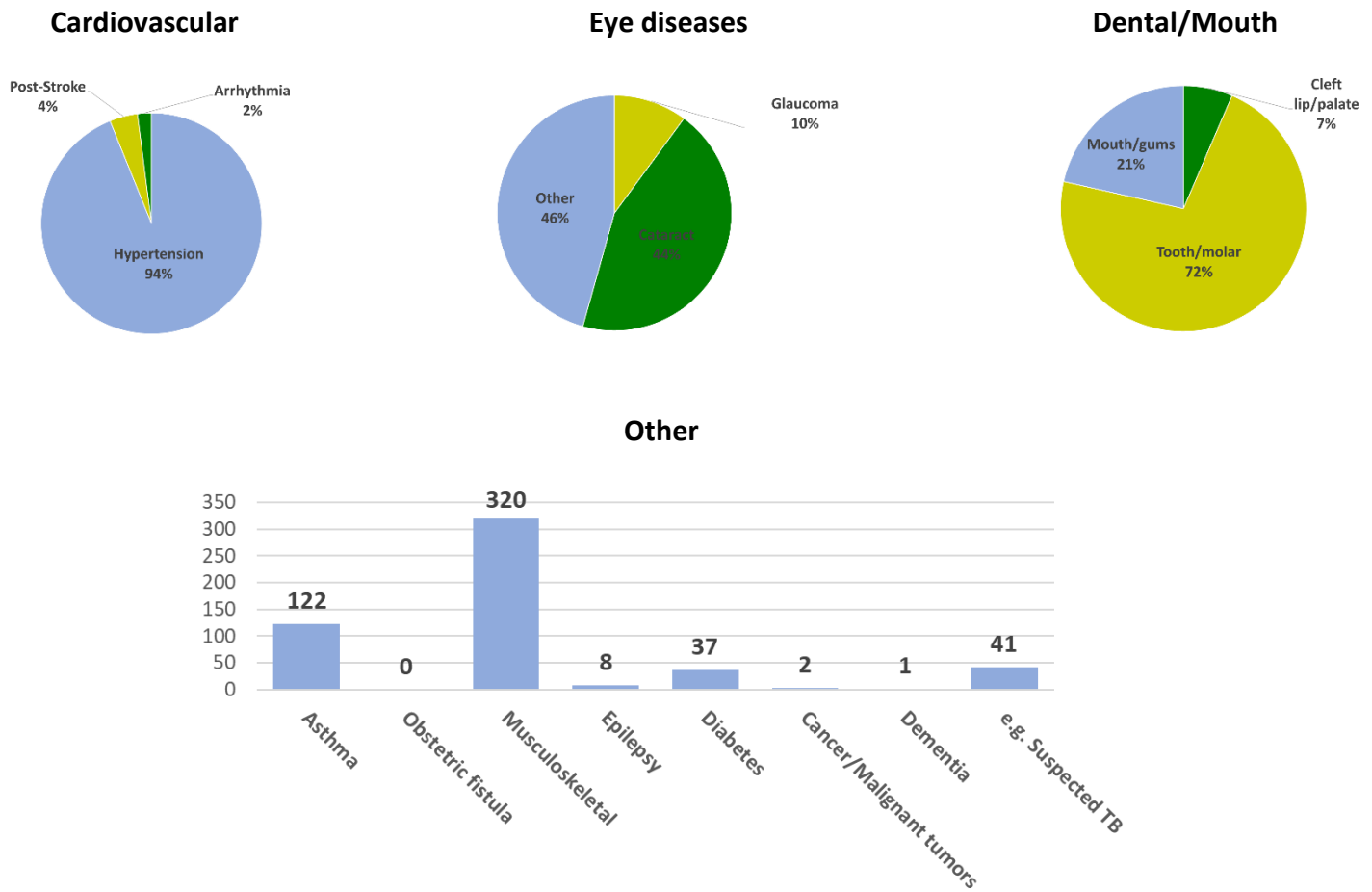
Clinical Package Analysis



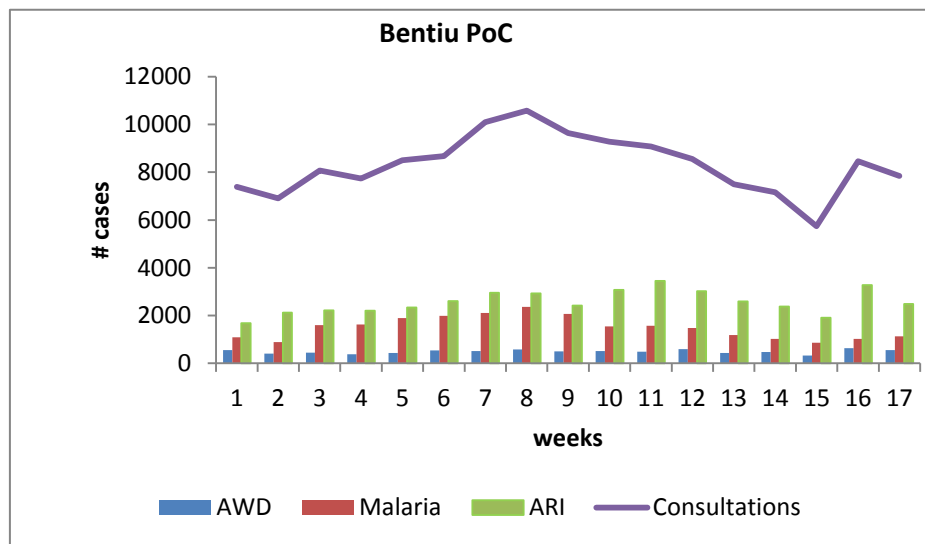
Non-communicable diseases analysis in 5 Counties in Upper Nile

This of the incidence of non-communicable diseases contains data collected on the number of consultations recorded in a total of 10 clinics by 5 NGOs (**GOAL, IMA, IMC, IOM, and UNKEA**) in 5 counties in Upper Nile (**Fashoda, Malakal, Manyo Melut, and Nasir**) for a period of 4 weeks (UNKEA recorded for a total of 8 weeks) between **1 March and 30 April 2018**.





Health Cluster Subnational Response Analysis
Bentiu PoC and Beyond Bentiu Response



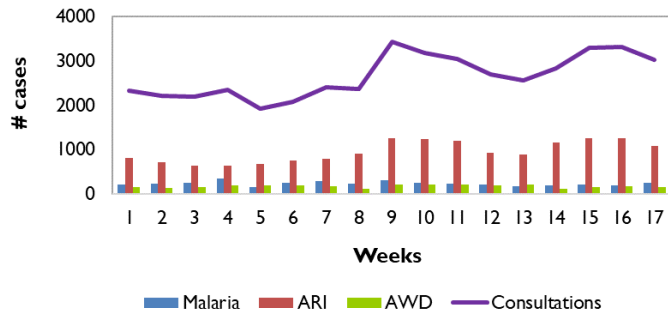
The deep in consultations in week 15 is due to closure by striking volunteers of 3/6 health facilities in the PoC

- Ongoing insecurity in Beyond Bentiu Response (Mayom, Rubkona, Koch and Guit) has interrupted health service delivery thus the data is incomplete for those locations.
- Three aid workers were killed in the state while they were providing humanitarian assistance.
- Dog bite cases in the PoC are cumulatively at 164 since January 2018.

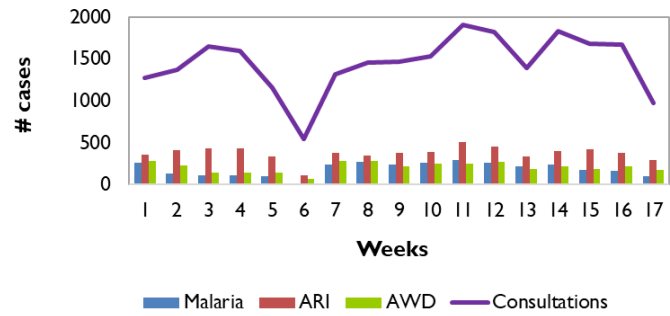
Malakal PoC and Malakal Town

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

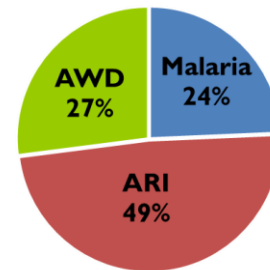
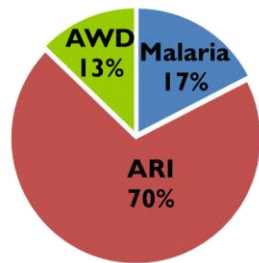
Total number of consultations versus number of AWD, ARI and Malaria cases



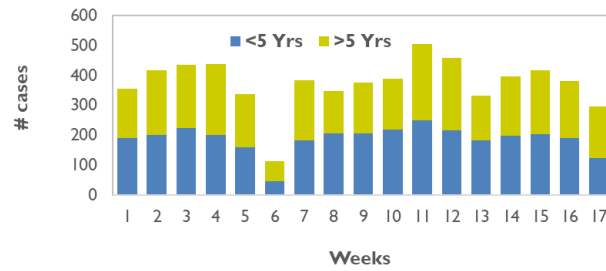
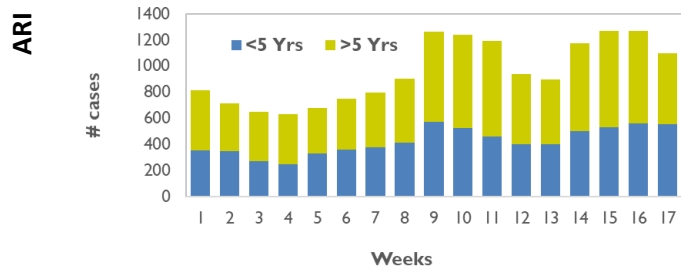
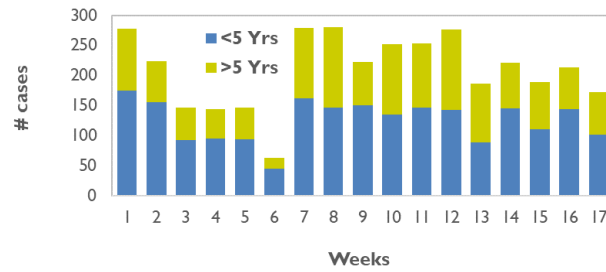
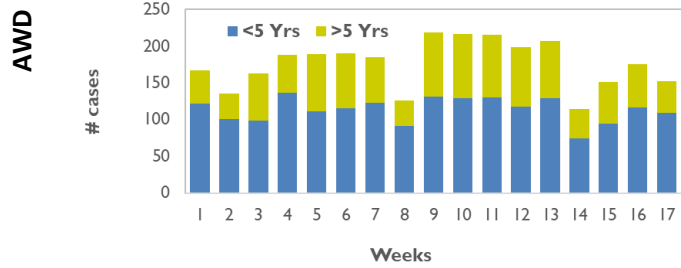
Malakal Town. All clinics (IMC, IOM, MSF)



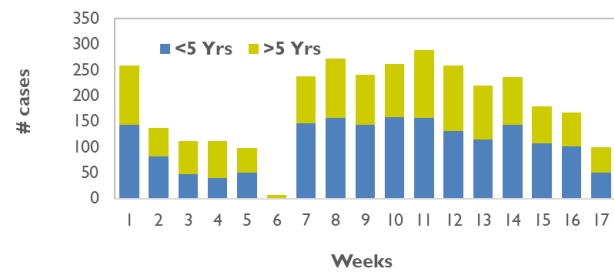
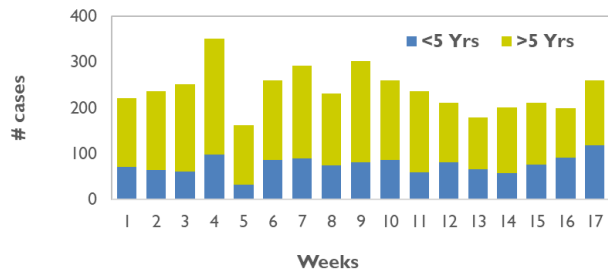
% of priority diseases amongst all consultations



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



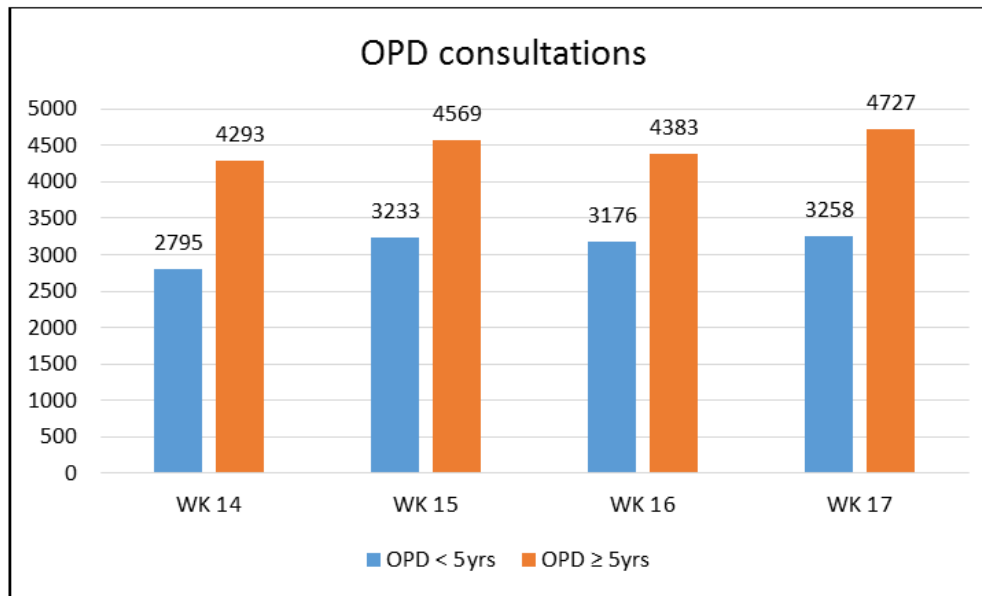
Malaria



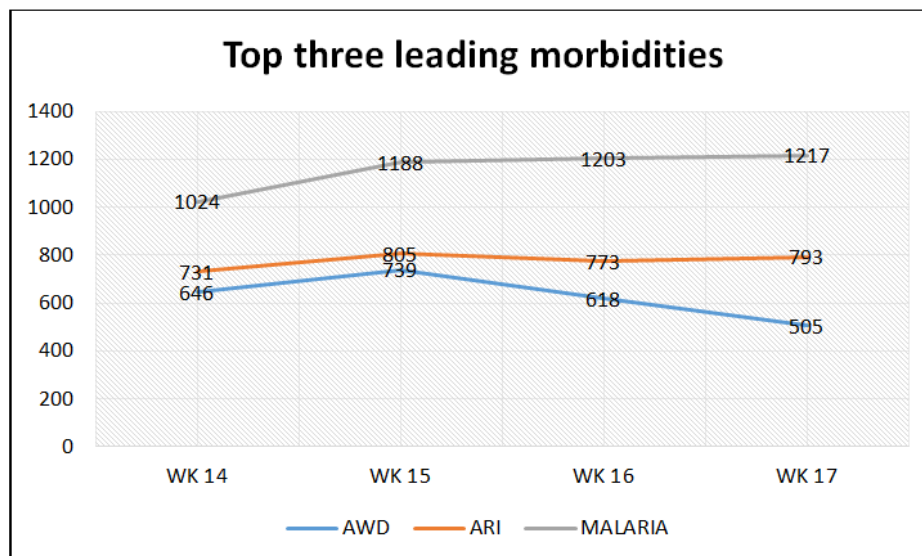
- Decrease in # of consultations in both Malakal town and PoC, as well as all cases but malaria
- Drastic decrease in the # of consultations in Malakal town caused by MSF clinic closing its OPD: currently only operating IPD
- Still uncertainty about continuation of Malakal teaching hospital OPD beyond May 2018, causing concern for all health providers, especially for referrals to MSF's IPD

Juba PoC

- Outpatient consultations provided during the month of April was 30434, 41% of the consultations were for children under the age of 5 years.



- The top three leading causes of morbidities were Malaria (15%), ARI (10%) and AWD (8%).



- There were 257 health facility deliveries by skilled birth attendants
- Caesarean sections performed were 6
- A total of 380 pregnant women attended their 4th antenatal care visit.
- HIV counselling and testing services were provided to 461 clients including pregnant women.
- A total of 9494 children and 4600 pregnant and lactating women were screened for malnutrition, 424 children and 256 PLW with MAM cases were admitted at TSFP and 267 new admissions to OTP.
- Infection prevention and control (IPC) training was provided to 11 health facility staff in Wau PoC.
- Pentavalent 3rd dose was provided to a total of 236 children under the age of one year.
- Mental health and psychosocial support services were provided to 35 new clients and 437 follow up cases during the month of April.

Wau PoC

Health Cluster Core Pipeline Update

- In April 2018, WHO prepositioned the below kits. Partners responding in the locations can now request the organizations listed below who are also operating in the same catchment area.
- Second round training on the WHO health emergency kits will take place from 21-22 May 2018.

S/No	Consignee	Destination	Type of kit
1	Malakal hub office	Malakal	26 IEHK , 12 Cholera , and 4 chlorination kits , 4500 pieces of malaria RDT , PPE and others
2	Public health laboratory	Public health Laboratory	One kit of Pastorex (25 tests)
3	Nile hope	Leer and Pigi counties in Unity and Jongelie respectively	2 SAM+MC kits
4	Save the African child	Mundri county	1 SAM+MC kit
5	IMC	Akobo county	2 SAM+MC kits
6	CUAMM	Mundri county	2 SAM+MC kits
7	Child AID	Rubkona county	3 IEHK basic kits without malaria
8	Health link	Juba, Alsbah hospital	2 SAM+MC kits
9	ACEM juba		1 SAM+MC kit
10	CMD	Ayod County	2 SAM+MC kits
11	UNEKA	Nasir county	4 SAM+MC kits
12	UNIDO	Maynedit county	3 SAM+MC kits
13	ARC	Kapoeta South county	3 SAM+MC kits
14	Live well South Sudan	Bentiu	<ul style="list-style-type: none"> - One IEHK, Basic Malaria Module - One IEHK, Supplementary Malaria Module - 10 Cholera investigation kits - 1500 pieces of malaria RDT
15	World Vision	Renk	<ul style="list-style-type: none"> - 5 kits of IEHK basic module without malaria - One kit of IEHK basic malaria module - One kit of IEHK supplementary malaria module
16	MSF-Holland		100als of anti-rabies vaccine

- Below are details of Measles vaccines distributed by UNICEF in the month of April 2018 for Routine with locations and number of doses distributed

Agency	Items distributed in March 2018	Distribution locations	Training
UNICEF	<ul style="list-style-type: none"> 38 000 doses of measles issued. 23 long term cold boxes (ARKTEK) 	<ul style="list-style-type: none"> Unity and Jonglei Eastern Equatoria, Lakes, western Equatoria, Unity, Upper Nile, Central Equatoria and Northern Bahr el Ghazal 	

Progress on Health Cluster Work Plan

- In April 2018, five coordination meetings held.
- Key health messages sent on attack on health care and multiple displacements in Unity for an informed decision making by the humanitarian coordinator.
- Health cluster input in to the impending Central Emergency Response Fund (CERF).
- Advocacy and resource mobilization** – bilateral engagement with SIDA to partner on health coordination in South Sudan.

Partner Implementation Key Highlights

- The rescue Initiative South Sudan (TRI-SS)** – has reached 1 686 beneficiaries in kajo-keji, 963 beneficiaries in Bara, Karika, Mbara, Lozoh and Singiriwa with essential health care services and 1 916 community members with health education messages.
- Health Link South Sudan** – vaccinated 650 children under the age of 1 with different antigens in Lafon; screened 1 962 children for malnutrition (10 children were found to be SAM cases); treated 5 411 Children for Malaria, Pneumonia and Diarrhoea Cases in Ikwoto, Lafon, Kapoeta North, Akobo and

Malakal Counties; prepositioned 9 tons of assorted medicines and other medical supplies, 2.5 tons of buffer stock and 15 000 Litres of diesel and 3 000 litres of petrol; delivered assorted theatre equipment to Imehejek County Hospital in Lopa; pre-positioned family planning commodities and rehabilitated drug store and PHCU in Adeba.

- CARE International** - A total of 619 consultations were carried out and 138 households were reached with health and nutrition messages. A total of 1,045 children were screened using MUAC and 144 cases of MAM, and 22 cases of SAM identified, with 25 MAM and 6 SAM managed. **Gender Based Violence (GBV)** - one community based protection and complaints mechanism was formed and is fully functional in Brugilo, Lafon County. 2 survivors of GBV and 25 people were supported with psychosocial support (PSS) services. Various trainings were carried out in community based case work and referral, PSS, and GBV prevention and response. 5 community outreaches were carried out and 1 community response mechanism formed.
- IOM** - in collaboration with MOH, WHO, UNICEF and partners on the ground conducted two rounds of OCV campaign in Malakal POC and Wau POC /IDPs collective sites in March and April 2018. In Wau OCV campaign reached 36 337 people in the first round and 35 887 in the second round. While in Malakal the Campaign reached 24 277 people in



A child being tested for malaria. Photo: LiveWell.



IOM Nurse administering OCV in Malakal POC. Photo: IOM

the first round and 22 588 in the second round.

- **LiveWell South Sudan** – carried out 643 consultations, reached out 1 210 people with health education.
- **Christian Mission Aid (CMA)** – vaccinated 455 children with measles vaccine in Chuil Payam; managed 6 suspected whooping cough cases; trained a total of 23 EPI vaccinators on effective vaccine management in Keew PHCC and Pultruk PHCC; 52 community based drug distributors trained on diagnosing and treatment of common uncomplicated cases of diseases; carried out 12 wound debridement and management of gunshot wounds in in Juaibor PHCC.
- **WHO** – developed a health promotion and risk communication strategic plan; trained rapid response team on cholera surveillance and case management; secured 28 SAM Kits to support stabilization centers for the treatment of 1 400 children with severe acute malnutrition (SAM); provided training to 21 participants on inpatient management of SAM with medical complication; provided health humanitarian services to the 12 650 idps and returnees in Tonga, Upper Nile; deployed 20 Lot Quality Assurance Sampling (LQAS) surveyors to the States to validate supplementary immunization activities (SIA) results.



CMA's CEO Debra Kitchel encouraging a mother in Juaibor PHCC to embrace exclusive breastfeeding for 6 months. Photo: CMA

Humanitarian Development Nexus

- Coordination continues – 3W for humanitarian and development partners expected to be released by end of May 2018. The group will be discussing the essential package with the development package.

Implementation Challenges

- Bureaucratic impediments – partners are still facing multiple challenges moving medication to emergency response sites.
- National NGOs facing an uphill task mobilizing resources.

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