



HEALTH CLUSTER BULLETIN # 10

31 October 2018



Primary screening site at Yei Airstrip. Photo: IOM.

South Sudan Emergency type: Complex Emergency Reporting period: 1 – 31 October 2018

5.1 MILLION PEOPLE
IN HEALTH NEED

2.4 MILLION
TARGETED

1.96 MILLION
DISPLACED

2.1 MILLION
REFUGEES

HIGHLIGHTS

Cumulative analysis for the year 2018

▪ **Improving Health Access and Scaling up Responsiveness**

18 mobile teams were deployed in hard to reach areas to conduct Inter-cluster Rapid Response Mechanisms- ICRM-RRM activities.

16 341 normal deliveries attended by skilled birth attendants.

▪ **Emergency WASH in Health Facilities in Conflict Affected Locations**

725 health workers trained on disease surveillance and outbreak response.

142 health workers trained on integrated health (WASH and Nutrition) response.

384 health facilities are equipped with functional incinerators.

▪ **Quality Essential Clinical Health Services**

One hundred and seventy six (176) health workers trained on clinical management of rape (CMR). 257 sexual and gender based violence (SGBV) survivors referred to health facilities.

▪ **Improving Resilience- Mental Health Response**

514 health workers trained on mental health and psychosocial support (MPHSS) in conflict affected areas.

HEALTH SECTOR



43 HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



270 ASSORTED EMERGENCY MEDICAL KITS (CORE PIPELINE)

HEALTH CLUSTER ACTIVITIES



714 654 OPD CONSULTATIONS

VACCINATION



20 965 CHILDREN (6-59 MONTHS) VACCINATED AGAINST MEASLES

EARLY WARNING ALERT AND RESPONSE NETWORK



41 EWARN SENTINEL SITES

FUNDING \$US

130 M REQUESTED

42.6 M FUNDED

87.4 M GAP

Key Context Update

- The WHO Regional Director for Africa, Dr Matshidiso Moeti visited South Sudan from 20 to 23 October 2018. The objectives of her visit were to build on the current momentum to strengthen collaboration with the Government of South Sudan and with the international community at large, and position WHO in South Sudan as a key partner in supporting the country's health agenda. She held high level advocacy meetings, visited Wau State and inaugurated the national Public Health Emergency Operations centre in Juba.

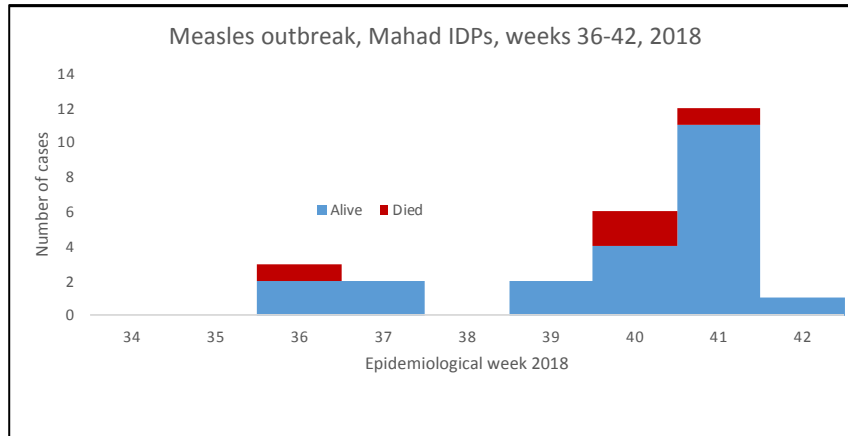


- Suspected Ebola virus disease alert was reported from Gumbo in Juba on 15th October. Preliminary test was carried out on the same day at The National Public Health Laboratory in Juba using GeneXpert and was tested negative for Ebola Zaire. The polymerase chain reaction (PCR) test conducted at the Uganda Virus Research Institute was also tested negative for Ebola virus disease, Marburg, RVF, Congo Crimean Hemorrhagic Fever and Sosuga virus.
- The MOH with Support from WHO and CDC Conducted a five-day training on Incident Management System (IMS) and operations/management of a Public Health Emergency Operations Centre (PHEOC) for EOC key staff. A total of 20 EOC staff benefited from the training and all of them are currently deployed to support the EOC in coordination of the Ebola Virus disease (EVD) preparedness activities.
- With support from WHO, International Organization for Migration (IOM), SCI, World Vision International South Sudan (WVISS) and other partners, entry screening of travellers is on-going at 14 screening points.
- Integrated mass vaccination campaign against meningitis, measles, polio and Tetanus conducted in Nasir County, Upper Nile State. Out of the 76,124-people targeted for Meningitis, 32,176 were vaccinated (42% coverage); 11,831 people vaccinated against measles, 20,609 were vaccinated against polio and 16,075 women of child bearing age were vaccinated with tetanus toxoid.
- In preparation for the upcoming 3rd round of National Immunization Days, capacity building for micro planning for NIDs was conducted in Rubkona County benefitting 40 participants including Community leaders, CHD and partners.

Public Health Risks and Key Gaps

- By the end of October 2018 completeness for IDSR reporting at county level was 81% while completeness for EWARS reporting from the health facilities serving IDPs was 75%.
- Malaria remains the top cause of morbidity and mortality that accounts for 63% and 81% of cases and deaths by the end of September 2018. Consequently, trend analyses showed that 21 counties in 6 hubs currently had malaria trends that were significantly higher than expected. Counties with malaria trends that exceed the threshold (third quartile of trends for the period 2013-2017) included:
 - **Aweil hub** (Aweil Center, Aweil East, and Aweil West);
 - **Rumbek hub** (Cueibet, Rumbek Center, Rumbek East, Rumbek North, Wulu, Yirol East, Yirol West);
 - **Kuajok hub** (Abyei, Gogrial East, Tonj East, Tonj South, Tonj North, and Twic Mayardit);
 - **Bentiu hub** (Abiemnhom, Mayom, and Panyijiar); and
 - **Juba hub** (Terekeka).
 - **Malakal hub** (Melut)
- **Confirmed measles outbreak, Juba, Al Mahad IDPs**

- The WHO mobile medical team investigated the suspect measles outbreak in Al Mahad IDPs from 12 October 2018. The IDP camp population is estimated at 7752 people.
- At least 26 cases including 4 deaths (CFR 15.4%); including 4 measles IgM positive cases were reported from the IDP camp stating 11 Sept 2018. The case age range was 7 months to 8 years with a median age of 2 years and a mean age of 3 years. Most cases 21 (81%) cases were under 5 years of age. The highest peak of transmission reached in week 42, during which two deaths were also reported.
- A reactive measles campaign was conducted from 17th to 20th October 2018 targeting 1,847 children under five years. Administrative reactive measles coverage was 134% (2,471) children under five years of age.



▪ **Suspect measles cases in Bor PoC; Malakal PoC, and Bentiu PoC**

- **Suspect measles, Bor PoC:** During October, suspect measles cases were reported from Bor PoC from 20 October 2018. A total of three suspect measles cases were reported with the initial two suspect cases being new arrivals into the PoC from Akobo. All three samples tested at the National Public Health Laboratory were positive for measles (IgM positive).
- **Suspect measles, Malakal PoC:** From 26th to 27th October 2018; three new suspect measles cases were reported in Malakal PoC. Two of the cases are aged 5 years while the third was 7 years old. All the cases did receive measles vaccination and reside in Sector 1 block 1. Their families have lived in the PoC since 2014. The last measles campaign was in August 2017. The samples were collected and sent to Juba for testing. The occurrence of these cases highlights the need to review & improve the service package offered by the partners that should include routine vaccination at fixed & outreach sites in the PoC.
- **Suspect measles, Bentiu PoC:** Measles cases continue to be reported in Bentiu PoC even after the reactive campaign that ended 4 Sep 2018 (coverage 75%). A total of 28 cases have been reported since week 23. Since the conclusion of the campaign; 9 new cases have been reported out of which 7 (77%) were <5yrs; 6 (67%) from sectors 2&5; all not immunized). It is recommended that measles case-based laboratory-backed surveillance continues for all new cases; enhanced routine vaccination at fixed posts and outreach sites especially in sectors 2 & 5; and ensuring that all children who present to the health facility without evidence of vaccination (card) are vaccinated. It's also critical that vaccination of new arrivals into the PoC is urgently reinstated. The communication team should also come up with behavioral change messaging to promote routine immunization.

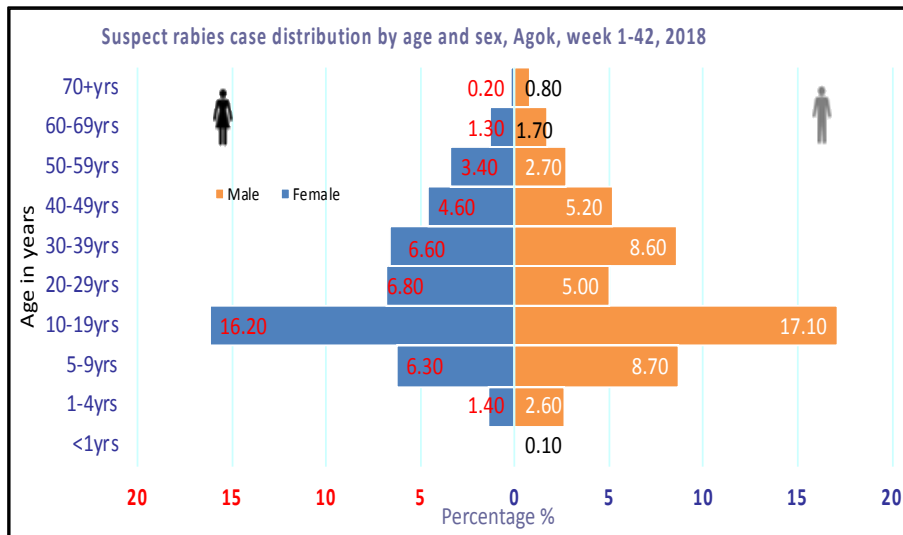
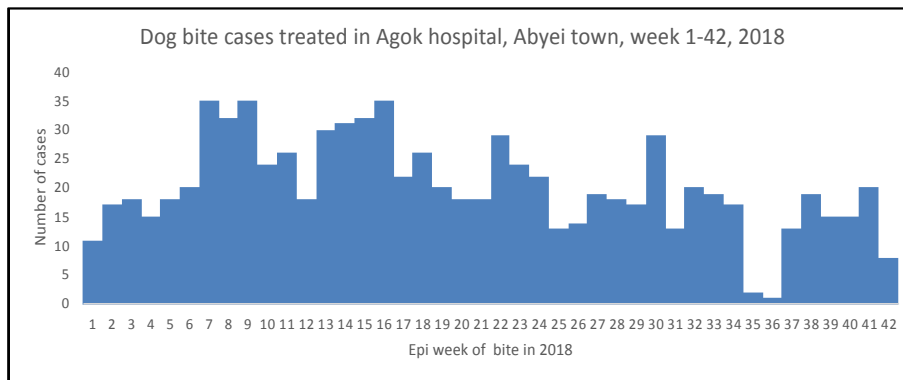
▪ **Suspect Ebola cases in Yambio, Mundri East, and Rumbek**

- During September 2018, at least three Ebola virus disease suspect cases were reported and investigated in Rumbek on 12 October; Mundri East (Lui hospital) on 18 October; and Yambio town on 21 October 2018. All the samples tested negative for Ebola Zaire on preliminary GeneXpert testing and following up PCR testing was negative for all Ebola strains, Marburg, Rift Valley Fever, Crimean Congo Hemorrhagic Fever, and Sosuga viruses.

▪ **Animal bites (suspect rabies), Agok hospital, Abyei Town**

- An increase in dog bite (suspect rabies) cases continues to be reported from Agok hospital in Abyei. An exponential increase in suspect rabies cases has been reported in 2018 when compared to the previous years with a total of 848 cases reported in 2018 (week 1-42). Most animal bite cases were reported in persons aged 10-19 years with no significant risk difference by sex (gender).
- Current response entails surveillance - case detection and line listing & post exposure prophylaxis with rabies vaccine. As part of the rabies day (28/9/2018) celebrations, Abyei is one of the five states selected by the South Sudan Veterinary Association (SSVA) to conduct rabies vaccination in dogs (the campaign is currently underway in Abyei). Meeting organized in PHEOC on

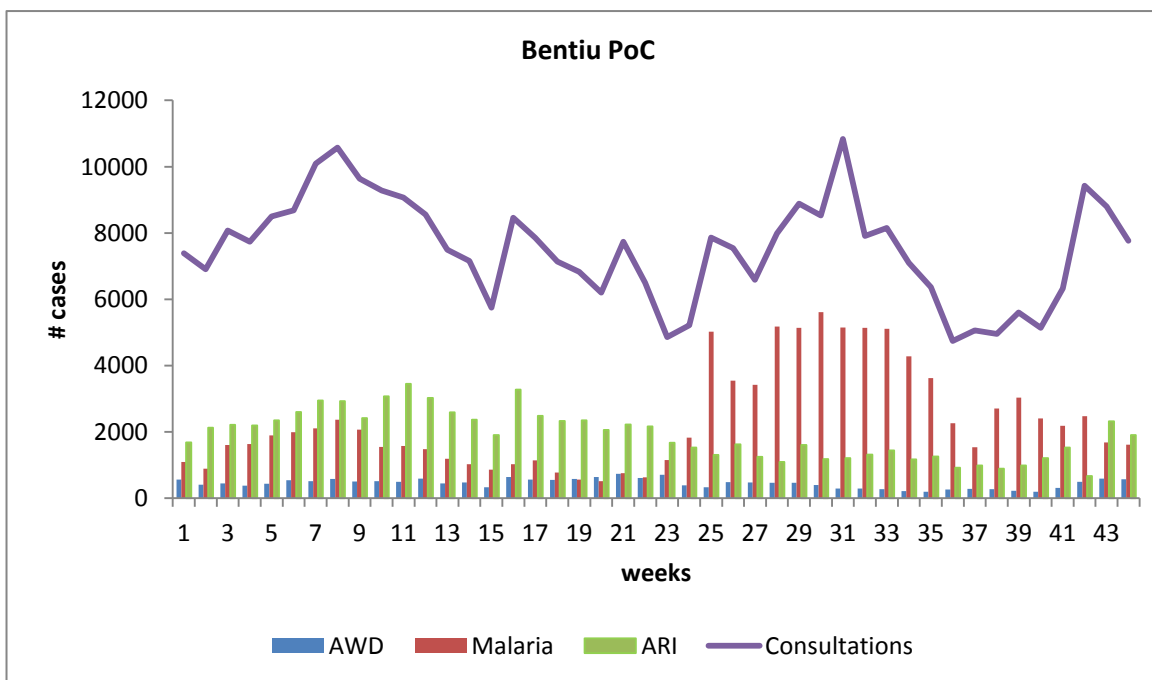
24/10/2018 to review rabies situation and current response.



Health Cluster Sub-national Response Analysis

Bentiu PoC

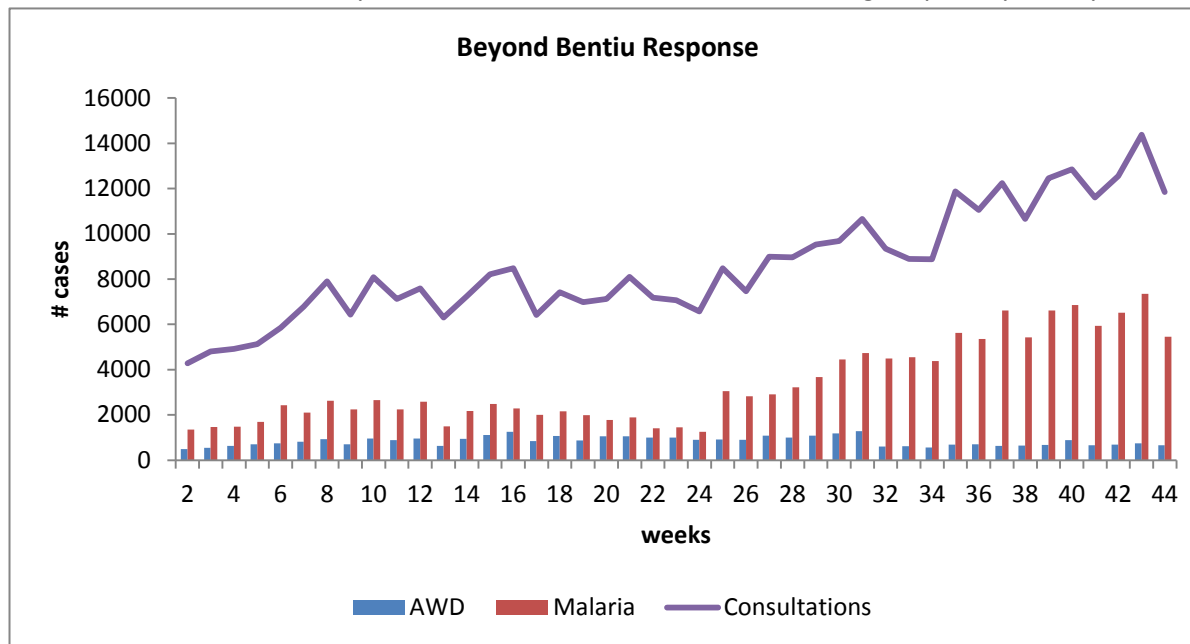
- Under 5 mortality rate = 0.08/day/10,000 (Emergency threshold: 2/day/10,000)
- Crude mortality rate = 0.13/day/10,000 (Emergency threshold: 1/day/10,000)



- Malaria cases continued to decline and MSF closed the Malaria points that they had set up.
- Top morbidity shifted to acute respiratory infections.
- A mass casualty triage training facilitated by UK Military Medical Team was conducted for partners.

Beyond Bentiu Response

- Malaria cases in many facilities in the BBR locations were still high especially in Mayom.



- IOM ended its support to Ding ding health facility unfortunately due to lack of funding for CASS the facility has been temporarily closed until another partner is found to support.

Progress on Health Cluster Work Plan

- Health Cluster Partners have commenced discussions on assessments and various incidents towards the analysis for the health component of the humanitarian program cycle. Discussions primarily focused on catchments with population movements, health service gaps and attaining estimates of people in need.

Partner Implementation Key Highlights

- **Christian Mission Aid (CMA)** – with support from UNICEF trained EPI vaccinators, community mobilizers and recorders who carried out tetanus vaccination of Women of Child bearing age (WCBA). During the campaign a total of 15,352 non-pregnant women and 4,698 pregnant women vaccinated against tetanus in Nyirol County; distributed a total of 2.1 metric tons of essential medicine to Nyirol County health facilities and 3.9 metric tons (331 cartons) to Fangak County HFs to alleviate the acute drug shortage previously reported.
- **IOM** – provided 45,128 consultations in seven IOM static clinics in Wau, Bentiu and Malakal PoCs and collections sites as well as in four IOM-supported mobile clinics in Jebel Kher, Farajallah, Bazia and Dingdin; resumed operations in the three primary health care units of IOM in Bentiu PoC Sectors 1, 3 and 5, primary health care services in Farajallah and Bazia mobile clinics in Greater Baggari area in Wau; actively involved in Ebola Virus Disease (EVD) preparedness activities at four point of entry (PoE) screening sites at Yei airport, Yei SSRRC, Kaya and Okaba in Yei River State, with a total of 14,300 individuals screened as of end of reporting period (October). Assessment of new PoE sites are still



ongoing with four additional sites in the process of being set up; completed the HIV counselling and testing (HCT) outreach activities for uniformed forces, their family and surrounding communities in four locations in (former) Jonglei State and has tested 2,065 individuals with 45 tested positive and referred for care and treatment.

- **The MENTOR Initiative** – conducted integrated vector management in Malakal PoC and Bentiu PoC together with medical management in Maban and Ajoung Thok refugee camps. Start of mass drug administration in Western Equatoria.
- **WHO** - trained 40 master trainers on SOPs on screening of travellers at points of entry; deployed mobile medical team (MMT) to support the measles catch-up campaign in Yirol East and Yirol west; conducted the ToT of Inpatient Management of severe acute malnutrition with medical complications in Aweil (Northern Bahr el Ghazal state) targeting 21 medical doctors, clinical officers, nurses and nutritionists; deployed over 16 consultants to support the Ebola preparedness activities; conducted capacity building activities for Field assistants, community informants, and health workers, in 3 states (Unity, Upper Nile, and Jonglei) to improve Polio surveillance and other vaccine preventable diseases surveillance; trained a team of 31 participants drawn from Ministry of Health and NGO's on safe and dignified burial in the event of EVD deaths; conducted a four-day Infection prevention and control and case management training for 21 clinicians as part of EVD preparedness.

Implementation Challenges

- The Health cluster Humanitarian response plan (HRP) remains underfunded.

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